

Initial Application Date: 4/24/15

Application # 1550036012
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: Virgie Anderson Mailing Address: 2024 Baptist Grove Rd
City: F-V State: NC Zip: 27526 Contact No: 919 552 8786 Email: _____

APPLICANT: Robert Crabtree Builder Inc Mailing Address: 5528 Stickleback Dr.
City: F-V State: NC Zip: 27526 Contact No: 919 669 2494 Email: RJCrabtreeEmbarq@mail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Robert Crabtree Phone # 919 669 2494

PROPERTY LOCATION: Subdivision: Victoria Hills Lot #: 216 Lot Size: 2.154 Ac.
State Road # 41 State Road Name: Tucson Ct. Map Book & Page: 2000 567
Parcel: 680653 010564 PIN: 0635-85-9376-000
Zoning: RA3D Flood Zone: No Watershed: IV Deed Book & Page: 2658 253 Power Company*: Duke

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

PROPOSED USE:

SFD: (Size 35 x 43) # Bedrooms: 3 # Baths: 2 Basement (w/wo bath): No Garage: No Deck: Yes Crawl Space: Yes Slab: _____ Monolithic Slab: _____
(Is the bonus room finished? () yes (X) no w/ a closet? () yes (X) 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 (X) no

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

Structures (existing or proposed): Single family dwellings: No Manufactured Homes: No Other (specify): _____

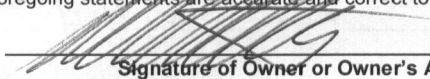
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>50</u>
Rear	<u>25</u>	<u>197.5</u>
Closest Side	<u>10</u>	<u>17.5</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

120050022
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 Towards Fuquay, Right on Lafayette Rd.
Right on Victoria Hills Dr, Right on Blairwood, Left on Moorey Dr,
Right on Tucson in Culldesac.

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

4/24/15

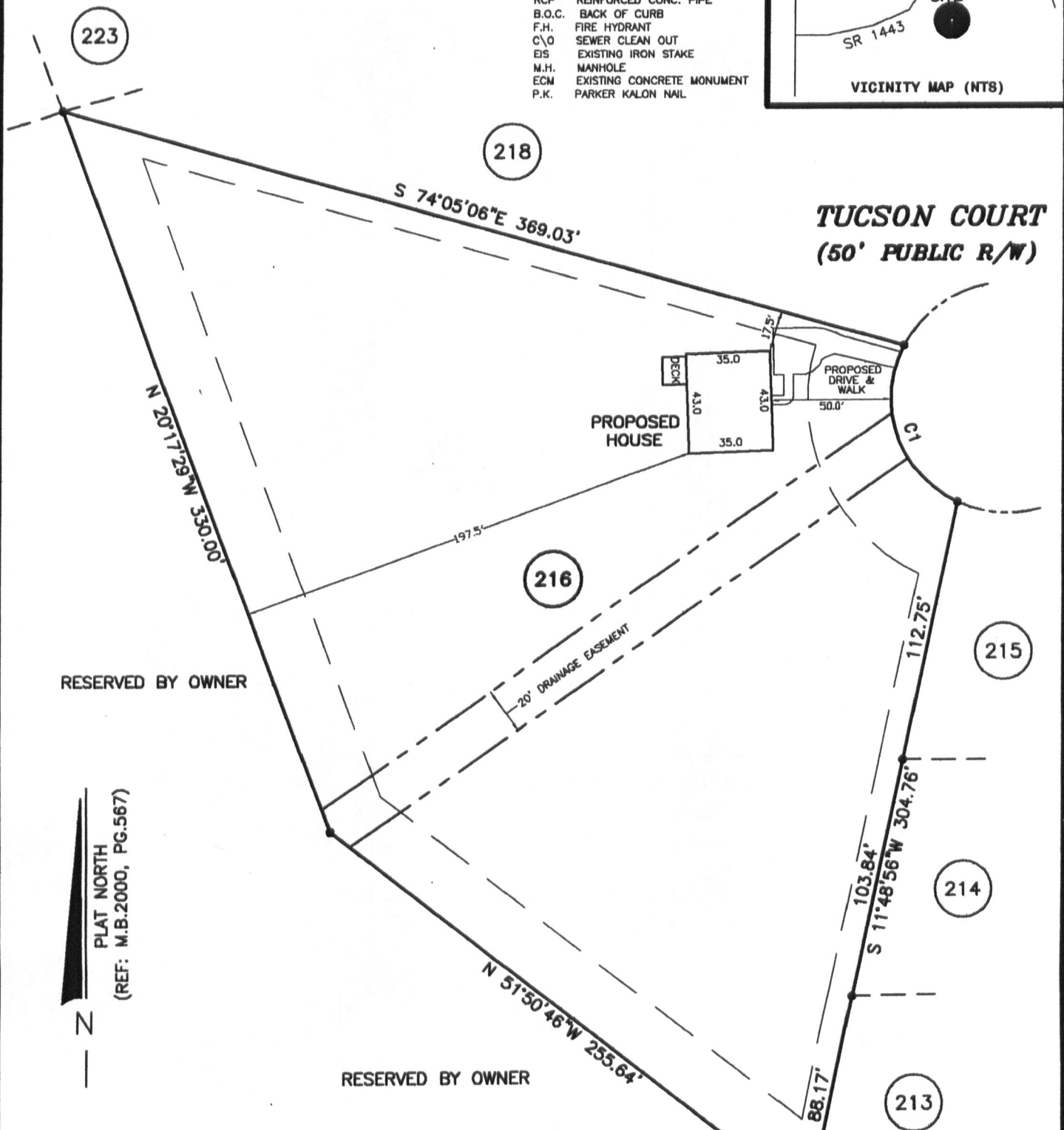
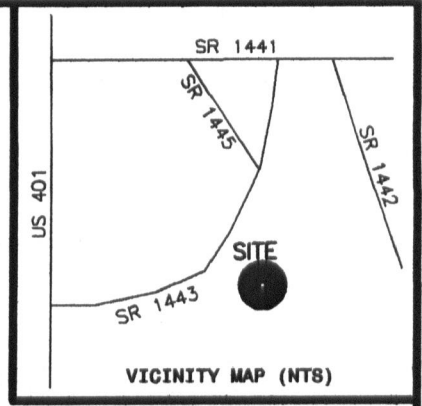
Date

