		7	72	1	1/1
initial App	lication Date:	_/ _	<u> </u>		7

Residential Land Use Application

Application # H5	00	3	4	25	6
CU#					

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamett.org/permits

Central Permitting

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: James Rowland Mailing Address: 6568 Dwight Roakoulkel
City: W1 1 00 500 State W- Zip: 275 9 Contact No: 919-557-3403 Email:
APPLICANT: Martiant/ Tart (us low Mailing Address: 539 TruthRd. New Hollsc City: New Hollsc State No. 21p27562 Contact No: 1969-1818 Email: fartna) hgu an "Please fill out applicant Information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Marty Tart Phone # 919-669-1818
PROPERTY LOCATION: Subdivision: South Ridge Farms Lot #: 43 Lot Size: 59
State Road # 4540 State Road Name: 45 How 401 Map Book & Page: 200, 156
Parcel: 08 065300(846 PIN: 0653-56-3665,000
Zoning: KA 30 Flood Zone: Watershed: Deed Book & Page: 02394000 Power Company*: D9KC
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE: SFD: (Size 1/2 x 45) # Bedrooms: 7 Baths: 2 Basement(w/wo bath): W Garage: Deck: 7 Crawl Space: 1 Slab:
Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
Water Supply: 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
Does the property contain any easements whether underground or overhead () no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Front Minimum 3 Actual 6 7 Rear 25 52 7 Closest Side 30
Sidestreet/corner lot
Nearest Building On same lot

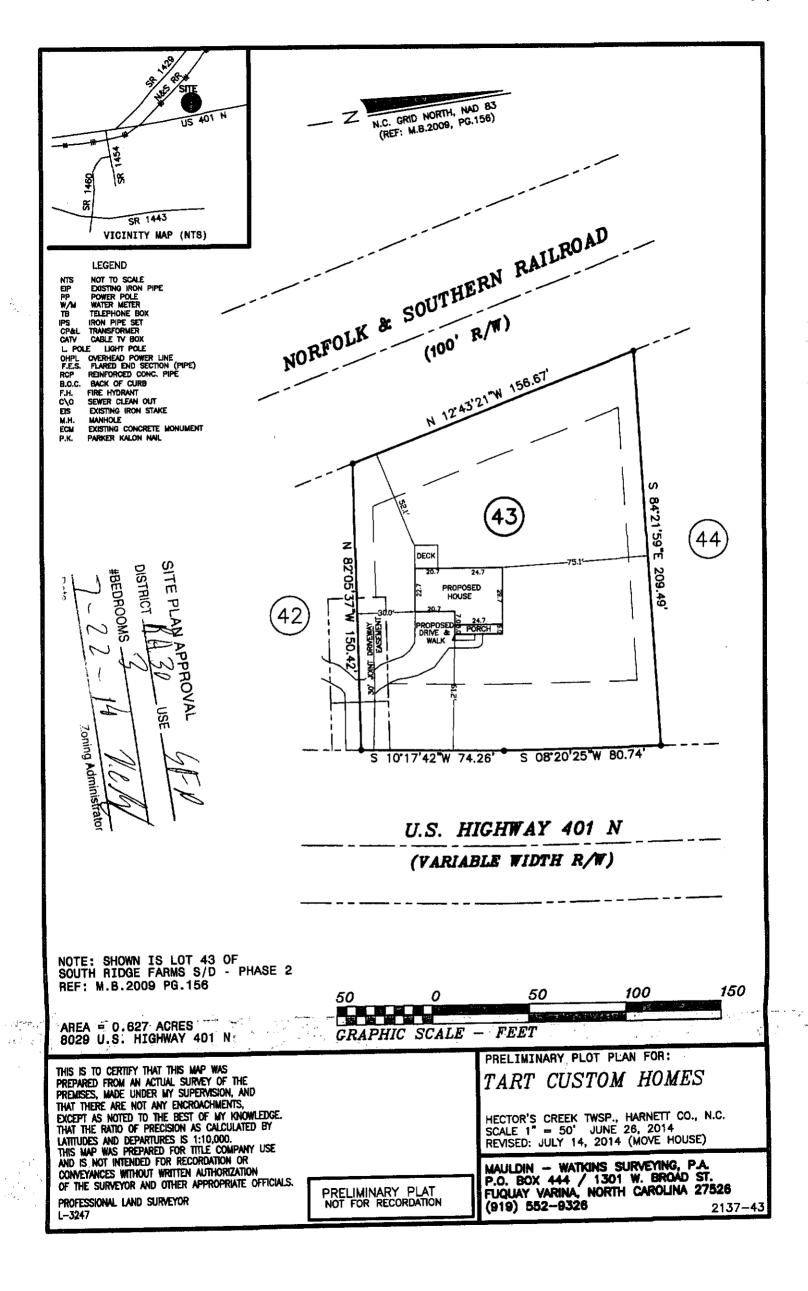
Page 1 of 2
APPLICATION CONTINUES ON BACK

