

Initial Application Date: ~~5-20-15~~

Application # 1550036199R

6-4-15

CU#

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 **SCANNED** 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: Buchanan Roofing Mailing Address: 806 Lillington Hwy
City: Spring Lake State: NC Zip: 28397 Contact No: (910) 237-0375 Email: Kevin@buchananroofing.com

* APPLICANT*: same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: New Horizons Lot #: 12 Lot Size: .50
State Road # _____ State Road Name: 121 Starlight Dr. Map Book & Page: 2004, 0820
Parcel: 130610 0107 24 PIN: 0620-08-0911.000
Zoning: RA-20R Flood Zone: - Watershed: NS-1V Deed Book & Page: D1986, 0242 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 45 x 66) # 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 () no

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

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

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>40</u>
Rear	<u>25</u>	<u>40+</u>
Closest Side	<u>10</u>	<u>25 40</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: 6-4-15
Revision - Customer
moved house over

* SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Head on Hwy. 421 north to
Cool Springs Rd take right and New Horizon is on
the right

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.

*

Keri Buckner

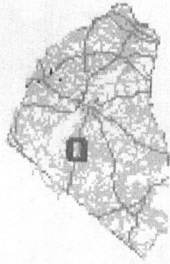
Signature of Owner or Owner's Agent

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

**HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS**



AddressPoints

Road Centerlines

MajorRoads

Rivers

Parcels

County_Boundary

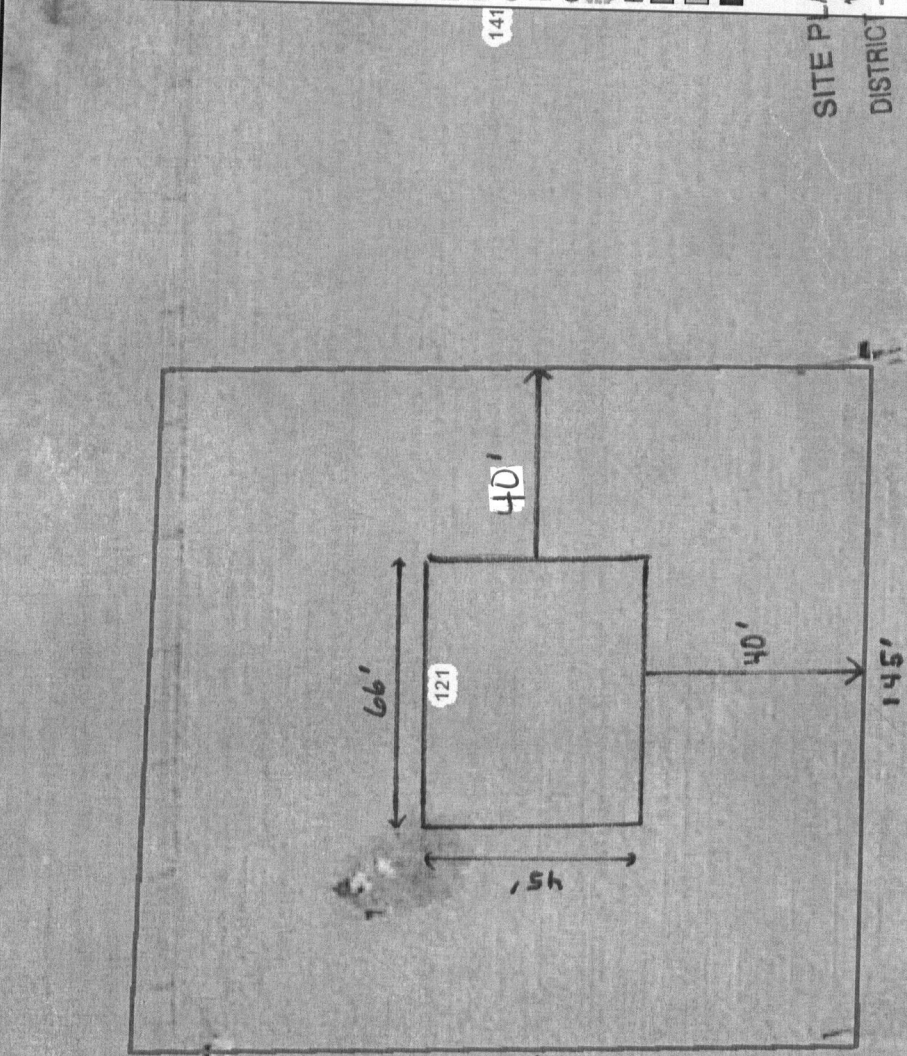
CityLimits

Harnett_2013.sid

Red: Band_1

Green: Band_2

Blue: Band_3



10 ft

STARLIGHT DR

SITE PLAN APPROVAL

FA-20R USE

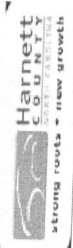
DISTRICT

#BEDROOMS 3

5-20-15

Zoning Administrator

Handwritten signature



Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of the information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.

Harnett County GIS
305 W Cornelius Harnett Blvd, Suite 100
Lillington NC 27546
Phone: 910-893-7523 www.harnett.org

6-4-15

Handwritten signature

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 Buchanan Roofing Date 5/28/15
Site Address 121 Starlight Dr Lillington Phone 910-237-0375
Directions to job site from Lillington Start out going up 421 west about 5 miles and turn right on Cool Springs Rd. New Horizons Subdivision is on right about 1/4 mile
