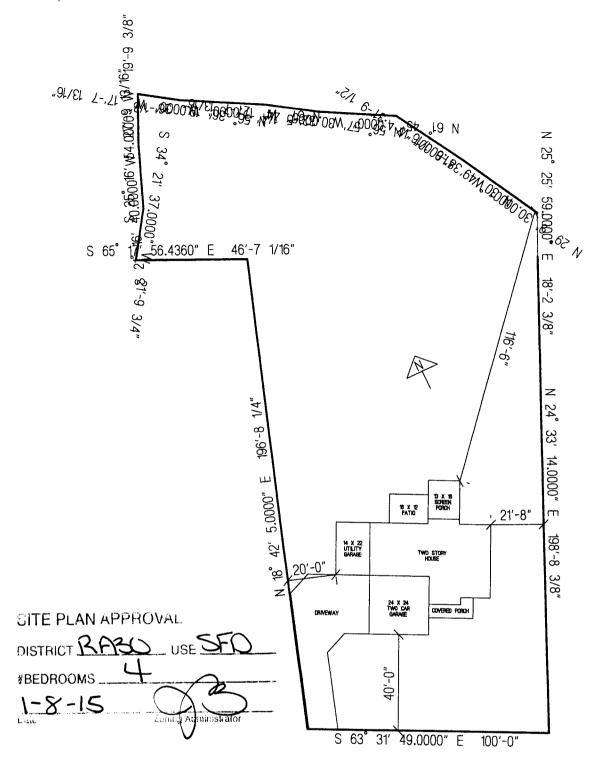
Initial Application Date:	1/6/2015		Application # 155	50035272
Central Permitting	COUNTY 108 E. Front Street. LIII	NTY OF HARNETT RESIDENTIAL LAN Ington, NC 27548 Phone: (910) 893-		
"A RECORDED	SURVEY MAP, RECORDED DE	ED (OR OFFER TO PURCHASE) & SITE PLAN	7525 ext:2 Fex: (910) 893-279;	www.harnett.org/permits
LANDOWNER: DO	ener E. Nort			
City://	, O State:	7	Jame as	Below
APPLICANT:	uperbad Shale	Sac.Malling Address: PO.	A 71-1	
UN	State:	C zin 28335 Content No. 240	DOX 127	
*Please fill out applicant inf	ormation if different than landows	C zip: 28335 Contact No: 9/0	-012 - 4.3 4.) Email: 104 Az	norm's C. Centurylink. Net
CONTACT NAME APP	LYING IN OFFICE:	de or Chen	Phone # 9/0 -	892-11211
	N: Subdivision	# Bollerd 1	200 Lot #: 14	
State Road # 143	State Road Name:	Ballerd Road		COL SIZE.
Parcar DUS	1-39-5418	2.000 Page 190	IFO CORR OM	Page: 2013 / 409
Zoning: 27 5 5 100	d Zone: Watershed	Deed Book & Page: 327	2 247 Power Company	DUKE PE
Hew sauctures With Pro	gress Energy as service pro	vider need to supply premise number _		m Progress Energy.
PROPOSED USE:				
SFD: (Size 62 x	# Bedrooms: 4 # Br	aths: 2 1/2 Sesement(w/wo beth): Gs	rage: L Deck: Craw Space	Monolithic State
		The Wa Glosel?) yes () no (if yes add in with	# bedrooms)
Mod: (SizeX	# Bedrooms # Be	sthsBasement (w/wo bath)Ga	rage: Site Built Deck: O	n Frame O# Frame
		The Ally building	e built additions? () yes () no	•
Manufactured Home	e:SWDWTW	(Sizex) # Bedrooms:	_ Garage:(site built?) Deci	C(Site built?)
		No. Bedrooms Per Unit:_		<u> </u>
		se: Hours of O	peration:	
				#Employees:
		Jse:	Closets In	addition? () yes () no
Sewaga Supply: V Co	unty Existing Well	New Well (# of dwellings using w	ell) "Must have operab	ie water before final
	Ann achie i Blik (Combiete (Checklish Existing Septic Tank (Complete Checklish	
Does the property contain	n any easements whether un	e a manufactured home within five hund	fred feet (500') of tract listed above	? Lyes V no
Structures (existing of pro	oposed): Single family dwelling	4		
	roperty Line Setbacks:	,	omes:Other (sp	eclfy):
ront Minimum_3		Comments:		
Rear 2				
Closest Side	0 20			
Sidestreet/corner lot_2	.0 			
Nearest Building on same lot	<u> </u>			
Residențial	Land Use Application	Page 1 of 2 APPLICATION CONTINUES OF	N BACK	03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Take 401 N out of Lillington,
If permits are granted I agree to conform to all ordinances and laws of the I hereby state that foregoing statements are accurate and correct to the Edinature of Owner or Owner's Agent	ne State of North Carolina regulating such work and the specifications of plans submitted, best of my knowledge. Permit subject to revocation if false information is provided.

