

Initial Application Date: 2-4-15

Application # 1550035454

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

LANDOWNER: Chris Michael Crain Mailing Address: 4507 Day Ct.  
City: Fayetteville State: NC Zip: 28394 Contact # 910-309-7433 Email: ccrain2@nc.rr.com

APPLICANT: Wellco Contractors Mailing Address: PO Box 766  
City: Spring Lake State: NC Zip: 28390 Contact # 910-263-0276 Email: jason@wswellconsrealty.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jason Wellons Phone # 910-263-0276

PROPERTY LOCATION: Subdivision: Buffalo Lakes Lot # 211+212 Lot Size: .75 ac

State Road # 111 State Road Name: Peacock Rd. Map Book & Page 8 pgs 10

Parcel: 039586120058 PIN: 9584-52-DS74.000

Zoning: RA20P Flood Zone: X Watershed: NA Deed Book & Page: 3267 1223-224 Power Company: \_\_\_\_\_

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED USE:

- SFD: (Size 49.5 x 60) # Bedrooms: 3 # Baths: 2 1/2 Basement (w/w/o bath): yes Garage: X Deck: X Crawl Space: \_\_\_\_\_ Slab: X Monolithic Slab: \_\_\_\_\_ back
- (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/w/o 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: \_\_\_\_\_ New Septic Tank (Complete Checklist) X 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: X Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

Front	Minimum _____	Actual <u>120.33'</u>
Rear	_____	<u>92.97'</u>
Closest Side	_____	<u>24.01'</u>
Sidestree/corner lot	_____	<u>N/A</u>
Nearest Building on same lot	_____	<u>N/A</u>

Comments: Customer needs you to meet them out there about the ext septic system that is already there.  
910 263-0276

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.

Jason Wellons  
Signature of Owner or Owner's Agent

1-26-15  
Date

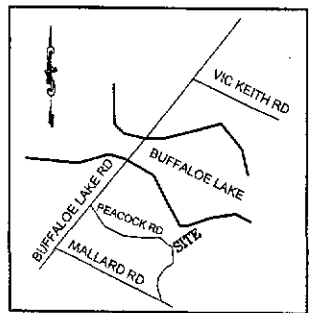
\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