Subdivision New Horizons Lot #12
Description of Proposed Work New 1500 sq ft House # of Bedrooms 3
Heated SF 1498 Unheated SF 441 Finished Bonus Room? NO Crawl Space Slab

General Contractor Information

Buchanan Roofing Telephone 910 237 - 0375
806 Lillington Hwy. Spring Lake N.C 28390 Email Address kevin@buchananroofing.com
48808
License #

Electrical Contractor Information

Description of Work Electrical on new House Service Size 200 Amps T-Pole Yes No
Wester & Pace Electric Inc. Telephone (919) 499-3946
Electrical Contractor's Company Name
614 Leslie Rd Sanford, N.C 27332 Email Address
Address
12007-4
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Total Systems Heating & Cooling Telephone (910) 436-9103
Mechanical Contractor's Company Name
13341 Hwy. 210 South Spring Lake, N.C 28390 Email Address
Address
28846
License #

Plumbing Contractor Information

Description of Work Plumbing New House # Baths 2
Jamie Johnson Plumbing Telephone (910) 814-7705
Plumbing Contractor's Company Name
614 Byrd Rd. Bunnlevel N.C Email Address
Address
21649
License #

Insulation Contractor Information

Tri-City Insulation Telephone (910) 486-8855
Insulation Contractor's Company Name & Address 334 Mountain Dr Fayetteville N.C 28306

*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

Keri Buchanan
Signature of Owner/Contractor/Officer(s) of Corporation

5/28/15
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 Buchanan Roofing

Sign w/Title Keri Buchanan Superintendent Date 5/28/15

Crystal Thomas

From: LiensNC Support
Sent: Wednesday, August 12, 2015 4:09 PM
Subject: LiensNC Notice of Appointment of Lien Agent - Address: 121 Starlight Dr, Lillington , 27546

A(n) Appointment of Lien Agent was filed on August 12, 2015, 04:09:15 PM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

Project Property

Lot 12 New Horizon
121 Starlight Dr
Lillington , NC 27546
Harnett County

Entry Number: [337981 \(entry search, view related filings\)](#)

Date of Filing: August 12, 2015, 04:09:15 PM

Lien Agent

Investors Title Insurance Company

- **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

Owner Information

Buchanan Roofing & Guttering Inc
806 Lillingt Hwy
Spring Lake, NC 28390
United States Email: officemanager@buchananroofing.com
Phone: 910-436-3308

Design Professionals

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Scan for instant access on your mobile phone



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