

Initial Application Date: 11-16-15

Application # 14-500 34436 B

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

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

LANDOWNER: Trace Homes, Inc Mailing Address: 3857 Legion Road
City: Hope Mills State: NC Zip: 28348 Contact # 910-426-2242 Email: patsy.grhomes@gmail.com
APPLICANT: Gary Robinson Homes Mailing Address: 4140 Ramsey St, Suite 115
City: Fayetteville State: NC Zip: 28311 Contact # 910-401-5505 Email: patsy.grhomes@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Market Place Lot #: 92 Lot Size: .46 acre

State Road # _____ State Road Name: _____ Map Book & Page: 2014/199

Parcel: D39597 0056 19 PIN: 9597-11-3017,000

Zoning: R220R Flood Zone: X Watershed: NA Deed Book & Page: 03239/0731 Power Company: Central Elec

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

NC 27 W to Tingen Road - Left onto Tingen - Left onto Stock Market Drive - 1st Left - Blue Chip Ct - Lot on right

PROPOSED USE:

- SFD: (Size 46' x 40') # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): Y Garage: 425 Deck: _____ Crawl Space: _____ Slab: _____ Slab: X Monolithic
(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: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *MUST have operable water before final

Sewage Supply: X 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 X no

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

Required Residential Property Line Setbacks: _____ Comments: _____

Front Minimum 35 Actual 40

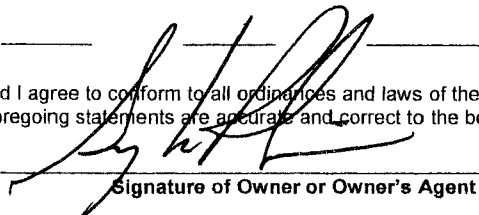
Rear 25 99.2

Closest Side 10 34.3

Sidestreet/corner lot _____

Nearest Building _____ on same lot _____

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

11/16/15
Date

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

LEGEND

- PO=PORCH
- P=PATIO
- SW=SIDEWALK
- DW=CONC DRIVEWAY
- EB=ELECTRIC BOX
- SCO=CLEANOUT
- TP=TELEPHONE PEDESTAL
- WM=WATER METER
- AC=AIR CONDITIONING UNIT
- BOC=BACK OF CURB
- EOP=EDGE OF PAVEMENT

- IRON PIPE FOUND
- ⊙ IRON PIPE SET
- NAIL SET

SETBACKS

- FRONT 35'
- SIDE 25'
- REAR 10'
- SIDE STREET 20'
- MAX HEIGHT 35'

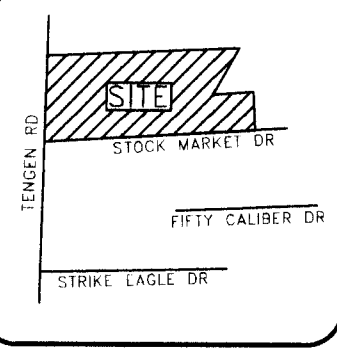
THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

SHAWN T. RUMBERGER, PLS L-4909 DATE

IMPERVIOUS AREA

- HOUSE 1,829 SQ.FT.
- DRIVE 699 SQ.FT.
- WALK 72 SQ.FT.
- TOTAL 2,600 SQ.FT.

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.



VICINITY MAP (NTS)

