	Portion 1 DCC
	Site Plan Map
	Site Plan Mep
Initial Application Date:	5/28/15 Site Plan Map Application # 155053627
ther owner.	Som Babos 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
LANDOWNED RE	Mashing Address: 1601 Galf 57
au 1/2 in t	own State: 0 H Zip: 44685 Home #: 303-620-85 Contact #: 303-620-1869
APPLICANT*: Cu	stom Contracting Corp Mailing Address: P.D. Box 2825
City: 5 a n So *Please fill out applicant int	State: NC zip: 27331 Home #: 9/9-770-4883 Contact #: Van Groce
PROPERTY LOCATIO	N: State Road #: State Road Name: Gillis Court
	9 BIOR 16 PIN: 0589-88-2218-00
	Subdivision: Cottlestone Estates Lot#: 12 Lot Size: -63 as
Flood Plain:	Panel: Watershed: WS-1V Deed Book/Page: 1944-915 Plat Book/Page: 2001-912
SPECIFIC DIRECTION	S TO THE PROPERTY FROM LILLINGTON: 421 Fast - Left on HWYZY
Right a	· Brick Mill Rd to Coffestone on Left
Esust L	eft-Lot 12 Last Vacant lot on Right
	1 201
PROPOSED USE:	Circle:
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	70) # Bedrooms 3 # Baths 2 Basement (w/wo bath) Sarage Deck Crawl Space / Slab
~ /	ameOff frame (Sizex) # Bedrooms # Baths Garage (site built?) Deck (site built?)
/ -/	ing No. Units No. Bedrooms/Unit
. ,—	ne:SWDWTW (Sizex) # Bedrooms Garage (site built?) Deck (site built?) Ft. Retail Space Type# Employees: Hours of Operation:
'./	Ft# Employees:Hours of Operation:
7	ating Capacity # Bathrooms Kitchen
☐ Home Occupation	
(,)	(Sizex) Use
☐ Addition to Existing	Building (Sizex) UseClosets in addition(_)yes (_)no
Water Supply: (Cor	, ,
	New Septic Tank (Must fill out New Tank Checklist) () Existing Septic Tank () County Sewer () Other
	ract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? ()YES ()NO
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	of land: Single family dwellings Manufactured Homes Other (specify)
Required Residential I	Property Line Setbacks: Comments:
Front Minimum	35 Actual 45
Rear	25 65
Side	10 40+45
Sidestreet/corner lot	20
Nearest Building	10 N A
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 plans
	ate that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false
information is provided	on this form.
Yak X	We 5/28/15
Signature of Owner or	Owner's Agent Date

