

Initial Application Date: 4-17-15

Application # 1550035932

CU# _____

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: Empire Investments Mailing Address: 8129 Stillbreze Dr.
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919 868-5150 Email: _____

APPLICANT: BRC Homes Inc. Mailing Address: 7101 Hawk Hill Ct.
City: Wake Forest State: NC Zip: 27587 Contact No: 919 422-0355 Email: bulmarid@embarrmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Quail Glen Lot #: 04 Lot Size: 0.60
State Road # _____ State Road Name: _____ Map Book & Page: 2007, 635-638
Parcel: 110662 0022 07 PIN: 0662-03-7346.000
Zoning: RA-30 Flood Zone: - Watershed: WS-IV Deed Book & Page: 2911, 608 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 50x50) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: 2 Deck Crawl Space Slab: _____ Monolithic 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 () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>55</u>
Rear		<u>25</u>		<u>98</u>
Closest Side		<u>10</u>		<u>15' 6"</u>
Sidestreet/corner lot		<u>20</u>		
Nearest Building on same lot		<u>10</u>		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

210 Hwy North. Lf Harnett Central Rd.
Lf English Springer Dr Left Setter Ct.

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.

Bulmaro Rodriguez
Signature of Owner or Owner's Agent

4-17-15
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

NAME: BRC Homes Inc

APPLICATION #: 1550035932

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.

