

Initial Application Date: 3-9-15

Application # 1550035655

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**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

**LANDOWNER:** William and Parrish Daughtry Mailing Address: 1563 Chicora Road  
City: Dunn State: NC Zip: 28334 Contact No: 910-890-9337 Email: larry@signaturehomebuilders.c

**APPLICANT\*:** Signature Home Builders, Inc. Mailing Address: 801 West Cumberland Street  
City: Dunn State: NC Zip: 28334 Contact No: 910-890-9337 Email: larry@signaturehomebuilders.c

\*Please fill out applicant information if different than landowner

**CONTACT NAME APPLYING IN OFFICE:** Larry Daughtry Phone # 910-890-9337

**PROPERTY LOCATION:** Subdivision: Post Inn Estates Lot #: 7 Lot Size: .72  
State Road # 1769 State Road Name: Bryan Godwin Court Map Book & Page: PK# F1 807-A  
Parcel: 070588 0034 07 PIN: 0588-73-5764.000

Zoning RA30 Flood Zone: X Watershed: NA Deed Book & Page: 3216 / 560 Power Company\*: Duke Progress

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

**PROPOSED USE:**

SFD: (Size 46 x 45) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ 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 (input checked="" type="checkbox"/> no

Does the property contain any easements whether underground or overhead ( ) yes (input checked="" type="checkbox"/> no

Structures (existing or proposed): Single family dwellings: one SFD Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	<u>35</u>	_____
Rear	<u>30</u>	_____
Closest Side	<u>15</u>	<u>16</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

**Comments:** \_\_\_\_\_

**SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:** From Lillington take highway 421 S. Turn right onto Old Stage Road just past Harnett County Airport. The subdivision will be 2.9 miles on your left. Turn left into subdivision and the lot is in the cul-de-sac at the end of the road.

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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.

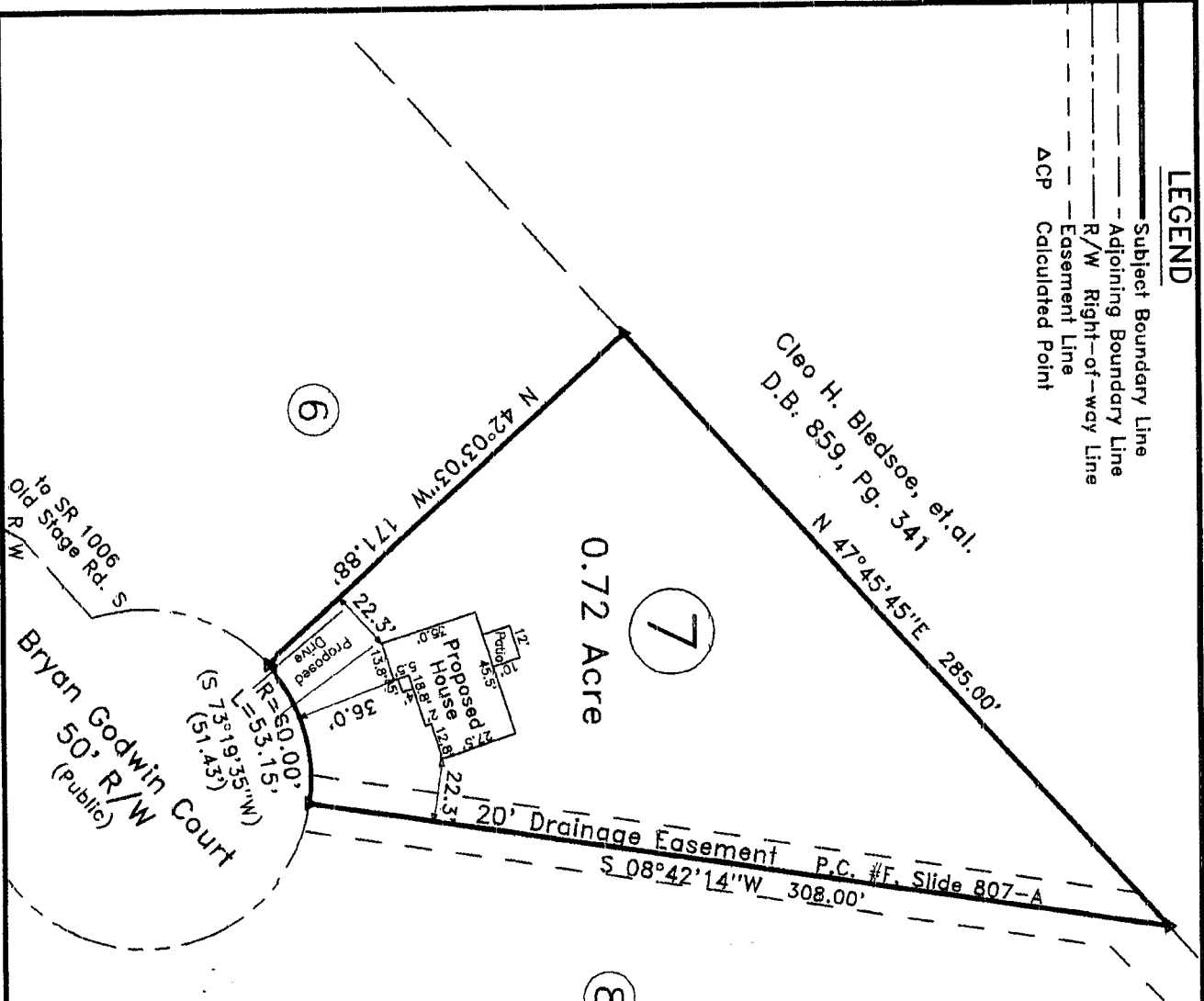
  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