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

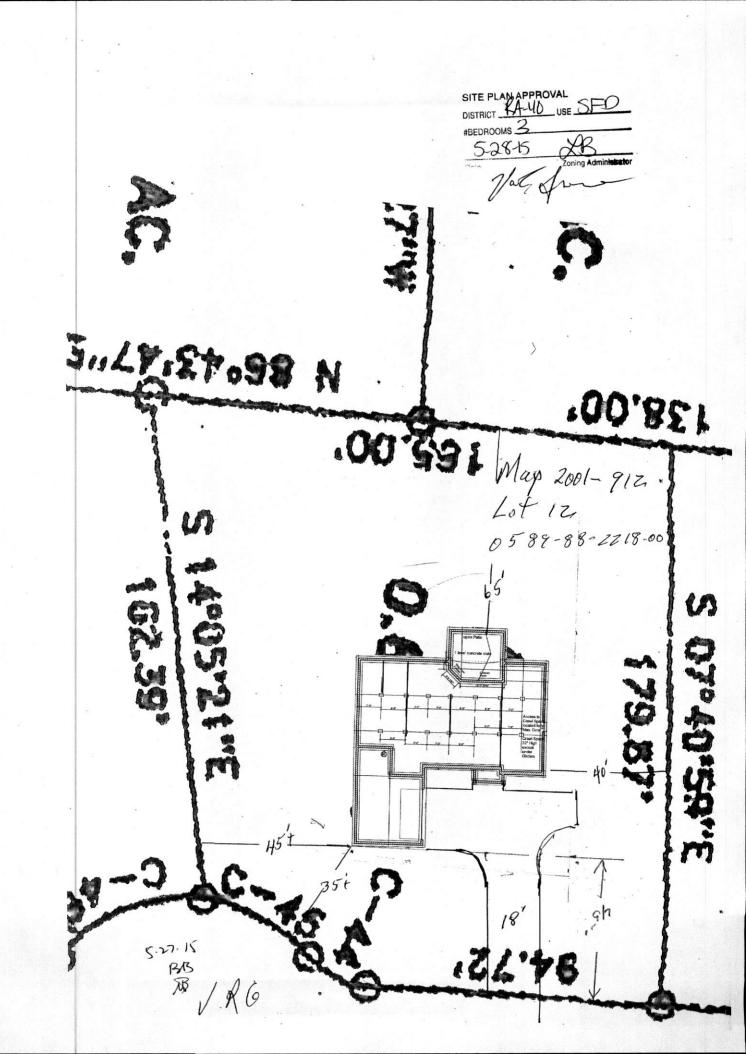
APPLICATION #: 155003602

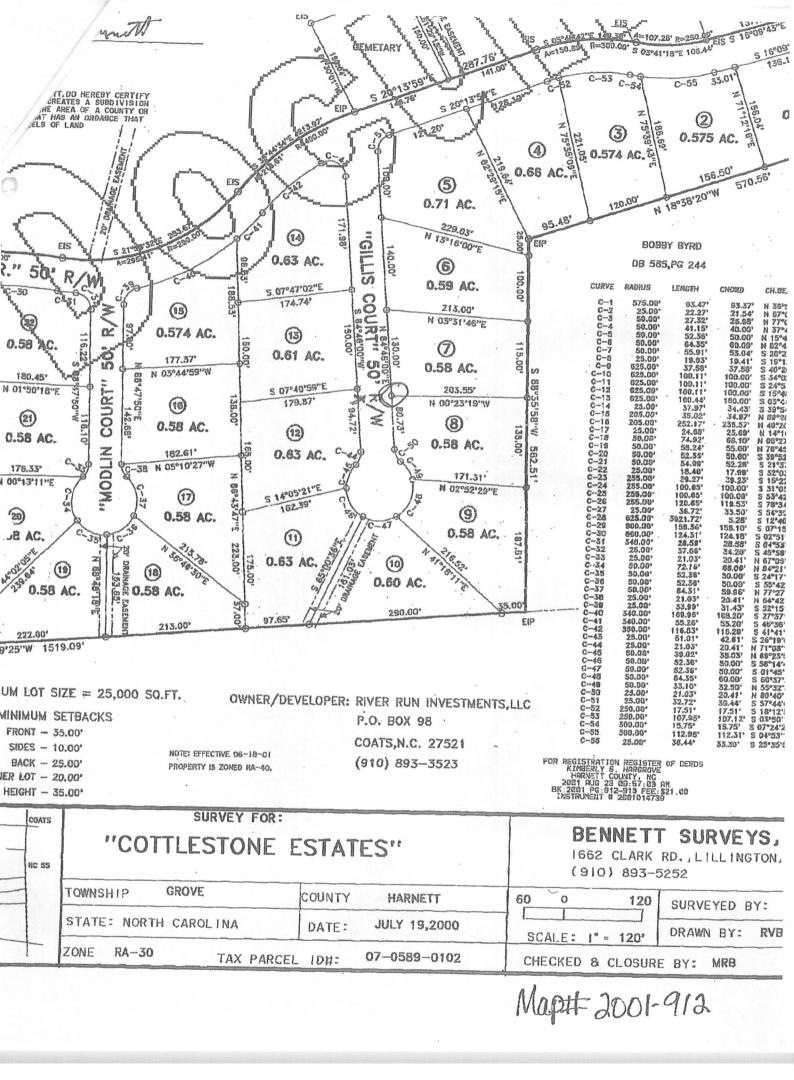
This application to be filled out only when applying for a new septic system.
enartment Application for Improvement Permit and/or Authorize