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

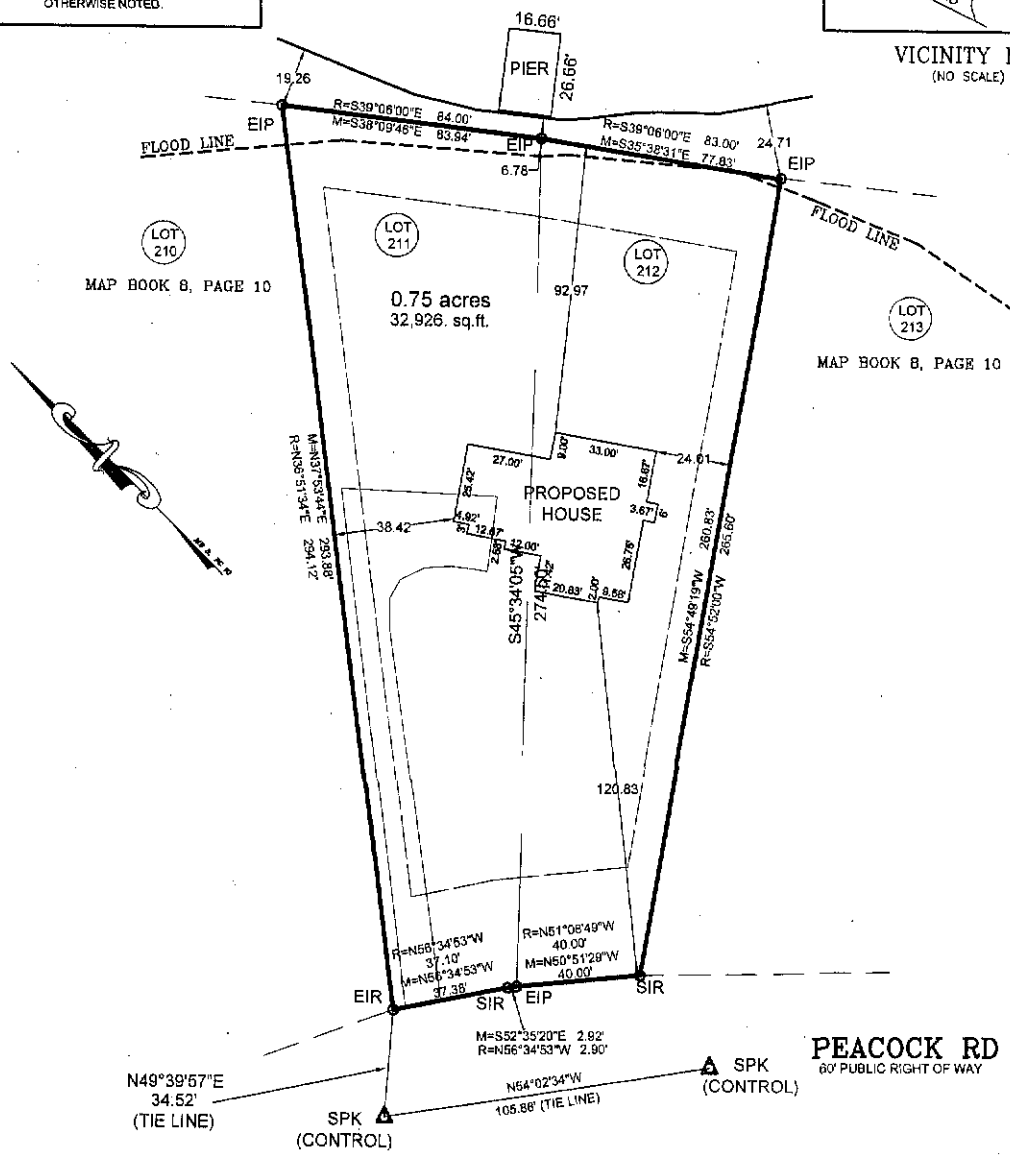
**LEGEND**

- DENOTES BREAK IN LINE
- △ DENOTES CONTROL CORNER
- CONCRETE MONUMENT
- EIP EXISTING IRON PIPE
- EIR EXISTING REBAR SIR SET REBAR
- SPK SET "PK" NAIL R= RECORDED
- POL POINT ON LINE M= MEASURED

NOTE - 1/2" IRON REBAR SET FLUSH WITH THE GROUND AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.



**BUFFALO LAKE**



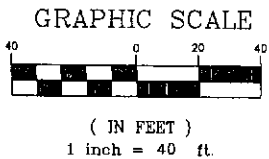
**PLOT PLAN**

WELCO  
 PROPERTY OF: CHRIS CRAIN  
 ADDRESS: 111 PEACOCK RD  
 CITY OF: SANFORD  
 COUNTY OF: HARNETT

TOWNSHIP OF: BARBECUE  
 DATE: 29 SEP 2014  
 REV: 2 OCT 2014  
 SCALE: 1" = 40'  
 REFERENCE: LOT 211 & 212  
 BUFFALO LAKES  
 MAP BOOK 8, PAGE 10



**Larry King & Associates, R.L.S., P.A.**  
 P.O. Box 53787  
 1333 Morganton Road, Suite 201  
 Fayetteville, NC 28305  
 Phone: (910)483-4300  
 Fax: (910)483-4052  
 www.lkandA.com  
 NC Firm License C-0887



I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in MAP BOOK 8, PAGE 10 or other reference source as shown); that the boundaries not surveyed are indicated as drawn from information in book and page as referenced above that the ratio of precision or positional accuracy is > 1:10,000; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).

*W. Larry King*  
 W. LARRY KING, PLS - L-1339

K:\bask\proj\WELCO CONTRACTORS INC\CADD\CIVIL\peacock rd\FOUNDATION.dwg, 10/2/2014 10:15:19 AM, mrogers, L:40

FOR REGISTRATION  
Kimberly S. Hargrove  
REGISTER OF DEEDS  
Harnett County, NC  
2014 DEC 11 03:38:58 PM  
BK:3267 PG:223-224  
FEE:\$26.00  
EXCISE TAX: \$400.00  
INSTRUMENT # 2014016644  
RBMCEILL

HARNETT COUNTY TAX ID#

039586120058



2014016644

121114 BY SB

**This Deed Prepared by Reginald B. Kelly, Attorney at Law , P.O. Box 1118, Lillington, NC 27546**

*The attorney preparing this instrument has made no record search or title examination of the property described herein, and expresses no opinions as to title or tax consequences, unless contained in a separate written certificate.*

PID# 039586120058  
REVENUE STAMPS: \$400.00

STATE OF NORTH CAROLINA  
COUNTY OF HARNETT

**WARRANTY  
DEED**

This **WARRANTY DEED** is made the 10th day of December, 2014, by and between Sharyn L. Srednicki and husband Frank Srednicki of 111 Peacock Rd, Sanford, NC 27332 (hereinafter referred to in the neuter singular as "the Grantor") and Chris Michael Crain of 4507 Day Court, Fayetteville, NC 28314 (hereinafter referred to in the neuter singular as "the Grantee");

**WITNESSETH:**

**THAT** said Grantor, for valuable consideration, receipt of which is hereby acknowledged, has given, granted, bargained, sold and conveyed, and by these presents does hereby give, grant, bargain, sell and convey unto said Grantee, its heirs, successors, administrators and assigns, all of that certain piece, parcel or tract of land situate, lying and being in Barbecue Township of said County and State, and more particularly described as follows:

All of Lots Nos. 211 and 212 as shown on the Map entitled "Map No. 4 Buffalo Lakes, Harnett County, N.C." which Register of Deeds of Harnett County, N.C., and to which map reference is hereby made for a more particular and exact description.