3-5-15  
\_\_\_\_\_  
Date

**\*\*\*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\*\***

- LEGEND**
- Subject Boundary Line
  - - - Adjoining Boundary Line
  - - - R/W Right-of-way Line
  - - - Easement Line
  - Δ C.P. Calculated Point



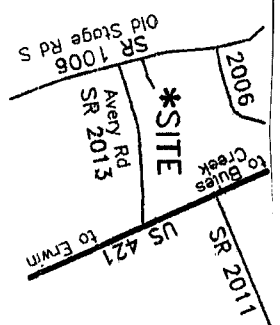
**Minimum Building Setbacks:**

County	Rest. Cov.
Front: 35'	35'
Side Street: 20'	25'
Rear: 25'	15'
Side: 10'	15'

**Reference:**  
D.B. 3216, Pg. 560

**Protective Covenants:**  
D.B. 1241, Pg. 239  
& D.B. 1563, Pg. 216

**MAP NORTH**  
P.C. F, Slide 807-A



137 Bryan Godwin  
Lot 7, Post Inn Estate  
Plat Cabinet #F, S  
Mapped For  
**Signature**  
Home Built

Grove Twp.  
Scale: 1" = 60'  
Mapped For  
**LAND SURVEY**  
870 NC 55 W, Coats  
910-897-7715 910

**~PRELIMINARY**  
— Not an actual  
This plan represents proposed  
to a lot of record. This  
review and approval by County  
and Inspections Dept.

**NOT FOR RECORD**

NAME: William L. Daughtry

APPLICATION #: \_\_\_\_\_

**\*This application to be filled out when applying for a septic system inspection.\***

**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 question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } YES    {  } NO    Does the site contain any Jurisdictional Wetlands?
- { } YES    {  } NO    Do you plan to have an irrigation system now or in the future?
- { } YES    {  } NO    Does or will the building contain any drains? Please explain. \_\_\_\_\_
- { } YES    {  } 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    {  } NO    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.**

William L. Daughtry  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-5-15  
DATE

09/09/11

Application #

1550035055

Harnett County Central Permitting

PO Box 65 Lillington NC 27546

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

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 Signature Home Builders, Inc Date 6-3-15  
 Site Address 137 Bryan Godwin Court Erwin, NC 28379 Phone 910-892-9299  
 Directions to job site from Lillington take 421 South. Turn right onto old Stage road. Go approximately 3 miles and subdivision is on the left. lot is at end of road in cul-de-sac.  
 Subdivision Post Inn Estates Lot 7  
 Description of Proposed Work Single Family # of Bedrooms 3  
 Heated SF 1401 Unheated SF 20 Finished Bonus Room? no Crawl Space Slab  (stem wall)

**General Contractor Information**

Signature Home Builders, Inc Telephone 910-892-9299  
 Building Contractor's Company Name  
801 W. Lumberton St. Dunn NC 28334 Email Address larry@signaturehomebuilders.com  
 Address 49431  
 License #

**Electrical Contractor Information**

Description of Work Electrical Service Size 200 Amps T-Pole  Yes  No  
RA Jackson Electric Telephone (919) 894-5367  
 Electrical Contractor's Company Name  
4261 Raleigh Rd. Benson NC 27504 Email Address  
 Address 21144  
 License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Custom Heating + Air Telephone (910) 892-8827  
 Mechanical Contractor's Company Name  
276 Jerriyan Rd. Dunn NC 28334 Email Address  
 Address 12195  
 License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2  
LR Glaver Plumbing, Inc. Telephone (919) 820-0026  
 Plumbing Contractor's Company Name  
PO Box 764 Benson NC 27504 Email Address  
 Address 7958  
 License #

**Insulation Contractor Information**

Tatum Insulation Telephone (419) 661-0999  
 Insulation Contractor's Company Name & Address

\*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

W. W. W.  
Signature of Owner/Contractor/Officer(s) of Corporation

6-3-15  
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 Signature Home Builders, Inc.

Sign w/Title W. W. W. President Date 6-3-15