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 essements, 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"



GWENDOLYN WAY

CRAFTSMEN CONSTRUCTION
THE SAPPHIRE WITH 3RD CAR GARAGE
LOT # 141 BALLARD WOODS
SCALE: 1"=40'

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 Does the site contain any Jurisdictional Wetlands? Do you plan to have an <u>irrigation system</u> now or in the future? Does or will the building contain any drains? Please explain._ __} YES

question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: {__}}YES {_}}YES {_}}YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {__}}YES Is any wastewater going to be generated on the site other than domestic sewage? {__}}YES Is the site subject to approval by any other Public Agency? {_}}YES 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)

V414 - 1 4-1

HARNETT COUNTY TAX ID # 080652008927

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2014 Dec 31 02:50 PM NC Rev Stamp: \$ 50.00
Book: 3272 Page: 247 Fee: \$ 26.00

Book: 3272 Page: 247 Fee: \$ 26.00 Instrument Number: 2014017514

12-31-2014 BY: SB

NORTH CAROLINA GENERAL WARRANTY DEED

Evoice Terror				
Excise Tax: \$50.00	Recording Time, Book and Page:			
Tax Map No.	Parcel Identifier No: 080652 0089 27			
Mail after recording to: Lynn A. Matthews, 111 Commerce This instrument was prepared by: Lynn A. Matthews, Atto	ce Drive, Dunn, NC 28334 orney			
THIS DEED made this 29th day	of <u>December</u> , <u>2014</u> by and between			
Thomas W. Nelson and wife, Lorraine B. Nelson	RANTOR			
Mailing Address: 3075 AB Carter Road, Fayetteville, NC 28312				
G Danny E. Norris dba Craftsmen Construction Property Address: Lot 141, Ballard Woods, Phases 4A ar	RANTEE nd 4B, Dunn, NC 28334			
Mailing Address: P.O. Box 727, Dunn, NC 28335				

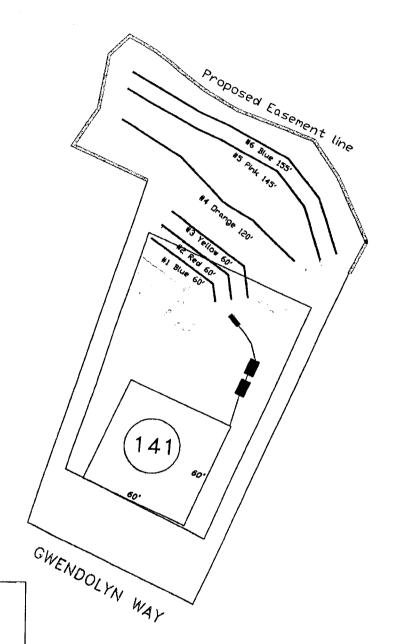
The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land and more particularly described as follows:

BEING all of Lot 141 as shown on plat map dated December 24, 2013, entitled "Lot Recombination Ballard Woods, Phases 4A and 4B" and recorded in Map Book 2013, Page 409, Harnett County Registry.

Submitted electronically by "Matthews Law Group PC" in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.