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.

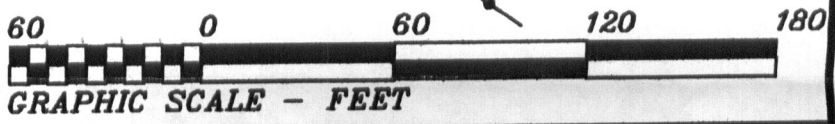
This application expires 6 months from the initial date if permits have not been issued

Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	80.01'	71.74'	8 18°41'08" E

- LEGEND
- NTS NOT TO SCALE
 - EIP EXISTING IRON PIPE
 - PP POWER POLE
 - W/M WATER METER
 - TB TELEPHONE BOX
 - IPS IRON PIPE SET
 - CP&L TRANSFORMER
 - CATV CABLE TV BOX
 - L. POLE LIGHT POLE
 - OHPL OVERHEAD POWER LINE
 - F.E.S. FLARED END SECTION (PIPE)
 - RCP REINFORCED CONC. PIPE
 - B.O.C. BACK OF CURB
 - F.H. FIRE HYDRANT
 - C/O SEWER CLEAN OUT
 - EIS EXISTING IRON STAKE
 - M.H. MANHOLE
 - ECM EXISTING CONCRETE MONUMENT
 - P.K. PARKER KALON NAIL



NOTE: SHOWN IS LOT 216 OF VICTORIA HILLS S/D - PHASE 2
REF: M.B.2000, PG.567



AREA = 2.154 ACRES
41 TUCSON COURT

THIS IS TO CERTIFY THAT THIS MAP WAS PREPARED FROM AN ACTUAL SURVEY OF THE PREMISES, MADE UNDER MY SUPERVISION, AND THAT THERE ARE NOT ANY ENCROACHMENTS, EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE.

PRELIMINARY PLOT PLAN FOR:
ROBERT CRABTREE

NAME: Robert Crabtree Building Inc

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 2 Innovative *Hookles* 1 { } 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 {X} NO Does the site contain any Jurisdictional Wetlands?
- { } YES {X} NO Do you plan to have an irrigation system now or in the future?
- { } YES {X} NO Does or will the building contain any drains? Please explain. _____
- { } YES {X} NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- { } YES {X} NO Is any wastewater going to be generated on the site other than domestic sewage?
- { } YES {X} NO Is the site subject to approval by any other Public Agency?
- {X} YES { } NO Are there any Easements or Right of Ways on this property? *Drainage see Plot*
- { } YES {X} 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.

