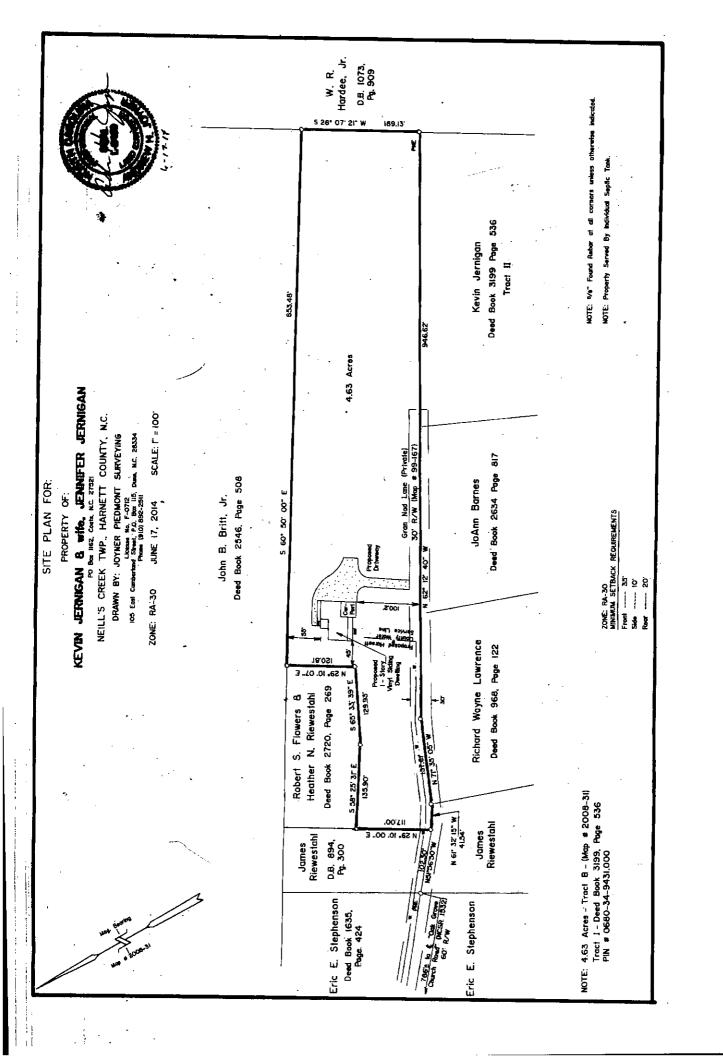
| nitial Application | Date: (| 0-1 | 9-6 | 614 | |
|--------------------|---------|-----|-----|-----|--|
| | | | | | |

Application # 1450034001

| COUNTY OF HARNETT LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org |
|--|
| LANDOWNER: Kevin - Jennifer Jernigan Mailing Address: Gran NEZ Lang |
| Contact #: 910-658-6630 |
| APPLICANT*: 5ame Mailing Address: |
| Contact # |
| Please fill out applicant information if different than landowner |
| PROPERTY LOCATION: Subdivision:Lot Size: U . 63AC |
| Parcel: 11 0081 0017 04 PIN: 0681-34-9431-000 |
| Zanjan A D Flood Plain Parel A Watershed: W Deed Book&Page: 3199 / Sanjan Book&Page: 3005 / 1005 |
| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY & 10 1000005 Amgree 10 000 |
| Old Coats Rd go about 3 to 4 miles Turn Left onto Oak Grove Church RZ. |
| about a mile on the Right is Gran was Lang follow Pirt Rood to the End |
| GOOD A MILE ON THE KISHT IS OTHER |
| |
| PROPOSED USE: |
| PROPOSED USE: SFD (Size 54, to x 62, to # Bedrooms 3 # Baths 2 Basement (w/wo bath) Garage Deck Crawl Space / Slab |
| Modular: On frame Off frame (Size x) # Bedrooms # Baths Garage (site built?) Deck (site built? |
| ☐ Multi-Family Dwelling No. Units No. Bedrooms/Unit |
| Manufactured Home:SWDWTW (Sizex) # Bedrooms Garage(site built?) |
| D. Business Sq. Et Petail Space Type# Employees:Hours of Operation: |
| ☐ Business 3q. Ft # Employees: Hours of Operation: |
| Secting Capacity # Bathrooms Kitchen |
| Hours of Operation: |
| - Colored Colo |
| Closets in addition()yes ()no |
| Addition to Existing Building (Size x) Use |
| Water Supply: (X) County (_) Well (No. dwellings) MUST have operable water before final |
| Sewage Supply: (X) New Septic Tank (Complete New Tank Checklist) (_) Existing Septic Tank (_) County Sewer (_) Other |
| Sewage Supply: (X) New Septic Fank (Complete New Fank Checkins) (|
| Property owner of this tract of land own land that contains a manufactured tract of land. Single family dwellings \(\int \text{Opphanufactured Homes} \) Other (specify) |
| Structures on this tract of the second |
| Required Residential Property Line Setbacks: Comments: |
| Front Minimum 35 Actual 100.2 |
| Rear <u>25</u> <u>SS</u> |
| Side 10 45 |
| Sidestreet/corner lot 20 |
| |
| Nearest Building 6 on same lot |
| on same lot If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of |
| submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if |
| information is provided on this form. |
| Kun San |
| Kunthan W-14-av 1 |
| Signature of Owner or Owner's Agent Date |