System: Pressure Manifold Lines: 1-4, (300') Accepted Status System 0.30 Soil LTAR 18-24' Trench Bottom Repair: Pressure Manifold Lines: 5-6, (300') Accepted Status System 18-24' Trench Bottom 0.30 Soil LTAR

50

GRAPHIC SCALE 1" = 50' 0 50 100

Central Carolina Soil Consulting 919-784-9449 Project # 680

Oak City Homes, Inc. Ballard Woods Phase IV, Lot 141

3-Bedroom Home (360 gal./day)

LINE #	COLOR	<u>BS</u>	HI	<u>FS</u>	ELEVATION	LINE LENGTH	Design Length
TBM		3.4		100.0		in field	installation
INST. 1			103.4				
1	Blue			3.5	99.9	60	60
2	Red			4.2	99.2	63	60
3	Yellow			4.5	98.9	81	60
4	Orange			5.1	98.3	136	120
5	Pink			6	97.4	145	145
6	Blue			7.2	96.2	155	155

Total 640 600

System Type	System Lines 1-4 Accepted Status System EZ-FLOW	Repair Lines 5-6 Accepted Status System EZ-FLOW
Suggested Soil LTAR (gal/day/ft2)	0.30	0.3
System Installation LTAR	0.30	0.3
Total Line Length	300	300
Square Footage	900	900
Proposed Trench Bottom	18-24"	18-24"

Distribution Method

Pressure Manifold

Pressure Manifold

Notes:

TBM is top of back eip 141/142

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

•

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	SUBDIVISION	BACLARO WOOD	<u></u>	LOT /9/	
	INITIAL SYSTE	M APPROVED 25%	Menorm	REPAIR Afflor	en 252 resugion
	DISTRIBUTION	semac		DISTRIBUTION	SERIAL
	BENCHMARK	100.0		LOCATION (SEE	CENTER CAR DESIGN
	NO. BEDROOMS	s 4		PROPOSED LTAR	
	LINE J	FLAG COLOR	ELEVATION	<u>LENGTH (F</u>	T)
_	$\sqrt{\frac{1}{2}}$	P W	/01.7	<i>5</i> 5 ′	
	3	P	100.5	<u></u>	
Initio)	7	B R	99.9	60'	
	74	Y	98.9	80'	
		0	98.3	45,	
				738	
	7 <u>8</u>	0	18.3	100'	
	9	В	97.4 26.2	145'	
				400	
	BY MEANE	R		DATE 12/2014	
	TYPICAL PROFI	LE			
	0-6-9	es, vi-une	* 7	his design is	90 0114
	-6-27 (C	chan Fillel			
		•	4.	Central Ca	rolina Base Deagn
	sr 2 7	28"			•
-	INSTAU A	TIL" AAD VER	٠ ٢٠	adding 3 he.	•••
			+ 10	NOT THATE	CUT ON NEMBRE

ANY SOLL FROM SYSTEM ON ACOMINA
ANEA

by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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

Application for Residential Building and Trades Permit

The side Itial Building a	nd Trades Permit
Owner's Name: Dany Norris	augo y citilit
Site Address Tot # 141	Date: _/
Directions to job site from Lillington: TAKA Hutte (C.	Abon: 9/0 201
TR on Dallard R. Hwy 40	71 N 21 1-891-4345
	Total apprex. 3miles
I on Gwerdolyn way Lat on	Toteph Alexander Dr.
Subdivision: Ballard Wards	He ff.
Description of Proposed Work: NSF	Lot:/41
Heated SF: 3035 Unheated SF: 884 Finished Bonus Room	# of Bedrooms: 4
General Contractor Informa	Crawl Space: Slab:
Ruilding Card Stanes los	
Building Contractor's Company Name	910-892-4345 Telephone
Address Dox 727 Sund, NC 28335	Telephone
(1)	Joannaris Centurylink. net
Signature of Owner/Contractor/Officer(s) of Corporation	59493
Floaties C	
Description of Work New Residential Service Size	tion
Flection Control Face Electric	The I-Pole: Yes No
Company Name	919-499-5289
S46 Leslie Dr. Saxford NC	Telephone
	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	12007-U
Mechanical/Anna Comporation	License #
Description of Work	mation
Contition II I have taking to	esidentia (
Mechanical Contractor's Company Name	910-818-0600
200 DOX //// /200 > /// / / / / / / / / / / / / / / / /	/ elephana/
Address Addres	
Signature of Jarker	Email Address
Signature of Swin Contractor/Officer(s) of Corporation	20012
Description of Work Acad Plumbing Contractor Information	License #
Curtis Ziell N	# Baths
Plumbing Contractor's Company Name	910-521-2111
3056 Flizahallihad Ilay A	Telephone
Address, Address, Marchy Marchy NC	
Lint's Fainclothe	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	7269
Insulating The Insulation Contractor Information	License #
	010 000
Insulation Contractor's Company Name & Address	714-111-9000 Telephone
Kaliegh, NC.	
*NOTE: Ganaral Control	

