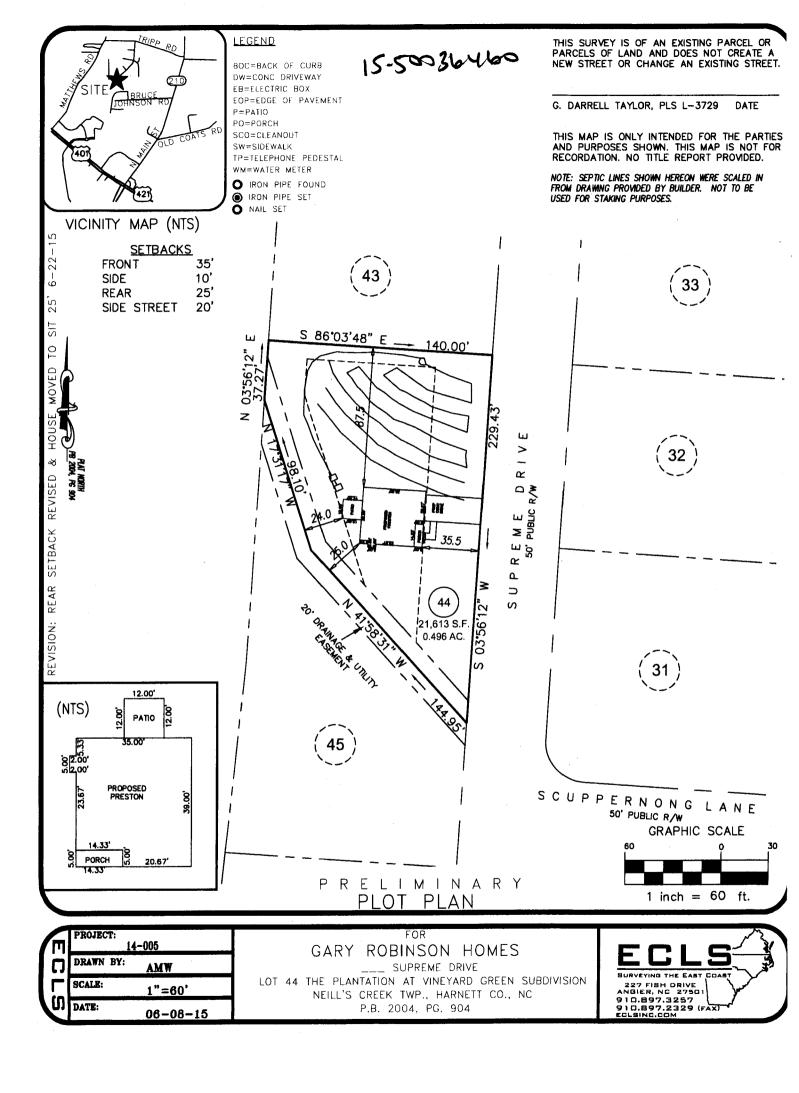
Initial Application Date: 7-9-15	• •	5-50036460
COUNTY OF HARNETT RESIDENTIAL LAND USE		CU#
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525	Fax: (910) 893-2793	
LANDOWNER: 373 B Investment Mailing Address: 40		
City: FAY + + CV1/14 State: NC Zip 293 11 Contact # CUO - 401-	5505 Email: po	try grhom Ognail lon
APPLICANT: Gary Robinson Homes LCC Mailing Address 414	Ramsey St,	Suit 115
APPLICANT: Gary Rob'mon Home LCC Mailing Address: 414 City Tought LU', 11 State Zip 283 M Contact # 1415 203 *Please fill out applicant information it different than landowner	5346 Email: Jal	by grhome Ogmis con
CONTACT NAME APPLYING IN OFFICE: Patrick Notan	Phone # 910-	263-5366
PROPERTY LOCATION: Subdivision: Planlatia, Al U LARLACIA) ALORA	Lot #: 4	Lot Size: (2) (S)
State Road # State Road Name: Take	Map Boo	ok&Page: 3004 / 0404
Parcel 110651 0057 79 PIN: 0651-72	6380.000	•
Zoning: RAYO Flood Zone: X Watershed: WS - L Deed Book&Page 0 3236 / 03	O6 Power Compan	y. Duke Energy
*New structures with Progress Energy as service provider need to supply premise number		
Specific directions to the property from Lillington: 45 Supreme Dy Dorbh out of Relember on 210 - Turn Left out	Tripp Rd.	Lest outo
Supporting - go all the way to the end- Lot 44 is lo your milt on left.	- to Sun	seme De hum Red
Lot 44 Property Property		0
		мен да бей (- 16 - 16 - 16 - 16 - 16 - 16 - 16 -
. as at 1975 and the terretain and appropriation of community in the standard and the contract of the standard and the standard and the contract of the standard and the		over different the seasons commission of the season of the
PROPOSED USE:		. Monofithic
SFD: (Size 39 x31) # Bedrooms: 4 # Baths 3. Basement(w/wo bath) NO Garage:		
(Is the bonus room finished? (X) yes ()no w/ a closet? () yes		
Mod: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage:_ (Is the second floor finished? () yes ()no Any other site built a		
Manufactured Home: SW DW TW (Size x) # Bedrooms: Garage		
CJ Duptex: (Sizex) No. Buildings: No. Bedrooms Per Unit;		
Home Occupation: # Rooms: Use: Hours of Operation		#Employees:
Addition/Accessory/Other: (Sizex) Use:	Close	ets in addition? () yes ()no
Water Supply: X County Existing Well New Well (# of dwellings using well Sewage Supply: X New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist)	ete Checklist)	County Sewer
Does owner of this tract of land, own land that contains a manufactured home within five hundred fe Structures (existing or proposed): Single family dwellings: Manufactured Homes:		
Required Residential Property Line Setbacks: Comments:		
Front Minimum Actual 35	aga replantaciones, acomensa Manta <mark>la calabatan e e traba premiento e e e</mark>	ne en e
Rear 35		
Closest Side	digital de la committe colonia religionalismentations de septimos consequences es sindices con section con sec	
Sidestreet/corner lot	Triffice with the second secon	
on same lot		
If permits are granted I agree to contour to all ordinaries and laws of the State of North Carolina re	julating such work and it subject to revocation	the specifications of plans submitted.