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4/24/15
DATE

15-50036012

Curve	Radius	Length	Chord	Chord Bear.
C1	80.00'	80.01'	71.74'	S 18°41'08" E

already has site in file

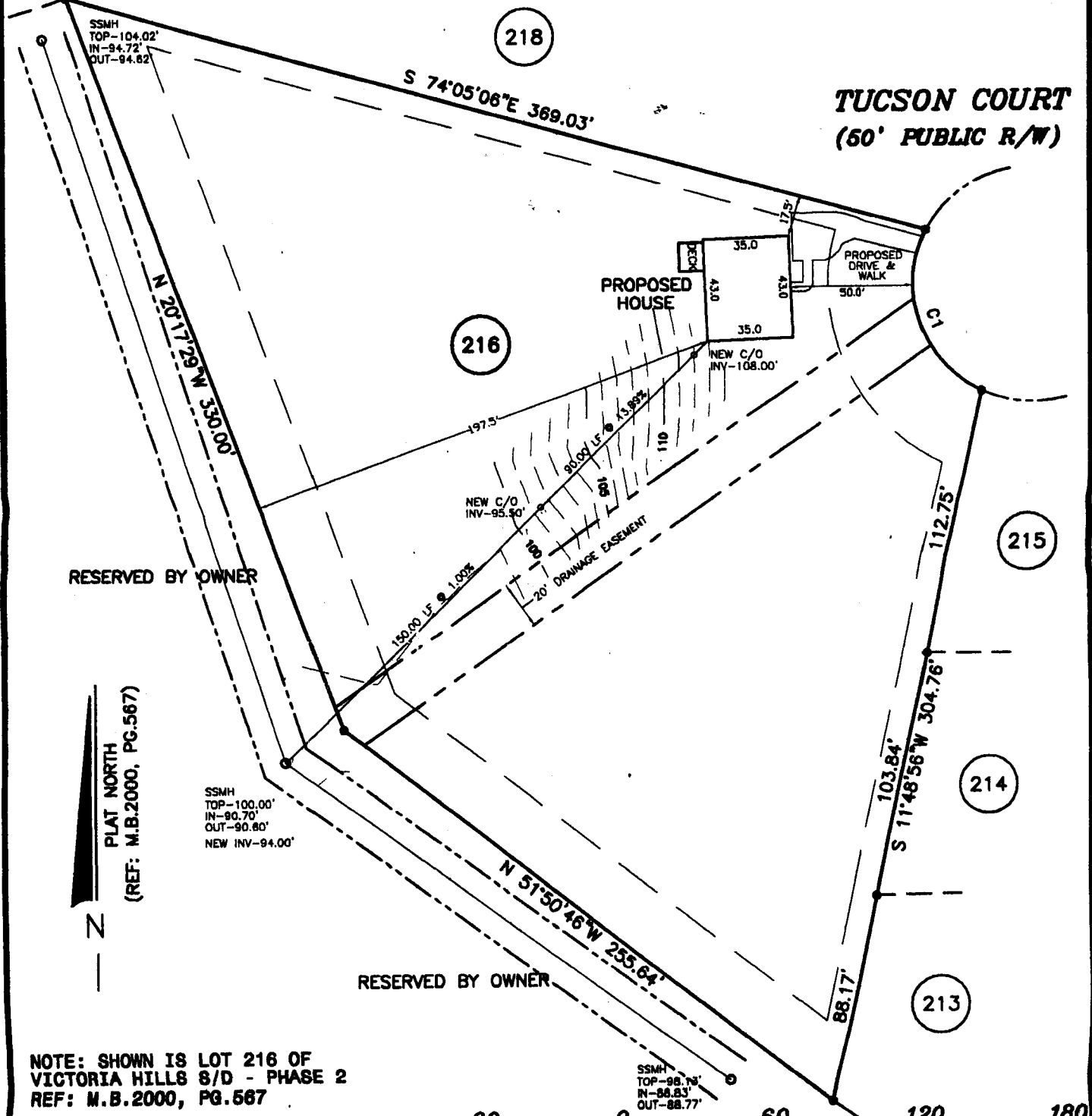
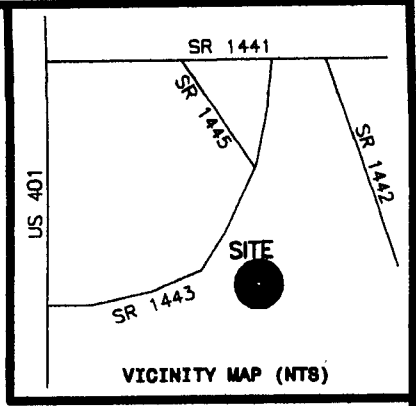
SITE PLAN APPROVAL

DISTRICT _____ USE _____

#BEDROOMS _____

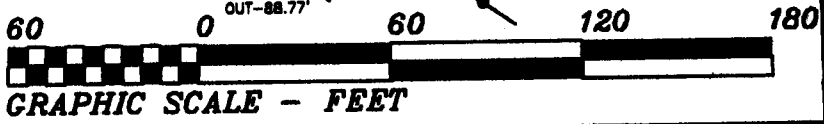
ZONING ADMINISTRATION _____

- LEGEND**
- NTS NOT TO SCALE
 - EIP EXISTING IRON PIPE
 - PP POWER POLE
 - W/M WATER METER
 - TB TELEPHONE BOX
 - IPS IRON PIPE SET
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PRELIMINARY PLOT PLAN FOR:
ROBERT CRABTREE