\*\*The property herein described is ( ) or is not (X) the primary residence of the Grantor (NCGS 105-317.2)

**TO HAVE AND TO HOLD** the above-described lands and premises, together with all appurtenances thereunto belonging, or in anywise appertaining, unto the Grantee, its heirs, successors, administrators and assigns forever, but subject always, however, to the limitations set out above.

**AND** the said Grantor covenants to and with said Grantee, its heirs, successors, administrators and assigns that it is lawfully seized in fee simple of said lands and premises, and has full right and power to convey the same to the Grantee in fee simple (but subject, however, to the limitations set out above) and that said lands and premises are free from any and all encumbrances, except as set forth above, and that it will, and its heirs, successors, administrators and assigns shall forever warrant and defend the title to the same lands and premises, together with the appurtenances thereunto appertaining, unto the Grantee, its heirs, successors, administrators and assigns against the lawful claims of all persons whomsoever.

**IN WITNESS WHEREOF**, the Grantor has hereunto set its hand and seal and does adopt the printed word "SEAL" beside its name as its lawful seal.

GRANTOR

Sharyn L. Srednicki (SEAL)

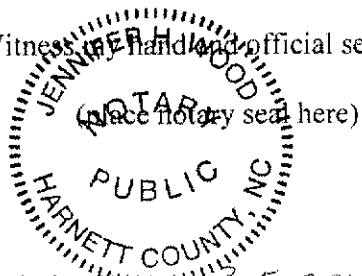
Frank Srednicki (SEAL)

\*\*\*\*\*

STATE OF North Carolina  
COUNTY OF Harnett

I, a Notary Public of the County and State aforesaid, certify that Sharyn L. Srednicki and Frank Srednicki personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this 10 day of December, 2014.



Jennifer A. Wood  
Notary Public

My Commission Expires: 3-5-2014

\* 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

**Application for Residential Building and Trades Permit**

Owner's Name: Chris Michael Crain Date: \_\_\_\_\_  
Site Address: 111 Peacock Rd. Sanford, NC Phone: 910-309-7433  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: Buffalo Lakes Lot: 211+212  
Description of Proposed Work: New Construction Single Family # of Bedrooms: 3  
Heated SF: 1625 Unheated SF: 2197 Finished Bonus Room? \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: X

**General Contractor Information**

Welleo Contractors Telephone: 910-436-3731  
Building Contractor's Company Name  
Address: 513 Hwy 210 S. Holland Plaza Spring Lake NC 28390 Email Address: Jason@wswellensrealty.com  
Chris G. Welleo License #: 7402  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Contractor Information**

Description of Work: New Construction Service Size: 200 Amps T-Pole: X Yes \_\_\_ No  
Sandy Ridge Telephone: 910-323-2458  
Electrical Contractor's Company Name  
Address: 454 Whitehead Rd, Fay, NC 28312 Email Address: Keith@sandyridgeelectric.com  
J.P. Hoge License #: 100060  
Signature of Owner/Contractor/Officer(s) of Corporation

**Mechanical/HVAC Contractor Information**

Description of Work: New Construction  
Total Systems Telephone: 910-436-3450  
Mechanical Contractor's Company Name  
Address: 13341 Hwy 210 S. Spring Lake, NC 28390 Email Address: N/A  
Jim Hill License #: 28846  
Signature of Owner/Contractor/Officer(s) of Corporation

**Plumbing Contractor Information**

Description of Work: New Construction # Baths: 2 1/2  
Kevin Jones Plumbing Telephone: 910-978-3288  
Plumbing Contractor's Company Name  
Address: 6879 Family St, Fay, NC 28314 Email Address: N/A  
Kevin Jones License #: 27018  
Signature of Owner/Contractor/Officer(s) of Corporation

**Insulation Contractor Information**

Trinity Insulation Telephone: 910-486-8855  
Insulation Contractor's Company Name & Address

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

### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?      \_\_\_ Yes    \_\_\_ No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?      \_\_\_ Yes    \_\_\_ No
3. Do you intend to directly control & supervise construction activities?      \_\_\_ Yes    \_\_\_ No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?      \_\_\_ Yes    \_\_\_ No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?      \_\_\_ Yes    \_\_\_ No

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 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.