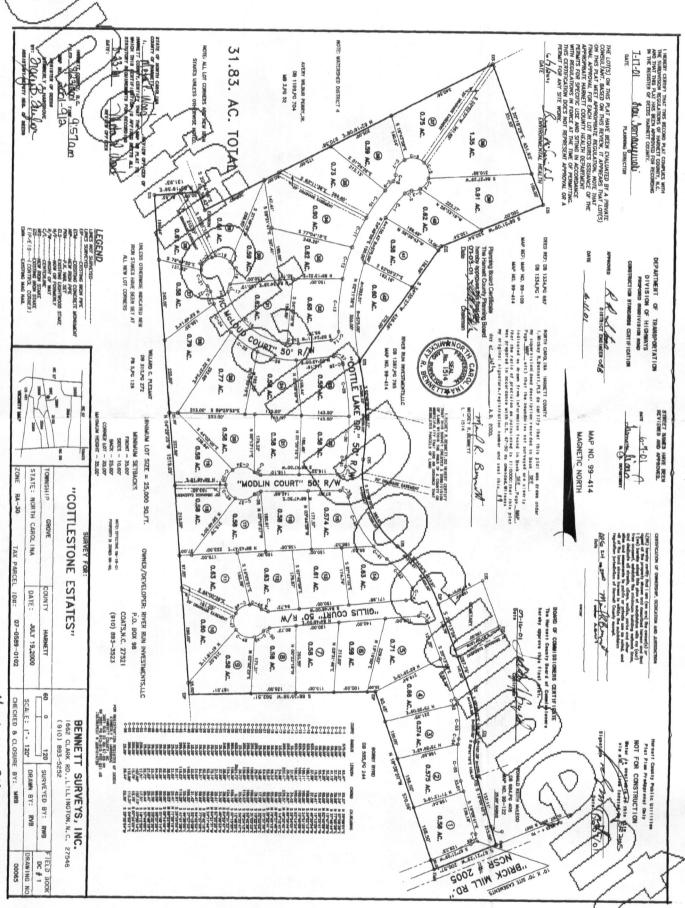
County Health Department Application for Improvement Permit and/or Authorization to Construc	<u>t</u>	
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for eigenoments or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = with expiration) DEVELOPMENT INFORMATION New single family residence	out	
DEVELOPMENT INFORMATION	5	
New single family residence 5-28)	
□ Expansion of existing system		
□ Repair to malfunctioning sewage disposal system		
□ Non-residential type of structure		
WATER SUPPLY		
□ New well		
□ Existing well		
□ Community well .		
Public water		
□ Spring		
Are there any existing wells, springs, or existing waterlines on this property?		
{} yes {		
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		
{} Alternative {} Other		
Conventional {_} Any		
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the proper question. If the answer is "yes", applicant must attach supporting documentation.	y in	
{}}YES {NO Does the site contain any Jurisdictional Wetlands?		
{}}YES {NO Does the site contain any existing Wastewater Systems?		
{_}}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.		
1/ax Awce 5/29/13		