03/11

FIC DIRECTIONS TO	THE PROPERTY FRO	M LILLINGTON:	45.40 past	Tayko	n. vette	Schoo
<u> </u>		/- 	F 451	<u> </u>	/ 	<u> </u>
				···		
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its are granted I agree	to conform to all ordin	ances and laws of the	State of North Carolin	a regulating such work	and the specification	ns of plans subn
ly state that foregoing t	New 1	e and correct to the b	est of my knowledge.	emit subject to revoc	ation it talse informa 4	tion is provided.
	Signature of Coun.	er or Owner's Agent		Date	-E- /	

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



NAME:_				APPLICATION #:	
IF THE IN PERMIT C depending Envir	TENTE STATE OF THE PROPERTY OF	THIS APPLICATION IS FOR THIS APPLICATION IS APPLICATION IN THE PROPERTY OF THE	on for Improvement P FALSIFIED, CHANGED, OR T HALL BECOME INVALID. THe plan = 60 months; complete p Code 8 00 isible. Place "pink p roper pately every 50 feet between place flags per site plan developed in location that is easily mental Health requires that is should be able to walk from the propose patents."	rty flags" on each corner i ro en corners. ed structure. Also flag drivey reloped at / for Central Perm y viewed from road to assist it you clean out the <u>undergr</u> reely around site. <u>Do not gra</u> rmation. \$25.00 return trip	THE IMPROVEMENT of this or without expiration on of lot. All property ways, garages, decks, litting. In locating property, cowth to allow the soil ade property.
• 7	After preparing	proposed site call the	voice permitting system at	operty lines, etc. once lot c 910-893-7525 option 1 to so or En vironmental Health ins	chedule and use code
• (confirmation n Jse Click2Gov	umber given at end o	of recording for proof of a concession of the co	request. I to Central Permitting for pe	
• F	Follow above in Prepare for inspossible) and the After uncovering multiple permited in aiven at end of	structions for placing floection by removing so the close back down. (If you the color of the co	lags and card on property. il over over outlet end a Unless inspection is for a s ice permitting system at 9 for Environmental Health of request.	as diagram indicates, and lift septic tank in a mobile home 10-893-7525 option 1 & sele ins pection. <u>Please note c</u> to Central Permitting for rem	park) et notification permit if onfirmation number
SEPTIC	USE CIICKZGOV	OF TVTC (O Hear results.	Office approved, proceed		
If applyin	ng for authorizatio	n to construct please indic	ate desired system type(s): ca	in be ranked in order of preference	e, must choose one.
{}} Ac		\	Conventional	{}} Any	

The appliquestion.	cant shall notify If the answer is	the local health departme "yes", applicant must att	ent upon submittal of this apparent supporting documentation	olication if any of the following on.	apply to the property in
{}}YES	NO NO	Does the site contain an	y Jurisdictional Wetlands?		
{}}YES	NO	Do you plan to have an	irrigation system now or in t	he future?	
{}}YES	NO	Does or will the building	g contain any drains? Please	explain.	
{}}YES	NO	Are there any existing v	vells, springs, waterlines or V	Vastewater Systems on this pro	perty?
{_}}YES	[_YNO	Is any wastewater going	g to be generated on the site of	other than domestic sewage?	
{_}}YES	//NO	Is the site subject to app	proval by any other Public Ag	gency?	
{_}}YES	// NO	<u>-</u>	ts or Right of Ways on this p		
{}}YES	√ NO			ne or underground electric lines'	
				the lines. This is a free service	
l Have Re	ead This Applicat	ion And Certify That The	Information Provided Herein	is True, Complete And Correct.	Authorized County And
State Offi	icials Are Granted	i Right Of Entry To Cond	uct Necessary Inspections To	Determine Compliance With App	plicable Laws And Rules.
				beling Of All Property Lines And	i Corners And Making
The Site	Accessible So Tha	t A Complete Site Evaluat	ton Can be Pertormed.		ma W
	"del !	100			P2019
PROPE	RTY OWNERS	OR OWNERS LEGAL	REPRESENTATIVE SIG	NATURE (REQUIRED)	DATE
	E-Health Checklist		1 of 3		10/10

