

Initial Application Date: 6-27-14

Application # 1450034055

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: SARAH GALE Mailing Address: 3006 NEILL'S CREEK RD

City: LILLINGTON State: NC Zip: 27546 Contact No: (910) 890-3834 Email: _____

APPLICANT*: MOSS HOMEBUILDERS Mailing Address: PO Box 577

City: LILLINGTON State: NC Zip: 27546 Contact No: (910) 890-2103 Email: Ken.Moss@charter.net

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MOSS HOMEBUILDERS - Remy Phone # (910) 890-2103
Ken Moss

PROPERTY LOCATION: Subdivision: N/A Lot #: 4 Lot Size: 4.26

State Road # NC 1513 State Road Name: NEILL'S CREEK RD Map Book & Page: PCHG 84C

Parcel: 11 06061 0005 04 PIN: 06061-69-8200.000

Zoning R30 Flood Zone: X Watershed: III Deed Book & Page: 2056/40 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size 50 x 36) # Bedrooms: 3 # Baths: 2 Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no)

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 SFD Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum _____ Actual 504
Rear _____ 392
Closest Side _____ 70
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

2204500271
PI-178-2
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Hwy 210 TOWARDS ANGLER RIGHT ON OLD
 COATS RD 1.5 MILES LEFT ON MULLS CREEK RD SITE IS APPROX. 2
 MILES ON RIGHT. BUILDING SITE IS 500' OFF ROAD

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.



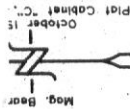
Signature of Owner or Owner's Agent

6/27/2014

Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued



NORTH CAROLINA
HARNETT COUNTY

This Map/Plot was presented for registration and recorded

in this office of Map Number _____ of _____ at _____

This _____ day of _____ at _____

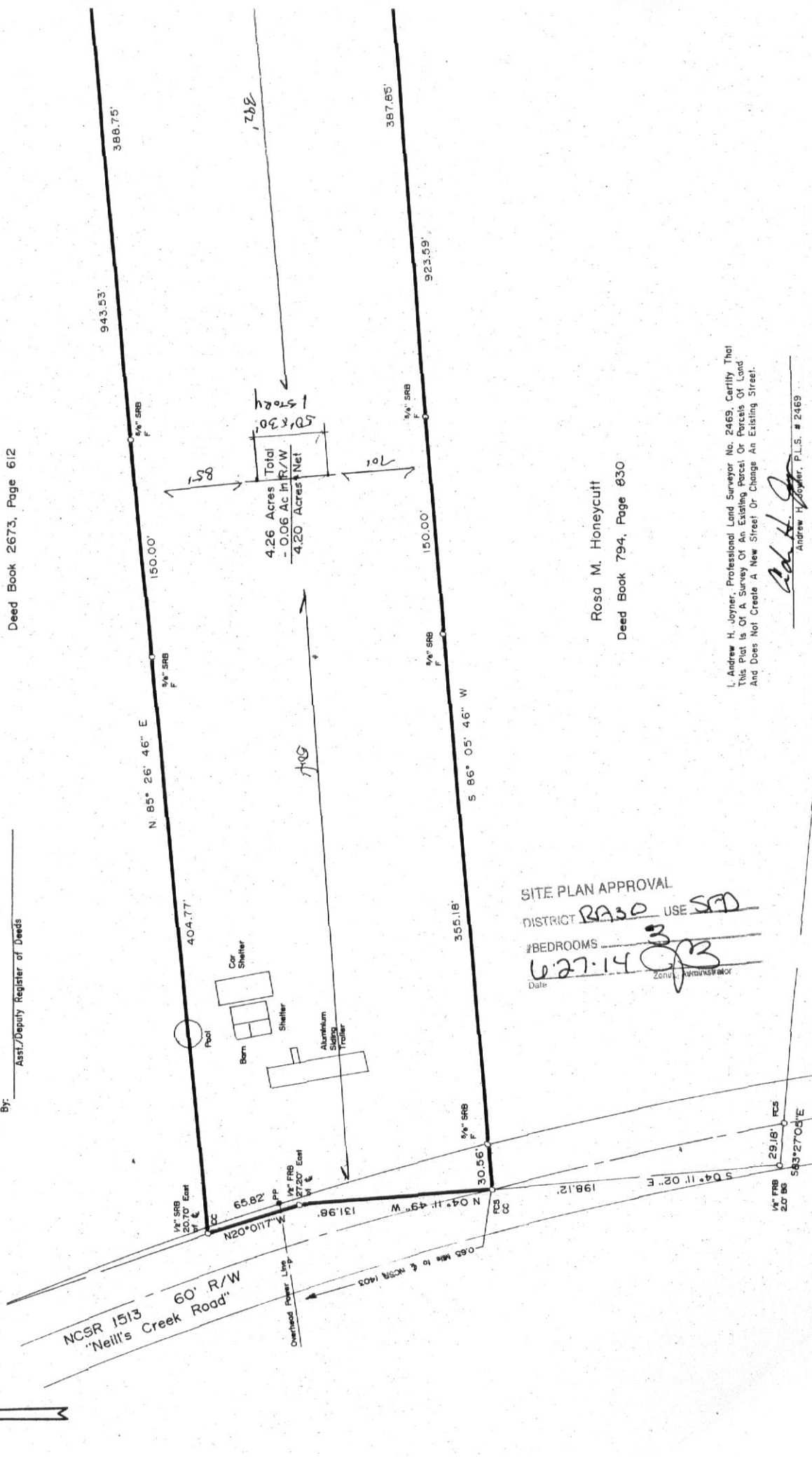
o'clock _____ M.
KIMBERLY S. HARGROVE
Register of Deeds

By: _____
Asst./Deputy Register of Deeds

ground measurements unless otherwise noted.
Area computed by coordinates.
NOTE: Property is Located in Watershed District WS-IV.