This application expires 6 months from the initial date if permits have not been issued
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

4/17/15 Date

Signature of Owner or Owner's Agent



NAME: JJJB Investments

APPLICATION #: 15-50=36460

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 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. Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service) 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 door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park) After preparing trapdoor 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. [__] Innovative (X) Conventional {___} Any [__] Accepted Other [__] Alternative 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. Does the site contain any Jurisdictional Wetlands? IA NO _}YES Do you plan to have an irrigation system now or in the future? { }YES ON { **X**} (X) NO Does or will the building contain any drains? Please explain. {__}}YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? YES X I NO {__}YES (X) NO Is any wastewater going to be generated on the site other than domestic sewage? M NO Is the site subject to approval by any other Public Agency? (__) YES XYES {__} NO Are there any easements or Right of Ways on this property? Does the site contain any existing water, cable, phone or underground electric lines? {__}}YES X NO 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 Counted 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6 17 15 DATE SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISI	ON PL	ANTATION,	AT VINEYAND	LOT	44		
INITIAL SY	ystem a	MI TO ALL	GREEN 25%.	REPAIR	pump	To Allpore	y 25 %
DISTRIBUT	rion	SEMAL	MEMILTON	DISTRIB	NOITU	TO AMPORE	MERC
BENCHMA	RK	100.0		LOCATIO	ON Fre	NT WINES	cu/43
NO, BEDRO	OOMS	3		PROPOSI	•		•
LINE	FLAC	COLOR	ELEVATION	<u>L</u>	ENGTH	(FT)	
<u></u>	1	\	113.84		30' 45'		
$\rho = \begin{cases} \frac{3}{4} \\ \frac{7}{4} \end{cases}$		3	111,50		57'		
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			M.T.		712'		
4B		>	111.72		2./		
B) U	1027 <u>r</u>		160		
					300		
BY M	EAKC12	_		DATE 6	4/201	4	
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1457	AU AT	/B"					
-							