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE







Map# 2001-912

June 1 1910-40
*Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. 410-893-7547 Application # 15500 36271 Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit
Owner's Name: Brian Babos Date: 5-28-15
Address: 1601 Chufst. Uniontown OH 44685 Phone: 303-620-8502
Brick Mill Rd to Cottlestone on left - first left - Last vacant lot on right
Subdivision: Cottle Stone Estates Lot: 12
Construction Type: (Please Check) Building Use: (Please Check) ✓ New _ Moved House ✓ Residential _ Commercial _ Renovation _ Addition _ Other _ Modular _ Multi-Family
Total Project Cost:Description of Proposed Work:
Heated SFCrawl Space () Building Construction Cost \$
Unheated SFSlab () AdministratedStories
Unheated SFSlab ()
Custom Contracting Corporation Building Contractor's Company Name 1504 So. Norwer Blud. San ford, NC 27330 VANGROCE agroce companies, Email Address Email Address Company Name Telephone Email Address Email Address
Building Contractor's Company Name Telephone
1504 So. NORNER DIVO. SANTORO, NC 27330 VANGROCE QUROCE COMPANIES.
8664 Email Address Com
License #
Electrical Contractor Information
Description of WorkElectrical Contractor Information Amps T-PoleYes No
Billings Electric 919-770-0143 Electrical Contractor's Company Name Telephone
Electrical Contractor's Company Name Telephone
736 John Rosser Rd Sanford NC 27332 Josh C Ffd 569 6 hot mail. com Address Email Address
18798-U
License #
Mechanical/HVAC Contractor Information Description of Work Heating and Air conditioning
Description of Work //en/ING AND AIR CONDITIONING
Stephenson Htg and A/C 919-329-0686 Mechanical Contractor's Company Name Telephone
343 Shipwash Dr., Garner, NC 27529 stephenson HVAC@AOJ. com Email Address
18644
License #
Plumbing Contractor Information
Description of Work Yumbi Na #Baths /
Reliable Plumbina 919-499-7359
Plumbing Contractor's Company Name Telephone
1480 Zion Church Road
Address Email Address
<u>7/5/- P</u>
License # Insulation Contractor Information
TATUM INSULATION 519 Old DRUG STRO GARNER NO 27529 919-661-0999
Insulation Contractor's Company Name & Address

June 12

Application #	
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Sprinkle	er System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	_
Address	License #	
Signature of Officer(s) of Corporation Fire Alar	m System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	_
Address	License #	_
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	ansportation Driveway Access/Permit? Yes	No
Homoowners Apply	ing to Build Their Own Home	
Please answer the following questions then see a Permit	ring to Build Their Own Home Technician to determine if you qualify for permit under Own	ers Exemption.
Questionnaire per G.S. 87-14 Regulations a	s to Issue of Building Permits (Memo available	upon request)
1. Do you own the land on which this bui	Iding will be constructed? yes	no
2. Have you hired or intend to hire an ind the project?	lividual to superintend and manage con yes	
3. Do you intend to directly control & sup-	ervise construction activities? yes	no
4. Do you intend to schedule, contract, or be done?	r directly pay for all phases of constructi yes	
5. Do you intend to personally occupy the following completion of construction and decreates the presumption under law that you	lo you understand that if you do not do sou fraudulently secured the permit?	so, it
Jak. Spe 6/17/13	yes	no
Sign & date		
I hereby certify that I have the authority to make read that the construction will conform to the remember of the contractors is correct as known to me and if any obuilding and trade plans, Environmental Health permy responsibility to notify the Harnett County Central Country Contractor of Owner/Contractor/Officer(s) of Corporation	gulations in the Building, Electrical, Plumbing g Ordinance. I state the information on the a changes occur including listed contractors, site rmit changes or proposed use changes, I certifical Permitting Department of any and all changes	and bove plan, v it is

Commercial Jobs must fill out this portion

Application # 155003627

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

The undersigned applicant for Building Permit # 155003627 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
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.
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.
Firm Name:
Sign/Title: Vend She
Date: 6/17/15