SITE PLAN APPROVAL

DISTRICT: RA20R USE

BEDROOMS: 4

Date: 11-16-15

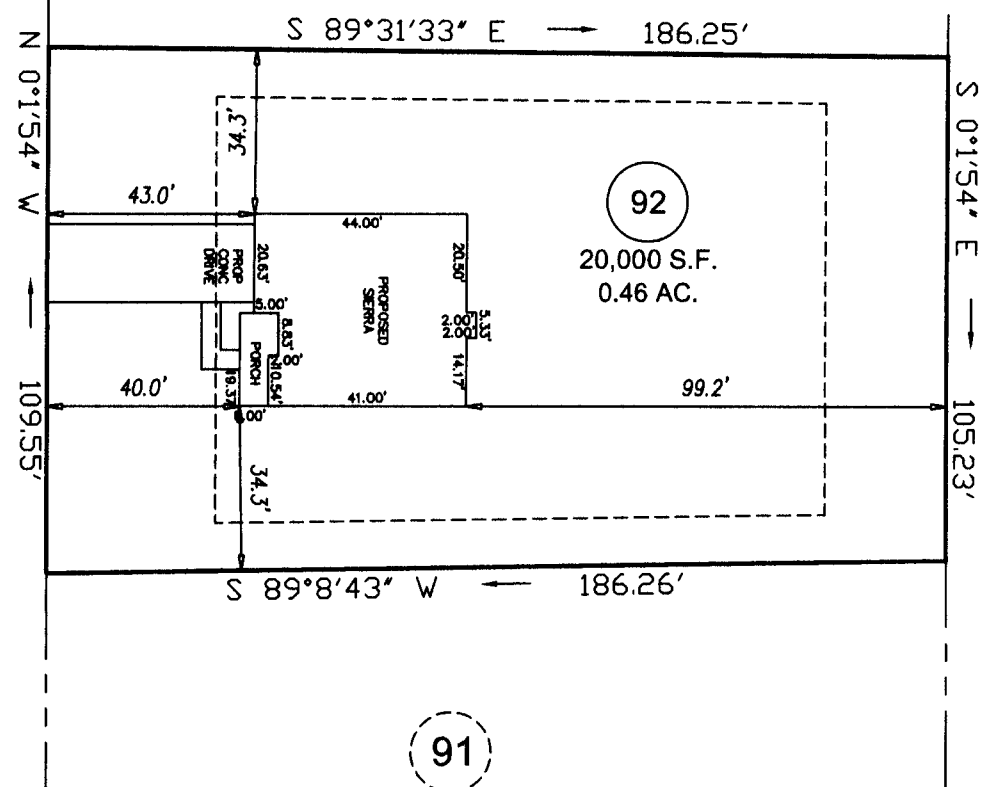
Zoning Administrator

93

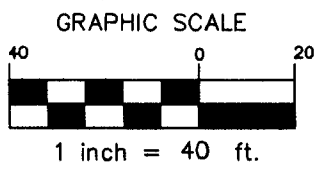
PLAT NUMBER
PG 2014, PG 199

BLUE CHIP STREET
50' PUBLIC R/W

DAY TRAINING CT.
50' PUBLIC R/W



91



PRELIMINARY PLOT PLAN

ECLS	PROJECT:	GRH 15-009
	DRAWN BY:	APS
	SCALE:	1"=40'
	DATE:	11-5-15

FOR
GARY ROBINSON HOMES
 BLUE CHIP COURT
 LOT 92 MARKET PLACE SUBDIVISION
 BARBECUE TWP., HERNETT CO., NC
 P.B. 2014, PG. 199



ECLS GLOBAL
 U.S. VETERAN-OWNED

227 FISH DRIVE
 ANGBER, NC 27501

910.897.3257 ECLSING.COM 910.897.3229 (FAX)

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

Application for Residential Building and Trades Permit

Owner's Name Trace Homes, Inc Date 11/11/15
Site Address 38 Blue Chip Ct Phone 910-401-5505

Directions to job site from Lillington Go NC 27 W - go to Tingen Road -
turn left onto Tigen Rd - go to Stock Market - (to your
left) Turn onto Stock Market - Rt Rd to left is Blue Chip Lot on Right
Subdivision Market Place Lot 92

Description of Proposed Work Single Family New Construction # of Bedrooms 4
Heated SF 1944 Unheated SF 424 Finished Bonus Room? Crawl Space Slab Mono

General Contractor Information

Gary Robinson Homes, LLC
Building Contractor's Company Name
4140 Ramsey St, Suite 115
Address
67530 unlimited
License #

910-977-2562
Telephone
gary.robinsonhomes@yahoo.com
Email Address

Electrical Contractor Information

Description of Work New Construction Service Size 200 Amps T-Pole Yes No

Bugord Electric, LLC
Electrical Contractor's Company Name
948 Pan Dr., Hope Mills, NC 28348
Address
15109-L
License #

910-818-0994
Telephone
thomasbugord@yahoo.com
Email Address

Mechanical/HVAC Contractor Information

Description of Work Single Family New Construction

Certified Heating and Air Conditioning
Mechanical Contractor's Company Name
PO Box 1071, Hope Mills, NC 28348
Address
H3C1 20012
License #

910-858-0000
Telephone
patsy.grhomes@gmail.com
Email Address

Plumbing Contractor Information

Description of Work New Construction # Baths 4

Dell Haire Plumbing
Plumbing Contractor's Company Name
PO Box 45048 2503 Southern Ave Fayette 28306
Address
24204 P-1
License #

910-429-9939
Telephone
accountingoffice@ncnr.biz.com
Email Address

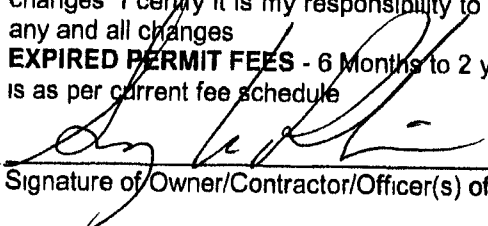
Insulation Contractor Information

Gary Robinson Homes, LLC, 4140 Ramsey St, Suite 115
Insulation Contractor's Company Name & Address
Fayetteville, NC 28311
Telephone 910-401-5505

*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

Date

11/11/15

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

Gary Robinson Homes, LLC

Sign w/Title

 President

Date 11/11/15

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 377734

Filed on: 11/06/2015

Initially filed by: po39quinn

Designated Lien Agent

Premier Land 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

Lot 92 Market Place
38 Blue Chip Court
Bunnlevel, NC 27505
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

11/25/2015

Owner Information

Tracc Homes, Inc.
3857 Legion Road
Hope Mills, NC 28348
United States
Email: patsy.grhomes@gmail.com
Phone: 910-987-1789

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