This application expires 6 months from the initial date if no permits have been issued



| | ·\$ | |
|-----------------|-----------------------------|---|
| OWNER | NAME: | APPLICATION #: |
| Coun | ty Health l | *This application to be filled out only when applying for a new septic system.* Department Application for Improvement Permit and/or Authorization to Construct |
| IMPROVI | EMENT PERI or without ex | N IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either spiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without |
| <u>DEVELO</u> | PMENT INF | FORMATION |
| ≱ (News | single family | residence |
| ⊒ Expar | nsion of existi | ng system |
| ⊐ Repai | r to malfuncti | oning sewage disposal system |
| ⊐ Non-r | esidential typ | e of structure |
| | | |
| WATER S | SUPPLY | <u></u> |
| □ New v | well | |
| 3 Existi | ng well | |
| Comn | nunity well | · |
| d Public | c water | |
| ⇒ Spring | g | |
| Are there a | any existing w | vells, springs, or existing waterlines on this property? |
| (} yes | { <u>X</u> } no {_ | _} unknown |
| | | |
| SEPTIC | | |
| | _ | tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. |
| {}} Acc | · | {}} Innovative |
| - | | {}} Other |
| | ventional | {}} Any |
| | | fy the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant must attach supporting documentation. |
| {}}YES | $\{\underline{X}\}$ NO | Does the site contain any Jurisdictional Wetlands? |
| YES | { <u>X</u> } № | Does the site contain any existing Wastewater Systems? |
| }YES | { <u>×</u> } № | Is any wastewater going to be generated on the site other than domestic sewage? |
| (}YES | { ⊻ } NO | Is the site subject to approval by any other Public Agency? |
| YES | {}} NO | Are there any easements or Right of Ways on this property? |
| {}}YES | { <u>X</u> } № | Does the site contain any existing water, cable, phone or underground electric lines? |
| | | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. |

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

-6-23-2014 DATE

| Plan Box #/ | A-5 | | Date/ Job Name | 7-2- Seronit | 14 | The state of the s |
|---|---|--------|---|--|---|--|
| | 0034001 | Valua | ation 198349 | _ | Feet <u>238</u> arage <u>66</u> = 305 | 5 |
| Inspections for Crawl | r SFD/SFA Slab | | Mono | Basement_ | | |
| Footing Foundation Address Open Floor Rough In Insulation Final | Footing Foundation Address Slab Rough In Insulation Final | | Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final | Footing Foundation Waterproofin Plum Under s Address Slab Open Floor Rough In Insulation Final | - | |
| | | | | | | 4 |
| Foundation Sur | vey <u>N</u> | Envir. | Health <u>New</u> | Other | | 1.00 |
| ************ | ••••• | Envir. | Health <u>New</u> | Other | | |
| Additions / Other | ••••• | Envir. | Health <u>New</u> | Other | | |
| Additions / Other | ••••• | Envir. | Health <u>New</u> | Other | | |
| Additions / Other Footing Foundation Slab Mono | ••••• | Envir. | Health <u>New</u> | Other | | |
| Additions / Other Footing Foundation Slab | ••••• | Envir. | Health <u>New</u> | Other | | |

* Each section below to be filled out by whomever performing work. Must be owner or license name & p license.