James D. Holder
Deed Book 2673, Page 612

Rosa M. Honeycutt
Deed Book 794, Page 030



SITE PLAN APPROVAL
DISTRICT RA30 USE SAD
#BEDROOMS 3
Date 6.27.14 [Signature]
Zone Administrator

I, Andrew H. Joyner, Professional Land Surveyor No. 2469, Certify That
This Plat is of A Survey of An Existing Parcel Or Parcels of Land
And Does Not Create A New Street Or Change An Existing Street.

[Signature]
Andrew H. Joyner, P.L.S. # 2469

NAME: _____

APPLICATION #: _____

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- { } Accepted { } Innovative { } Conventional { } Any
 { } Alternative { } Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } YES { } NO Does the site contain any Jurisdictional Wetlands?
 { } YES { } NO Do you plan to have an irrigation system now or in the future?
 { } YES { } NO Does or will the building contain any drains? Please explain. _____
 { } YES { } NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 { } YES { } NO 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 { } NO 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)

6/27/2014
DATE

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

entered
4.30.14
4/28/2014

Application for Residential Building and Trades Permit

Owner's Name: _____ Date: 4/28/2014

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Sale Family Dwelling # of Bedrooms: 3

Heated SF: 2349 Unheated SF: 584 Finished Bonus Room? Yes Crawl Space: Slab: _____

General Contractor Information

Moss Home Builders & Realty Inc 910-890-2111
Building Contractor's Company Name Telephone

P.O. Box 577 Lillington NC 27546
Address Email Address
18637

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No

Pioneer Electric & Maintenance Co., Inc. 919-498-7767
Electrical Contractor's Company Name Telephone

80 Nail Thomas Rd, Lillington NC 27546
Address Email Address
21643-U

Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical/HVAC Contractor Information

Description of Work _____
Beasley's Heating & AC, Inc. 919-894-4248
Mechanical Contractor's Company Name Telephone

59 W.C. Beasley Ln. Coats, NC 27521
Address Email Address
9497

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

WYN PLUMBING CO. INC 919-639-0195
Plumbing Contractor's Company Name Telephone

PO Box 1239 Angier
Address Email Address
14087

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

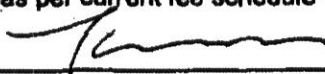
Tri-Lity Ins. & Building Products 384 E. Mountain Dr 910-486-8855
Insulation Contractor's Company Name & Address Telephone

Fayetteville NC
28306

***NOTE: General Contractor must fill out and sign the second page of this application.**

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


Signature of Owner/Contractor/Officer(s) of Corporation

4/28/2014
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.

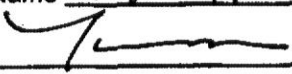
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

Company or Name Miss Home Builders Realty Inc

Sign w/Title  VA Date 4/28/2014

Plan Box # EG

Date 7-21-14
Job Name Gail - Moss

App # 34055

Valuation 110028

Heated SQ Feet 1357
Garage 336
= 1693

Inspections for SFD/SFA

Crawl Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____ Envir. Health Other _____

Additions / Other

- Footing _____
- Foundation _____
- Slab _____
- Mono _____
- Open Floor _____
- Rough In _____
- Insulation _____
- Final _____

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 14-50034055 Date 7/24/14
Property Address 3006 NEILLS CREEK RD
PARCEL NUMBER 11-0661- - -0005- -04-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

GAIL SARAH RUTH MOSS KENNETH A
RT 39 BOX 579 PO BOX 577
KENT STREET LILLINGTON NC 27546
FAYETTEVILLE NC 28311 (910) 893-4875

Applicant

MOSS HOMEBUILDERS
PO BOX 577
LILLINGTON NC 27546
(910) 890-2103

--- Structure Information 000 000 50X30 3BDR CRAWL W/ GARAGE
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code 1046325
Issue Date 7/24/14 Valuation 0
Expiration Date 7/24/15

Special Notes and Comments

T/S: 06/27/2014 09:00 AM JBROCK ----
HWY 210 TOWARDS ANGIER R ON OLD COATS
RD 1.5 MILES LEFT OB NEILLS CREEK RD
SITE IS APPROX 2 MILES ON R BUILDING
SITE ID 500 FT OFF RD
XX
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
INSULATION AND LAND USE.
XX
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.

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PARCEL NUMBER	11-0661- - -0005- -04-		
Application description . . .	CP NEW RESIDENTIAL (SFD)		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-30		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1046325		

Required Inspections

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

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 169200

Filed on: 07/29/2014

Initially filed by: mosshomebuilders

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com <http://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 aribh@support@liensnc.com**Project Property**3006 Neill's Creek Rd.
Lillington, NC 27546
Harnett County**Property Type**

1-2 Family Dwelling

Print & Post**Contractors:**

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.

Owner InformationSarah Ruth Gale
3006 Neill's Creek Rd.
Lillington, NC 27546
United States
Email: 2526moss@gmail.com
Phone: 910-890-2111**Date of First Furnishing**

08/01/2014

View Comments (0)

Technical Support Hotline: (888) 690-7384