* 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

Application # 1550036012

Application for Residential Building and Trades Permit

Owner's Name: Robert Crabtree Builders, Inc. Date: 7/31/15
Site Address: 41 Tucson Ct. Phone: 919 669-2494
Directions to job site from Lillington: 401 North, Right onto Lafayette Rd, Right onto Victoria Hills Dr, Right on Blairwood Dr., Left onto Mooney Dr., Right on Tucson Ct.

Subdivision: Victoria Hills Lot: 216
Description of Proposed Work: Single Family Dwelling # of Bedrooms: 3
Heated SF: 1251 Unheated SF: 581 Finished Bonus Room? NO Crawl Space: Slab:

General Contractor Information

Robert Crabtree Builders, Inc. Telephone: 919 669 2494
Building Contractor's Company Name
5528 Stickleback Dr F-V NC 27526 RS Crabtree@Embarqmail.com
Address Email Address
29625-LL
License #

Electrical Contractor Information

Description of Work Single Family Service Size: 200 Amps T-Pole: Yes No
Dawson's Electric Telephone: 919 201 3841
Electrical Contractor's Company Name
3754 Colesbury Rd F-V 27526
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work Single Family
JC's Heat & Air Telephone: 919 552-3053
Mechanical Contractor's Company Name
1539 Wade Stephenson Rd Holly Springs 27540
Address Email Address
12655
License #

Plumbing Contractor Information

Description of Work Single Family # Baths 2
Cain Plumbing Telephone: 919 552-6942
Plumbing Contractor's Company Name
544 Oakridge Duncan Rd F.V 27526
Address Email Address
10036
License #

Insulation Contractor Information

Insulating Inc. 5902 Fayetteville Rd Garner Telephone: 919 772-9000
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 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

8/21/15

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: Robert Crabtree Builders, Inc.

Sign w/Title: [Signature] Pres.

Date: 7/31/15

Plan Box # B-2

Date 8-4-15
Job Name Robert Crubtree Builders Inc.

App # 15-50036012

Valuation 120096

Heated SQ Feet 1251

Garage _____

Inspections for SFD/SFA

w/Deck

Crawl

Slab _____

Mono _____

Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____

Envir. Health _____

Other _____



Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

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	15-50036012	Date	8/21/15
Property Address	41 TUCSON CT		
PARCEL NUMBER	08-0653- - -0105- -64-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	E J SMITH FARM		
Property Zoning	RES/AGRI DIST - RA-30		

Owner

ANDERSON ENTERPRISES INC
88 COLBY LANE
ANGIER NC 27501
(919) 552-3383

Contractor

ROBERT CRABTREE BUILDERS INC
STICKLEBACK DRIVE
FUQUAY VARINA NC 27526
(919) 552-5897

Applicant

ROBERT CRABTREE BUILDERS #216
5528 STICKLEBROOK DR
FUQUAY VARINA NC 27526
(919) 669-2494

--- Structure Information 000 000 35X43 3BDR CRAWL W/ GARAGE & DECK

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3000000.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	SEWER
	WATER SUPPLY	COUNTY

Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc . . .			
Phone Access Code . .	1102813		
Issue Date	8/21/15	Valuation	0
Expiration Date . . .	8/20/16		

Special Notes and Comments

T/S: 04/29/2015 09:02 AM JBROCK ----
VICTORIS HILLS #216
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
INSULATION AND LAND USE.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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.

Page 2
Date 8/21/15

Application Number 15-50036012
 Property Address 41 TUCSON CT
 PARCEL NUMBER 08-0653- - -0105- -64-
 Application description . . . CP NEW RESIDENTIAL (SFD)
 Subdivision Name E J SMITH FARM
 Property Zoning RES/AGRI DIST - RA-30

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1102813

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	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	105	B105	R*OPEN FLOOR	_____	___/___/___
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	_____	___/___/___

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

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

Customer Information

Customer Name Robert Crabtree
Local Reference ID 117352
Receipt Date 8/21/2015
Receipt Time 05:25:43 AM PDT

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****3425
Order ID 13722722
Billing Name Robert Crabtree

Billing Information

Billing Address 5528 Stickleback Drive

Billing City, State Fuquay-Varina, NC

ZIP/Postal Code 27526

Country US

Phone Number 919-552-5897

Fax Number

This receipt has been emailed to the address below.

Email Address rjcrab1@embarqmail.com
rjcrab1@embarqmail.com