COUNTY OF HARNETT LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org	
LANDOWNER: Amber: Allen Hunaycutt Mailing Address: Lot I Lafayette RZ	
City: Fuquay Varina State: NC Zip: 27526 Home #: Contact #: 910-984-7042 K	90
APPLICANT*:Mailing Address:	
City: Fugual Valage State: NC Zip: 27526 Home #: Contact #:	
PROPERTY LOCATION: Subdivision:	
Zoning RA30 Flood Plain: X Panel: Watershed: Deed Book&Page: 388/505 Map Book&Page 2015/70	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 Towards Fugury thru Kroling	
Turn pet on Latagette RZ cross RR Trac as Then on the Rt	
PROPOSED USE: Circle:	
SFD (Size 98 x 52) # Bedrooms 3 # Baths 21/2 Basement (w/wo bath) Garage X Deck Crawl Space)/ Slab	
☐ Modular:On frameOff frame (Sizex) # Bedrooms # Baths Garage(site built?) Deck(site built?)	
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit	
Manufactured Home:SWDWTW (Sizex) # Bedrooms Garage(site built?) Deck(site built?)	
Business Sq. Ft. Retail SpaceType# Employees:Hours of Operation:	
☐ Industry Sq. Ft	
□ Church Seating Capacity # BathroomsKitchen	
☐ Home Occupation (Size x) # Rooms UseHours of Operation:	
□ Accessory/Other (Sizex) Use	
Addition to Existing Building (Sizex) UseClosets in addition()yes ()no	
Water Supply: (★) County (_) Well (No. dwellings) MUST have operable water before final	
Sewage Supply: (4) New Septic Tank (Complete New Tank Checklist) (_) Existing Septic Tank () County Sewer (_) Other	
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? ()YES ()NO	
Structures on this tract of land: Single family dwellings Other (specify)	
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35 Actual La 27	
Rear 25 234	
Side 10 63	
Sidestreet/corner lot 20	
Nearest Building6on same lot	
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of p	lan

submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false infolmation is provided on this form. Sevenily Bult Hemes

Signature of Owner or Owner's Agent

5-27-15

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

NAME: Amber - Allen Hongatt

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 <u>undergrowth</u> 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. <u>Please note</u> 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	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	epted	{} Innovative () Conventional {} Any
{}} Alter	rnative	{}} Other
The applica question. I	nt shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	$\{X \setminus NO$	Does the site contain any Jurisdictional Wetlands?
{}}YES	{\sum_NO}	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	{ ★ } NO	Does or will the building contain any drains? Please explain
{}}YES	1X1 NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	NO (X)	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	(TNO	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	d This Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And

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 Accessibl	e So That A Complete Site Evaluation Can Be Performed.
	in
	VNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED

5-27-15

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & ph.

