Initial Application Date:	2.12	2-15
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Residential Land Use Application

Application #_	15500	355	24
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B	COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Permitting	108 E Front Ctrook Lilliant No and The Carto Ode Application

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: Stancil Builders Inc. ___ Mailing Address: 466 Stancil Road State: NC Zip: 27501 Contact No: 919-639-2073 Email: bgoldston@embarqmail.com APPLICANT*:_ ____ Mailing Address:___ City. _____ State: ___ Zip: ____ Contact No: _____ Email: _____ CONTACT NAME APPLYING IN OFFICE: Richard Denning PROPERTY LOCATION: Subdivision: Hadden Pointe Ph II

State Road # 1437 State Road Name: Ballard Road

Parcel: 08-0652-0024-40

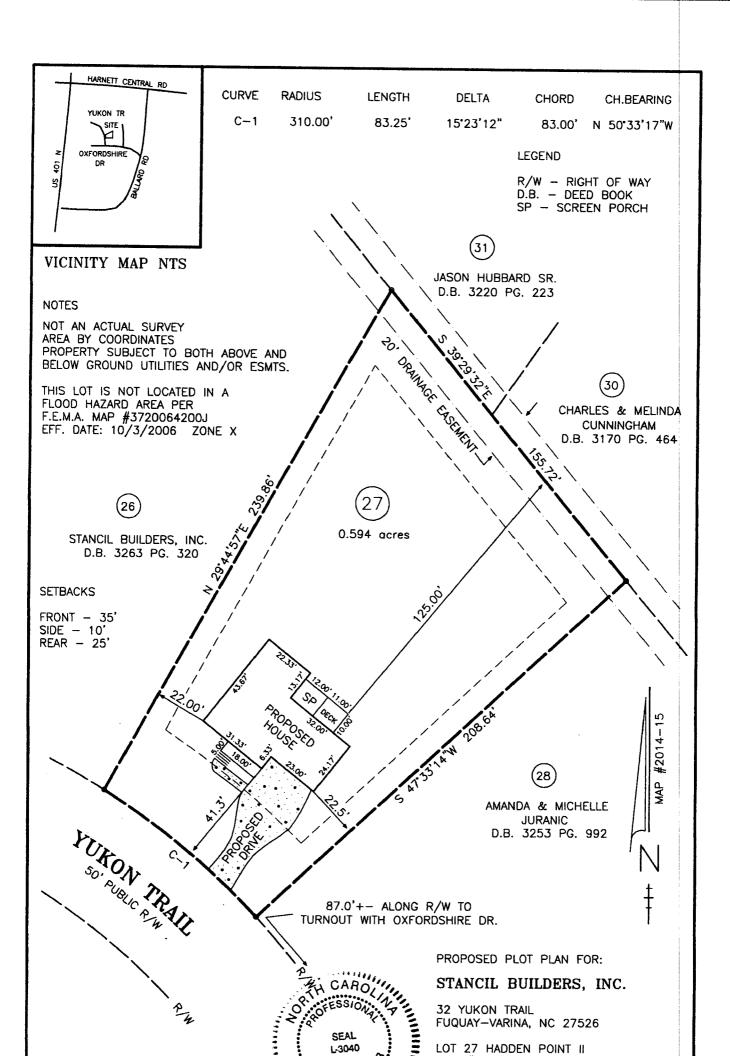
Pin: 0652-45-0565.000

State Road Zone: Watershed: Deed Book & Page: 3274 / 156 Power Company*: Duke Progress Engergy New structures with Progress Energy as service provider need to supply premise number ______ PROPOSED USE: SFD: (Size 48.8 x 45.4) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): V Garage: V Deck: V 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 (\(\frac{\sqrt{}}{\sqrt{}} \)) no Does the property contain any easements whether underground or overhead (___) yes (✓) no Structures (existing or proposed): Single family dwellings: Proposed Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments: 25 Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Hwy 401 North towards Fuquay Varina, take Right on Ballard F. S/D down on left.	₹ d.
CID GOWIT OIT IGIL.	
	