Application # 145 00 340 W

Harnett County Central Permitting

| d contractor. Address, company thene must match information on | PO Box 65 Lillin Telephone Number 910-8 Application for Build | 93-7525 www.harne | ermit |
|--|---|---|--------------------------------|
| Owner's Name: Kevin's | ienny Jernigan | | Date: 6-19-2014 |
| Address: Gran 1 | lad lane Anger | NC 2750/ | Phone: 410-658-1258 |
| Directions to job site from Lillin | aton: 210 towards | Ansier Pet o | nto old cocts RZ |
| Left onto Oak Gove | Church R2 the | n Right on | to Gan Ned Lane |
| Subdivision: | | | _Lot: |
| Construction Type: (Please Cl New Moved Ho Renovation Addition | neck) Buildin | <u>ig Use</u> : (Please (sidential dular | Check) Commercial Multi-Family |
| Total Project Cost: | Description of Propose | d Work: | |
| Heated SF 2357 Crawl Spac Unheated SF | Acres | ng Construction Consturbed | Cost \$ 185,000.00 |
| Serenity Built Homes Building Contractor's Company | Inc. | 910-984- | 7042 |
| Building Contractor's Company | y Name | Telephone | 1,3020 |
| Po Box 1417 Cilling Address | ston MC 21541 | 0 | License # |
| Kudamin | () (0 | | ff Rundara comp |
| Signature of Owner/Contractor | Officer(s) of Corporation/ Electrical Perr | mit Information | |
| Description of Work | | | \$ _5,500 |
| Description of WorkTS Pole: Yes (x) No () Un | derground () Overh | ead() | |
| Permanent Service: Underground Tonethan Beasty | Electrical | 910 - 93 | 34-6051 |
| Electrical Contractor's Compa | nv Name | Telephone | 14 × |
| PO BOX 230 Coc | 15 27521 | · · · · · | 726039 |
| Address | | | License # |
| | | | |
| Signature of Officer(s) of Corp | Mechanical Pe | rmit Information | 1 |
| Description of Work | - | | anical Cost \$ 4,000.00 |
| Number of Units | Type System Hert | | 10-897-5501 |
| Mechanical Contractor's Com | nany Name | Telepl | |
| Programmed Contractor's Contrac | linston RL De | ann NC 283 | |
| Address | ,3, / | 7,7 | License # |
| Signature of Officer(s) of Corp | porotion | | |
| Signature of Officer(s) of Corp | Plumbing Per | mit Information | |
| Description of Work | • | Plumbing Cos | t\$_4,500,00 |
| Number of Baths 2 JASON Barefoot | | | 110-892-4736 |
| Plumbing Contractor's Compa | any Name | Telep | |
| 5476 Timethy Rd 1 | Junn NC 28334 | V | # 20694 |
| Address | Will Fe was | | License # |
| | | | |
| | | | |

Signature of Officer(s) of Corporation

Insulation Permit Information Residential (X) Other () Not Required () 5902 Fyrettpville 22 NC 27603

I hereby certify that I have the authority to make necessary application that the application is correct and that-the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms building and trade plans. Environmental Health permit changes or proposed use changes. I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

| 1 | Signature of Owner/Contractor/Officer(s) of Corporation Date |
|----------|---|
| | Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the General Contractor Owner Officer/Agent of the Contractor or Owner Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit |
| | Has three (3) or more employees and has obtained workers compensation insurance to cover them Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them |
| $\bigg)$ | Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves |
| | Has no more than two (2) employees and no subcontractors |
| | While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work |
| | Sign w/Title Date 6-23-3014 |

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 153818

Filed on: 06/23/2014 Initially filed by: serenity

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Project Property

Kevin & Jennifer Jernigan Job 231 Gran Nad Lane Angier, NC 27501 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

07/01/2014

Owner Information

Serenity Built Homes PO Box 1417 Lillington, NC 27546 United States

Email: klawrence@capitalmarblecreations.com

Phone: 910-893-2691

Print & Post



Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Technical Support Hotline: (888) 690-7384

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

______ Application Number 14-50034001 Date 7/07/14

Property Address 231 GRAN NAD LN

Application type description CP NEW RESIDENTIAL (SFD)

Subdivision Name W G JARMAN ESTATE Property Zoning RES/AGRI DIST - RA-30

Owner

Contractor

JERNIGAN KEVIN & JENNIFER L

PO BOX 1162

NC 27521 COATS

SERENITY BUILT HOMES INC

NC 27546

PO BOX 1417 LILLINGTON

(910) 893-2462

Applicant

JERNIGAN KEVIN & JENNIFER

(910) 658-6630

Structure Information 000 000 54.6X62.6 3BDR CRAWL W/ GARAGE

Flood Zone FLOOD ZONE X

PROPOSED USE Other struct info # BEDROOMS 3000000.00 SFD

SEPTIC - EXISTING? NEW TANK WATER SUPPLY COUNTY

_____ Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1043173

Valuation 198349

Special Notes and Comments

T/S: 06/23/2014 08:58 AM JBROCK ----210 TOWARDS ANGIER R ON OLD COATS RD GO ABOUT 3 TO 4 MILES TURN L ONTO OAK GROVE CHURCH RD ABOUT 1 MILE ON THE R IS GRAN NAD LN FOLLOW DIRT RD TO THE

END

PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB

INSULATION AND LAND USE.

Work must conform and comply with the

STATE BUILDING CODE and all other State

and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

Page 2 Date 7/07/14

Application Number 14-50034001 Property Address 231 GRAN NAD LN

Application description . . . CP NEW RESIDENTIAL (SFD)
Subdivision Name W G JARMAN ESTATE
Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1043173

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|--|---|--|---|----------|-------|
| 10 20 20-30 30-999 40-50 40-60 40-60 40-60 50-60 50-60 50-60 | 101 103 814 105 129 425 125 325 225 429 131 329 229 | B101 B103 A814 B105 I129 R425 R125 R325 R225 R429 R131 R329 R229 | R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL | | |
| 999 | | H824 | ENVIR. OPERATIONS PERMIT | | _/_/_ |