				21,2111
ction below to be filled out by performing work. Must be owner dontractor. Address, company cane must match information on	PO Box Telephone Numb Application for	ounty Central Pei 65 Lillington, NC 27 er 910-893-7525 ww Building and T	rmitting 546 w.harnett.org rade Permit	36244
Owner's Name: Ambur & P	Her Homeyo	utt	Date:	5-27-15
Address:		1.2		
Directions to job site from Lillin	gton: 401 To	words Fugi	iay turn	Rt on
toma Lafayette 12	L Lort on	the Rt		
Subdivision:			Lot:	
Construction Type: (Please Cl New Moved Hou Renovation Addition	use	Building Use: (P Residential Modular	lease Check) Com Multi	mercial -Family
Total Project Cost: 280,000.0	Description of P	roposed Work:		
Heated SF 24 12 Crawl Space	e (y) Slab ()	Acres Disturbed	Iction Cost \$	Otorics
Serenity Built Home Building Contractor's Company	/ Name	Telepho	984-704°	
PO Box 1417 L	11:noton N			63787
Address Lum				License #
Signature of Owner/Contractor	Officer(s) of Corp	al Darmit Inform	ation	
Description of Work	darawayad ()	Electric	al Cost \$	700.00
TS Pole: Yes (A) No () University Permanent Service: Undergro	derground () ound () Overhe	ad () Service	Size: 200	Amps
Mabry's Electrial s	service, Inc.	919-	639-4837	
Flectrical Contractor's Compai	nv Name	relepno	one	irann
731 Mabry Rd A	ngite NC 2	7501		License #
Address				Licerise #
Signature of Officer(s) of Corp	oration	_		
	. Mechani	cal Permit Infor	<u>mation</u>	
Description of Work J: M Number of Units 2 J: M Healm:	Type System _	Hat Purp	Mechanical Co	st \$ 12,000.00 7-550/
Mechanical Contractor's Com	pany Name		Telephone	
724 Turlington R	¿ Dunn	NC28334	<u> </u>	17164
Address				License #
Signature of Officer(s) of Corp	oration	ng Permit Inforr	nation	
Description of Work New C	ust I I I			
Number of Baths		_ Plumbi	ng Cost \$ 10,0	
Jason Barefoot	ny Nama	-	910 - 514 Telephone	-0 181
Plumbing Contractor's Compa	Dunn M	28334	. C.Opilolio	20694 PI
Address				License #
Signature of Officer(s) of Corp Insulation P	ermit Information	<u>n</u> Residential ∦)	Other () No	Required ()
Insulcting Incorp	orched 5902 1	Farottailly RE T	30100 NC 27	603 919-772-900C

Telephone Insulation Contractor's Company Name & Address

۱r	m	lication	#	<u> </u>
+1-	ν,	Houtedie	• •	

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersign	ed applicant for Building Permit # being the:
<i>y</i>	_ General Contractor _ Owner _ Officer/Agent of the Contractor or Owner
Do hereby cor the work set fo	nfirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing orth in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
X	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
Department is insurance prior	on the project for which this permit is sought it is understood that the Central Permitting ssuing the permit may require certificates of coverage of worker's compensation is to issuance of the permit and at any time during the permitted work from any personation carrying out the work.
Firm Name:	
Sign/Title:	Kun
Sign/Title:	8-15

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 311424

Filed on: 06/18/2015 Initially filed by: serenity

Designated Lien Agent

First American Title Insurance Company

Online: www.lignsnc.com-htm. was la coal

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 013-489-5231

Email: support@liensnc.com make west him to

Project Property

· O Lafayette Road Fuquay Varina, NC 27526 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

06/19/2015

Owner Information

Allen and Amber Honeycutt O Lafayette Road Fuquay Varina, NC 27526 United States

Email: klawrence@capitalmarblecreations.com Phone: 910-984-7042

View Comments (0)

Print & Post



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.

Technical Support Hotline: (888) 690-7384

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 15-50036244 Date 6/19/15 Intersection Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Owner Contractor ______ -----HONEYCUTT AMBER & ALLEN OWNER 109 N LINTEL DRIVE FUQUAY VARINA NC 27526 Applicant ______ HONEYCUTT AMBER W HONEYCUTT ALLEN F 109 N LINTEL DR FUQUAY VARINA NC 27526 (910) 984-7042 Structure Information 000 000 98X52 3BDR CRAWL W/ GARAGE Flood Zone FLOOD ZONE X Other struct info # BEDROOMS # BEDROOMS
PROPOSED USE
SEPTIC - EXISTING?

NEW TANK 3000000.00 WATER SUPPLY COUNTY -----Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1090703
Issue Date . . . 6/19/15
Expiration Date . . 6/18/16 Valuation _____ Special Notes and Comments T/S: 05/27/2015 08:46 AM JBROCK ----401 TOWARDS F-VAR THUR KIPLING TURN R ON LAFAYETTE RD CROSS RR TRACK THEN ON THE R 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

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 6/19/15

Subdivision Name

Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1090703

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	101 103 814 105 129 425 125 325 225 429	B101 B103 A814 B105 I129 R425 R125 R325 R225 R429	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		
50-60 50-60	131 329	R131 R329	ONE TRADE FINAL THREE TRADE FINAL		_/,_/,_
50-60	229	R229	TWO TRADE FINAL		
999		H824	ENVIR. OPERATIONS PERMIT		/ /