June 12 - June 10 est 910-484-6287
* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. * Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. * Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license. * Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.
Owner's Name: Brian Babos Date: 5-28-15
Address: 1601 Chufft. Uniontown OH 44685 Phone: 303-620-8502
Directions to job site from Lillington: Hal East - Left on Hwy 27 - Right on
Brickmill Rd to Cottlestone on left - first left - Lastvacant lot on right
Subdivision: Coffe Stone Estates Lot: 12
Construction Type: (Please Check) Building Use: (Please Check) New Moved House Residential Commercial Renovation Addition Modular Multi-Family
Total Project Cost:Description of Proposed Work: General Contractor Information
Unheated SF Slab () Acres Disturbed Stories
Heated SFCrawl Space () Building Construction Cost \$
CUSTOM CONVENCIONS CORPORATION 9/9-1/5-1491/
15 01/ Se Manage Rhad Sourced Nr. 27320 under an analysis
Address Email Address
8664
License #
Description of Work Electric Service Size Amps T-Pole Yes No
Description of Work Slectric Service Size Amps T-Pole Yes No
Billings Electric 919-770-0/43 Electrical Contractor's Company Name Telephone
Billings Electric 919-770-0143 Electrical Contractor's Company Name Telephone 736 John Rosser Rd. SAN fordic 27332 Josh Cffd 569 @ hot mail.com
Address Email Address
18798-W
License #
Mechanical/HVAC Contractor Information
Description of Work Heating and sie conditioning
Stephenson Htg and A/C 919-329-0686
Machanical Contractors Company Name
343 Shipwash Dr., GARNER, NC 27529 stephenson HVAC @ Act. com
Address Email Address
_18644
License #
Plumbing Contractor Information
Description of Work
Reliable Plumbing Sontractor's Company Name 919-499-7359 Telephone
Plumbing Contractor's Company Name Telephone
1480 Zion Church Road
Address Email Address
License #
Insulation Contractor Information
TATUM INSULATION 519 Old DRUG STRO GARNER NC 27529 919-661-0999
Insulation Contractors Company Nama & Address

Application #		
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Sprinkle	er System Information	
Sprinkler Contractor's Company Name	Contact & Telephone	_
Address	License #	_
Signature of Officer(s) of Corporation Fire Alar	m System Information	
Fire Alarm Contractor's Company Name	Contact & Telephone	-
Address	License #	-
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Tra	ansportation Driveway Access/Permit? Yes	No
Homeowners Apply Please answer the following questions then see a Permit 1	ring to Build Their Own Home Technician to determine if you qualify for permit under Owner	rs Exemption.
Questionnaire per G.S. 87-14 Regulations a	s to Issue of Building Permits (Memo available	upon request)
1. Do you own the land on which this bui	lding will be constructed? yes	no
2. Have you hired or intend to hire an ind the project?	lividual to superintend and manage cons	
3. Do you intend to directly control & sup-	ervise construction activities? yes	no
4. Do you intend to schedule, contract, or be done?	r directly pay for all phases of constructio	
5. Do you intend to personally occupy the following completion of construction and d creates the presumption under law that you	lo you understand that if you do not do sou fraudulently secured the permit?	o, it
Sign & date 6/17/15	yes	no
oign & date		
hereby certify that I have the authority to make reand that the construction will conform to the regular method that the construction will conform to the regular method to the contractors is correct as known to me and if any contractors is correct as known to me and if any contractor and trade plans, Environmental Health permy responsibility to notify the Harnett County Central Country Contractor/Officer(s) of Corporation	gulations in the Building, Electrical, Plumbing g Ordinance. I state the information on the ablanges occur including listed contractors, site print changes or proposed use changes, I certify all Permitting Department of any and all changes	and ove lan, it is

Commercial Jobs must fill out this portion

Application # 155003627

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

The undersigned application	cant for Building Permit # 155003027 being the:
Gener	ral Contractor
	r/Agent of the Contractor or Owner
Do hereby confirm und the work set forth in the	der penalties of perjury that the person(s), firm(s) or corporation(s) performing permit:
	ave three (3) or more employees and has/have obtained workers' ensation insurance to cover them.
Has/h	ave one (1) or more subcontractors(s) and has/have obtained workers' ensation insurance to cover them.
	ave one (1) or more subcontractors(s) who has/have their own policy of rs' compensation insurance covering themselves.
Has/ha	ave not more than two (2) employees and no subcontractors.
Department issuing th	oject for which this permit is sought it is understood that the Central Permitting e permit may require certificates of coverage of worker's compensation nce of the permit and at any time during the permitted work from any person, ing out the work.
Firm Name:	
Sign/Title: Ven	Shew .
Date: 6/1	7/15