Bulmaro Rodriguez
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

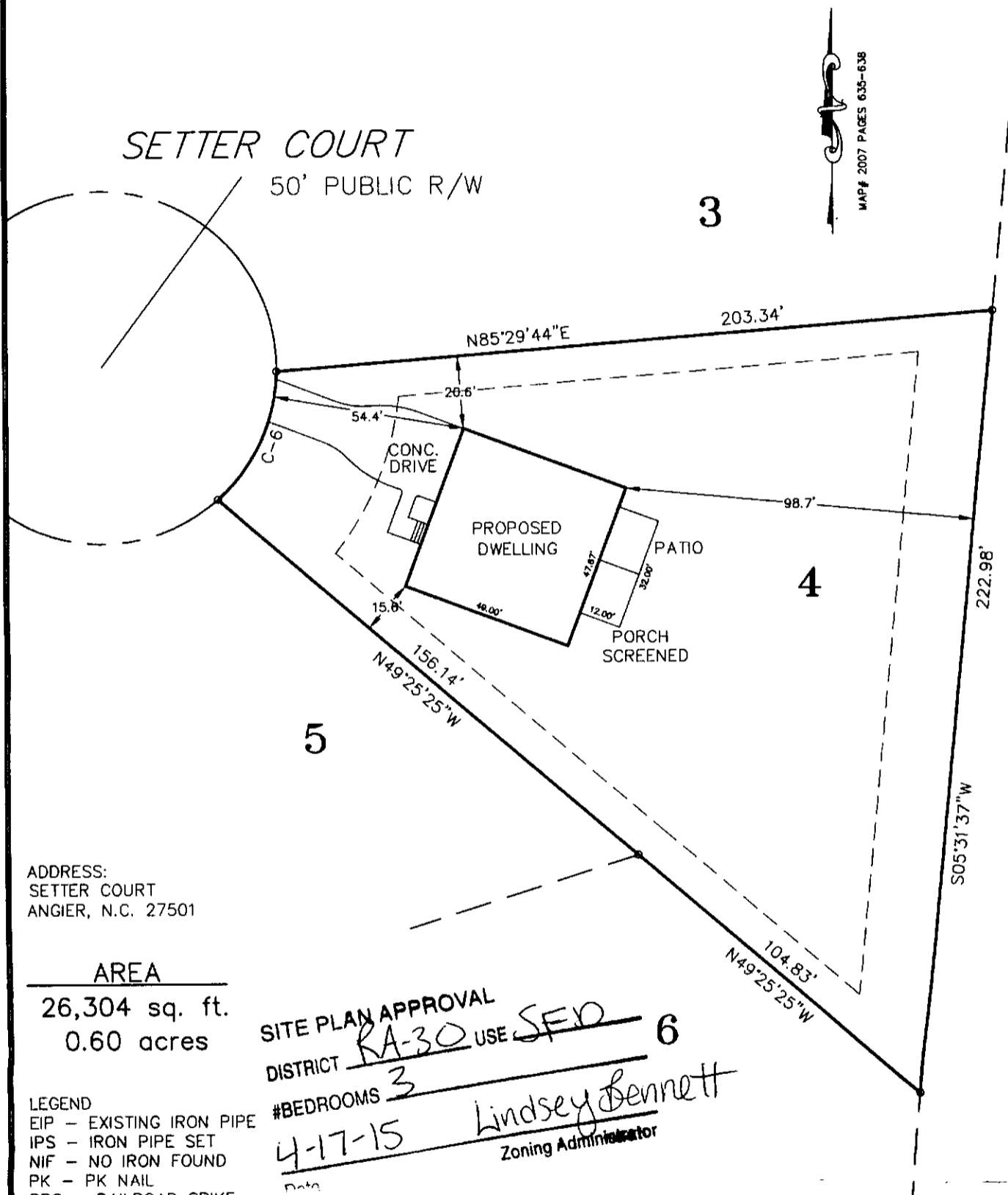
4-17-15
DATE

BRC

LOT 4, QUAIL GLEN SUBDIVISION, MAP# 2007 PAGES 635-638

BLACK RIVER TOWNSHIP HARNETT COUNTY NORTH CAROLINA

SCALE: 1" = 40'



ADDRESS:
SETTER COURT
ANGIER, N.C. 27501

AREA

26,304 sq. ft.
0.60 acres

SITE PLAN APPROVAL

DISTRICT RA-30 USE SFD **6**

#BEDROOMS 3
4-17-15
Lindsey Bennett
Zoning Administrator

LEGEND
EIP - EXISTING IRON PIPE
IPS - IRON PIPE SET
NIF - NO IRON FOUND
PK - PK NAIL
RRS - RAILROAD SPIKE

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD DIST.
C- 6	41.16	50.00	N25°07'27"E	40.01

ASHWORTH

LAND SURVEYING

PO BOX 388, FUQUAY-VARINA, N.C. 27526

919-552-1857

04/01/15

PRELIMINARY PLAT

09/09/11

Application #

1550035932

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 Empire Investment Group Date 5-2-15
Site Address _____ Phone 919 422 0355
Directions to job site from Lillington 210 Hwy 101 Lt Harnett Central Rd.
Lt English Springer Dr Lt Catter Lt.

Subdivision Quail Glen Lot 04
Description of Proposed Work New Home # of Bedrooms 3
Heated SF 2550 Unheated SF _____ Finished Bonus Room Crawl Space Slab _____

General Contractor Information

BRC Homes Inc Telephone 919 422 0355
Building Contractor's Company Name 7101 Hawk Hill Ct
BRC Homes Inc Wake Forest NC Email Address bulman4@embarqmail.com
Address 71436 27587
License # _____

Electrical Contractor Information

Description of Work New Service Size 200 Amps T-Pole Yes No
Pedro Electric Telephone 919 868-5249
Electrical Contractor's Company Name _____
Address _____ Email Address _____
21572
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Casey Services Telephone 919 556 3338
Mechanical Contractor's Company Name _____
Address _____ Email Address _____
10540 H3
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Whites Plumbing Telephone 919 723 0006
Plumbing Contractor's Company Name _____
Address _____ Email Address _____
30233
License # _____

Insulation Contractor Information

Smith Insulation Telephone 919 495-1344
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

Bulmaro Rodriguez
Signature of Owner/Contractor/Officer(s) of Corporation

5-4-15
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 BRC Homes Inc

Sign w/Title Bulmaro R Date 5-4-15

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 15-50035932 Date 5/07/15
Property Address 106 SETTER CT
PARCEL NUMBER 11-0662- - -0022- -07-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name QUAIL GLEN PH1 32LOTS
Property Zoning PENDING

Owner Contractor

EMPIRE INVESTMENTS GROUP LLC BRC HOMES, INC.
PO BOX 1528 7101 HAWK HILL CT.
FUQUAY VARINA NC 27526 WAKE FOREST, NC
WAKE FOREST NC 27587
(919) 422-0355

Applicant

EMPIRE INVESTMENTS

--- Structure Information 000 000 50X50 3BDR W/GARAGE W/DECK CRAWL
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code 1086610
Issue Date 5/07/15 Valuation 0
Expiration Date 5/06/16

Special Notes and Comments
T/S: 04/17/2015 01:26 PM LBENNETT --
210 HWY NORTH. LEFT ON HARNETT CENTRAL
RD. LEFT ON ENGLISH SPRINGER DRIVE.
LEFT SETTER CT.
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
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Property Zoning	PENDING		
Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
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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	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___