Charles J. Miller  
Signature of Owner/Contractor/Officer(s) of Corporation

1-26-15  
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: Wellco Contractors

Sign w/Title: Charles J. Miller Manager      Date: 1-26-13

DO NOT REMOVE!

**Details: Appointment of Lien Agent**

Entry #: 246745

Filed on: 02/04/2015

Initially filed by: Wellco

**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](mailto:support@liensnc.com)

**Project Property**

111 Peacock Dr.  
Sanford, NC 27332  
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**

Chris Michael Crain  
4507 Day Ct  
Fayetteville, NC 28314  
United States  
Email: [ccrain2@nc.rr.com](mailto:ccrain2@nc.rr.com)  
Phone: 910-309-7433

**Date of First Furnishing**

02/04/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

## Jason Wellons

**From:** noreply@egov.com  
**Sent:** Wednesday, February 4, 2015 9:22 AM  
**Subject:** Liens NC

## Payment Receipt Confirmation

Your payment was successfully processed.

### Transaction Summary

Description	Amount
Liens NC	\$25.00
Total Amount Paid	\$25.00

Customer Information		Payment Information	
Customer Name	William S. Wellons Jr.	Payment Type	Credit Card
Local Reference ID	87305	Credit Card Type	VISA
Receipt Date	2/4/2015	Credit Card Number	*****3634
Receipt Time	06:21:42 AM PST	Order ID	9435708
		Billing Name	William S. Wellons Jr.

Billing Information			
Billing Address	PO Box 766	Phone Number	910-436-3131
Billing City, State	Spring Lake, NC	Fax Number	910-436-1241
ZIP/Postal Code	28390	This receipt has been emailed to the address below.	
Country	US	Email Address	jason@wswellonsrealty.com jason@wswellonsrealty.com jackie@wswellonsrealty.com



HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES  
WATER USER'S AGREEMENT

**Form Must be Completed in Full Before Service is Made Available. ID is Required.**

Today's Date: <u>1-26-15</u>	<b>*Deposits shown apply for customers with approved credit only!</b>	
Date Service Requested: <u>ASAP</u>	Fees Due: Deposit, Owner, Water \$25	Connection Fee, all accounts: \$15
	Deposit, Owner, Sewer \$25	
	Deposit, Rental, Water \$50	
	Deposit, Rental, Sewer \$50	Meter Fee: \$70

This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

**Please Print:** Subdivision Buffalo Lakes Lot # 211/212 Permit # (if applicable) \_\_\_\_\_  
Service Address: 111 Peacock Dr Landlord: Wellco Constructors, Inc.  
Applicant's Name: Wellco Constructors, Inc.

Co-Applicant's Name: \_\_\_\_\_

Mailing Address: P. O. Box 766

Town: Spring Lake State: NC Zip: 28390  
Work \_\_\_\_\_

~~Home~~ Phone Number: 910-436-3131 Contact Phone Number: 910-263-0276

Previous Address: \_\_\_\_\_

Customer's Social Security #: <u>56-0987619</u>	Co-App's Social Security #: _____
Customer's Drivers License #: _____	Birthdate: _____
Co-App's Drivers License #: _____	Birthdate: _____

Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

Co-Applicant's Employer and Phone #: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: [Signature]

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____	CID: _____	LID: _____
Account # Transferred From: _____	Date To Turn Off: _____				
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____		

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 . . . . .	15-50035454	Date	7/09/15
Property Address . . . . .	23996 *UNASSIGNED		
PARCEL NUMBER . . . . .	03-9586-12- -0058- - -		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name . . . . .	BUFFALOE LAKES MAP NO 4		
Property Zoning . . . . .	PENDING		

Owner

-----

CRAIN CHRIS M  
111 PEACOCK RD  
SANFORD NC 27332

Contractor

-----

WELLCO CONTRACTORS, INC.  
PO BOX 766  
SPRING LAKE NC 28390  
(910) 436-3131

Applicant

-----

WELLCO CONTRACTORS  
PO BOX 766  
SPRING LAKE NC 28390  
(910) 263-0276

--- Structure Information 000 000 77X24 3BDR BASEMENT 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 . . . . .	1093194	
Issue Date . . . . .	7/09/15	Valuation . . . . . 0
Expiration Date . . . . .	7/08/16	

Special Notes and Comments

T/S: 02/04/2015 02:04 PM JBROCK ----  
BUFFALO LAKES S/D  
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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Subdivision Name . . . . .	BUFFALO LAKES MAP NO 4		
Property Zoning . . . . .	PENDING		
Permit . . . . .	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . .			
Phone Access Code .	1093194		

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	_____	___/___/___
20-999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
30-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
30-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
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	_____	___/___/___