Please answer the following questions then see a Permit Technician to determine if you qualify fo Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Me	Home r permit under Owners Exemption.
Do you own the land on which this building will be constructed?	mo available upon request)
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?	YesNo
3. Do you intend to directly control & supervise construction activities?	YesNo
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?	YesNo
5. Do you intend to pomentilly	Yes No
5. Do you intend to personally occupy the building for at least 12 consemonths following completion of construction and do you understand that you do not do so, it creates the presumption under law that you fraudule	cutive Lif ently
I hereby certify that I have the authority to make necessary application, that the and that the construction will conform to the regulations in the Building Fi	Yes No
and that the construction will conform to the regulations in the Building, Ei Mechanical codes, and the Harnett County Zoning Ordinance. I state the infinumber of bedrooms, building and trade plans, Environmental Health permit changes, I certify it is my responsibility to notify the Harnett County Central Pe EXPIRED PERMIT FEER AND	ormation on the above I contractors, site plan, anges or proposed use
is as per current fee schedule.	After 2 years re-issue fee
is as per current fee schedule. Signature of Owner/Contractor/Officer(s) = 16	After 2 years re-issue fee
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co	After 2 years re-issue fee 2015 . 87-14
is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Date	After 2 years re-issue fee 2015 . 87-14
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit: Has three (3) or more employees and has obtained workers' compensation	After 2 years re-issue fee 2015 87-14 Intractor or Owner ation(s) performing the work
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co	After 2 years re-issue fee 2015 87-14 Intractor or Owner ation(s) performing the work
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Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer/Agent of the Co Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit: Has three (3) or more employees and has obtained workers' compensation them. Has one (1) or more subcontractors(s) and has obtained workers' compensation them. Has one (1) or more subcontractors(s) who has their own policy of workers covering themselves.	After 2 years re-issue fee 2015 . 87-14 Intractor or Owner ation(s) performing the work in insurance to cover them. sation insurance to cover compensation insurance
Affidavit for Worker's Compensation N.C.G.S. The undersigned applicant being the: General Contractor Owner Officer(s) of Corporation Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporate forth in the permit. Has three (3) or more employees and has obtained workers' compensation them. Has one (1) or more subcontractors(s) and has obtained workers' compensation them. 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 Department issuing the permit is sought it is understood that the Department issuing the permit is sought it is understood that the Department issuing the permit is sought it is understood that the Department issuing the permit is sought it is understood that the Department issuing the permit is sought it is understood that the Department issuing the permit is sought it is understood that the Department issuing the permit is sought in the permit in the	After 2 years re-issue fee 2015 . 87-14 Intractor or Owner ation(s) performing the work in insurance to cover them. sation insurance to cover compensation insurance

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 234924

Filed on: 01/08/2015

Initially filed by: cumberlandhomes

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com)

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

randrose 17 W. Imigett St., Suite 5077 Rate

NC 27601

Phone: 888-690-7384
Fax: 913-489-5231

Email: support@liensnc.com (nætto support@liensnc.com)

Project Property

Lot 141 Ballard Woods Parcel #080652 0089 27 255 Gwendolyn Way Fuauay-Varina, NC 27526 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 Information

Craftsmen Construction 108 Commerce Dr. DUNN, NC 28334 United States

Email: joannorris@centurylink.net

Phone: 910-892-4345

View Comments (0)

Technical Support Hotline: (888) 690-7384