* 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

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: James Rowand/Taxtousp	y Hours Departe: >- Jerry
115/10/10/11/11/11	
Site Address: US 401 CV/4 121	Phone: 9/9 69 1918
Directions to job site from Lillington: 90/5017 Toluce	1 1/001/
SITE IS ON CET AMER IT	(aln +q acks a)
LUVEGETTE SCHOOL	
Subdivision: South Mage tarms	Lot: 43
Description of Proposed Work: New Resacrita	# of Bedrooms:
Heated SF: 1487 Unheated SF: O Finished Bonus Room?	Crawl Space: L Slab: N
Tax Luston Hone for.	919-669-1818
Building Contractor's Company Name	Telephone O
359 Fruth Rd. New HILINC -2758)	tatnahow con
Address 58978	Email Address
Description of Work Wew Re Electrical Contractor Information Service Size:	1 Amps T-Pole: Yes No
Day son's Elec-	Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
609 CoHONRO, F-V.N.C. 2786	+rusdausona)amail.com
Address	Erhail Address
25948-1	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work Wey Res	
J. C'S Hout It AIC	919-852-3053
Mechanical Contractor's Company Name	Telephone ,
1539 Wade Stephenson Rd FU DC. to	5 CS huaca benail. con
Adrison 27526	Email Address
12655-HD	
License # Plumbing Contractor Information	1
Description of Work Wew Res	# Baths 2 3
Can des Plum bores	919-669-4650
Plumbing Contractor's Company Name	Telephone
POB+ 1359 FU 1627526	canders yumbing Ra
Address 903	Email Address a 02.(2)
License #	
Toe What was to	777-91000
Insulation Contractor's Company Name & Address	Telephone

*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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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.

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 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 Fas 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 Tree Tree Company or Name

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 170344

Filed on: 07/31/2014 Initially filed by: martytart

Designated Lien Agent

First American Title Insurance Company

Online: www.licnsnc.com/http://www.listusne.com/

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com mailto support@liensnc.com

Owner Information

Marty Tart 359 Truth Rd. New Hill, NC 27562 United States Email: tartm@hpw.com Phone: 919-669-1818

Project Property

Lot 43 South Ridge Farms Pin # 0653-56-3665.000

US 401 fuquay-Varina NC 27526 Fuquay-Varina, NC 27526 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

08/08/2014

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384

South Plan Box #	ridg tur	Date Job Name	7-27-14 Marty Tart Cu.	at Hon
App # 145 00	34 256 v	aluation (27, 0.55	Heated SQ Feet <u>। ४ ८</u> Garage <u> ५</u> ६	
Inspections for SF	D/SFA	, a /	uR.	8
Crawl	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 Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
oundation Surve	<u>y_Wo</u> En	vir. Health <u>New</u>	Other	
dditions / Other				
ooting oundation ab lono				
pen Floor ough In sulation				

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. Date 8/05/14 Application Number 14-50034256 Property Address 8029 US 401 N . . 08-0653- - -0018- -46-PARCEL NUMBER Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Owner Contractor ______ -----TART CUSTOM HOMES INC ROWLAND JAMES L 8009 US 401 N 1628 OAKRIDGE DUNCAN RD FUQUAY VARINA NC 27526 FUQUAY VARINA NC 27526 (919) 557-6187 Applicant ______ MARTY TART CUSTOM HOMES #43 Structure Information 000 000 36.8X45.4 3BDR 2.5BATH SFD W GAR DK CRAL Flood Zone FLOOD ZONE X 3.00 Other struct info # BEDROOMS PROPOSED USE SEPTIC - EXISTING? SFD NEW TANK COUNTY WATER SUPPLY ______ Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1047620 Issue Date 8/05/14 Valuation Expiration Date . . 8/05/15_____ ______ Special Notes and Comments T/S: 07/22/2014 03:12 PM VBROWN ----8029 US 401 N FUQ VAR, SOUTH RIDGE FARM 401N, CROSS RR TRACT 2ND LOT ON LEFT

BEFORE CHALYBATE SPRINGS.

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 8/05/14

Application Number 14-50034256 Property Address 8029 US 401 N

PARCEL NUMBER . . . 08-0653- - -0018- -46-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 . 1047620

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 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 H824	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 THREE TRADE FINAL TWO TRADE FINAL ENVIR. OPERATIONS PERMIT		