	
	
	
f permits are granted by a confusion to the state of the	
f 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 plan hereby state that foregoing statements are accurate and borrect to the best of my knowledge. Permit subject to revocation if false information is pro-	18 submitte
hands and the subject to revocation it false information is pro	vided.
Signature of Owner or Owner's Agent Date	
***It is the owner/applicants responsibility to provide the county with any applicant.	
to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible.	not limited

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



	anail D				
NAME:	ancij Bu	ilders Inc.		APPLICATION #:	
a	*	This application to be	filled out when applying	g for a septic system inspection.*	
County I	Health De	nartment Annlica	tion for Improvemen	nt Downsit on J/an Andle 1 41 4 G	uct
depending upon	documentation	on submitted. (Complete	site plan = 60 months: Comp	OR THE SITE IS ALTERED, THEN THE IMPROVEME D. The permit is valid for either 60 months or without expidete plat = without expiration)	ration
/ 210-0	373-7323 0	puon i		CONFIRMATION #	
✓ Environs	<u>nental Heε</u>	alth New Septic Sys	temCode 800		
• All p	roperty iro	ons must be made	visible. Place "pink pro	operty flags" on each corner iron of lot. All pr	onorty
	made be en	Jany naggeu appioxi	Halely every bu feet het	TWEEN COMERC	
Place out bi	e "orange h uildings, sw	ouse corner flags" at vimming pools, etc. F	each corner of the prop	posed structure. Also flag driveways, garages,	
Flace	orange Er	ivironmental Health d	ard in location that is ea	asily viewed from road to assist in locating pro-	artv
· II PI O	perty is till	JNIY WOODED. ENVIRON	mental Health requires	that you clean out the undergrounds to allow it	ary. ne soil
Cvaiu	anon to be	penomieu. mspecio	rs snould be able to wa	Rik treely around site. Do not grade property.	
* <u>All 10</u>	is to be at	Juressea Witnin 10 i	DUSINESS davs after co	Onfirmation \$25.00 return trin too may be in-	urred
101 14	mare to un	icover outlet ilu, illa	rk nouse corners and	Droperty lines atc once lot confirmed roads	
800 (:	preparing p after select	ing notification permi	Voice permitting system	n at 910-893-7525 option 1 to schedule and use	; code
confir	mation nun	nber given at end of r	ecording for proof of rec	st) for Environmental Health inspection. Please	<u>∍ note</u>
• Use C	lick2Gov c	or IVR to verify results	Once approved proc	ceed to Central Permitting for permits.	
□ <u>Environn</u>	nental Hea	Ith Existing Tank In	spections Code 800	beed to Gentral Permitting for permits.	
 Follov 	v above ins	structions for placing t	lags and card on prope	ertv	
 Prepa 	tre for insp	ection by removing s	soil over outlet end of	tank as diagram indicates, and lift lid straight	un (if
• DO NO	OT LEAVE L	IDS OFF OF SEPTIC	ICE. (Unless inspection	is for a septic tank in a mobile home park)	
 After ι 	uncovering	outlet end call the v	oice permitting system	at 910-893-7525 option 1 & select notification	nermit
ii mui	nhie heimi	is, inen use code o	uu tor Environmentai F	Health inspection. Please note confirmation n	ımber
given	al end of re	ecoraina for proof of r	equest.		
SEPTIC	iick2Gov o	r IVH to hear results.	Once approved, procee	ed to Central Permitting for remaining permits.	
	uthorization	to construct please indic	cate desired system type(s):	can be ranked in order of preference, must choose one	
{}} Accepted	i	{}} Innovative	{✓} Conventional	{ } Anv	•
{}} Alternati			,,		
The applicant sh	hall notify th	ne local health departme	ent upon submittal of this	application if any of the following apply to the prope	erty in
question. If the	answer is "	yes", applicant MUST	ATTACH SUPPORTING	G DOCUMENTATION:	•
{}}YES { <u>✓</u>	<u>'</u> } NO I	Does the site contain an	y Jurisdictional Wetlands?	?	
	NO I	Oo you plan to have an	irrigation system now or in	in the future?	
· · · · · · · · · · · · · · · · · · ·		Does or will the building	g contain any <u>drains</u> ? Plea	ase explain.	<u></u>
}YES { <u>\\</u>	_) NO A	Are there any existing w	ells, springs, waterlines or	or Wastewater Systems on this property?	

1—1 Allei	Hallve	() Other
The applica question. If	nt shall notify the answer is	the local health department upon submittal of this application if any of the following apply to the property "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{ ∠ } NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{ <u>✓</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	{ <u>✓</u> } NO	Does or will the building contain any drains? Please explain.
{}}YES	{ <u>✓</u> } 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	{ <u>✓</u> } NO	Are there any Easements or Right of Ways on this property?
{}}YES	{ <u>✓</u> } 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.
T TT 10 1	777 1 A 14 A	

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

ete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Each section below to be filled out 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

<u>Application for Residential Building and Trades Permit</u>

Owner's Name Stancil Builders Inc.	Date
Site Address 32 Yukon Irail Juguan Varina 17	C 20524 Phone
Directions to job site from Lillington John Huse 441 Alana	the taylorda to
Directions to job site from Lillington Jake Hury 401 Nove June Right on Ballasol Rd., 3/D down	A Limited Glavar Varina
Sand Ca., SID down	on Luft.
211 11 12 12	
Subdivision Hadden Paint, PA II	Lot _27
Description of Proposed Work SFD	# of Bedrooms 3
Heated SF 1250 Unheated SF Finished Bonus Room?	Crawl Space 😕 Slab
General Contractor Informa	tion
Stancid Bulders Inc.	919-639-2013
Building Contractor's Company Name	Telephone
466 Stancis Rd. angin N 27501	bgolds ton lembarg mail.co
Address	Email Address
34533	
License #	
Description of WorkSFD Service Size	
	ze <u>200</u> Amps T-PoleYesNo
Sno Electrical	919-427-6952
Electrical Contractor's Company Name	Telephone
19655 NC 210 Hwy Angu NC 21501 Address	
	Email Address
<u>/30 75 - C</u> License #	
Mechanical/HVAC Contractor Info	
Description of Work <u>SFD</u>	<u>ormation</u>
	0.0.000
Stychman Healthy: Air Mechanical Contractor's Company Name	919-329-0686
	Telephone
343 Shipmad Dr. Sarrer N 27529 Address	
18644	Email Address
License #	
Plumbing Contractor Informa	410m
Description of Work SFD	
	# Baths d
Barnes Plumbing One. Plumbing Contractor's Company Name	919-422-2133
	Telephone
Address Millwood Came angue NC 27501	
P17735	Email Address
I rease #	
Insulation Contractor Information	tion
Totum Insulation I Ire. 519 Old Dung Store Ro	<u> </u>
Insulation Contractor's Company Name & Address Clarker C 2752	29 Telephone

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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Owner _____ Officer/Agent of the Contractor or Owner General Contractor 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 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 Sign w/Title

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 250640

Filed on: 02/11/2015

Initially filed by: StancilBuildersinc

Designated Lien Agent

Fidelity National Title Company, LLC

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 @arattursageout@liensnc.com i

Property Type

32 Yukon Trail Fuquay Varina, NC 27526

Harnett County

Project Property

Lot 27 Hadden Pointe Ph II Book of Maps 2014

Page 15 Deed Book 3274 Page 156

1-2 Family Dwelling

Date of First Furnishing

03/11/2015

Owner Information

Stancil Builders Inc 466 Stancil Road Angier, NC 27501 United States

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

View Comments (0)

Technical Support Hotline: (888) 690-7384

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.

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.

Additional desc . .

Phone Access Code . 1074079

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 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	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		
999		H824	ENVIR. OPERATIONS PERMIT		

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 15-50035524 Date 4/28/15

Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name HADDEN POINTE II 18LOTS
Property Zoning RES/AGRI DIST - RA-20M

Owner

Contractor

STANCIL BUILDERS & FREDDIE STANCIL BUILDERS INC. 466 STANCIL ROAD

STANCIL

466 STANCIL ROAD

ANGIER NC 27501 NC 27501 ANGIER (919) 639-2073

Applicant

STANCIL BUILDERS #27

Structure Information 000 000 48.8X454 3 BR ATT GARAGE DECK CRAWL BSMT

Flood Zone FLOOD ZONE X

Other struct info # BEDROOMS 3.00

PROPOSED USE

SFD SEPTIC - EXISTING? NEW WATER SUPPLY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1074079

Issue Date . . . 4/28/15 Valuation Expiration Date . . 4/27/16

Special Notes and Comments

T/S: 02/13/2015 04:04 PM DJOHNSON --

HADDEN POINTE PHS 2 LOT 27

32 YUKON TRL

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