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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

Owners Name 333B Laurestments, LLC	Date 6 17 15
Site Address 65 Supreme Dr. Lillingto	NC 25 46 Phone 910-401-5505
Directions to job site from Lillington North on Hwy	,
	all the way to end
turn right out Supreme - let an	Quet
Subdivision Plantation	Lot 44
Description of Proposed Work Single Family - New	
Heated SF 2644 Unheated SF 420 Finished Bonus	Room? X Crawl Space Slab X Shemwee
General Contractor Information	<u> </u>
Gary Robinson Homes, LLC	910-977-2562
Building Contractor's Company Name	Telephone
4140 Ramsey St. Suite 115 Address	gary rob', nson Homes Bychop.com Email Address
License #	
Electrical Contractor Information	n.
Description of Work New Comptruction Service Size	
Bucord Electric U.C. Electrical Contractor's Company Name	910-818-099-4 Telephone
948 Pan Dr. Hope Mills NC 2:	
Address	thomasdbugord a yahoo.com Email Address
15109-L	
License #	ation
Mechanical/HVAC Contractor Inform	
Centified Heating and Air Conditioning	
Mechanical Contractor's Company Name	910 - 959 - 000 O Telephone
PO BOX 1071, HOPA M:1/6, UC 28348 PO	ty or homas a mail. com
Address	Email Address
H3 U 20012 License #	
Plumbing Contractor Information	<u>on</u>
Description of Work New Construction	_# Baths
Dell Haire Plumbing	910-429-9959
Plumbing Contractor's Company Name	Telephone
POBOX USO49 2503 Southern Que Fay ne 28306 Address	ecountingoffice Due nrbiz .com
24204 P-1 License #	
Insulation Contractor Information	
Garry Robinson Homes U.C. 4140 Ramsay St. Suite	910-401-5505
Insulation Contractor's Company Name & Address 115	Telephone
in a reof	11 × 1 N/4 2/8 3/1

*NOTE General Contractor must fill out and sign the second page of this application

permission number of changes I any and al	the construction will conform to the regulations in the Building Electrical Plumbing and codes and the Harnett County Zoning Ordinance I state the information on the above is is correct as known to me and that by signing below I have obtained all subcontractors in to obtain these permits and if any changes occur including listed contractors site plan bedrooms building and trade plans Environmental Health permit changes or proposed use certify it is my responsibility to notify the Harnett County Central Permitting Department of changes
is as per c	PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee arrent fee schedule
d	0/17/15
Signature (of/Owner/Contractor/Officer(s) of Corporation Date
	Affidavit for Worker's Compensation N C G S 87-14
The unders	signed applicant being the
G	eneral Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby set forth in	confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the with
Has	three (3) or more employees and has obtained workers compensation insurance to cover them
	three (3) or more employees and has obtained workers compensation insurance to cover then one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover
Has	one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover one (1) or more subcontractors(s) who has their own policy of workers compensation insurance
Has them Has covering the	one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover one (1) or more subcontractors(s) who has their own policy of workers compensation insurance
Has them Has covering the Has While working Department to issuance	one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover one (1) or more subcontractors(s) who has their own policy of workers compensation insurance emselves no more than two (2) employees and no subcontractors ng on the project for which this permit is sought it is understood that the Central Permitting is issuing the permit may require certificates of coverage of worker's compensation insurance profit the work.
Has them Has covering the Has While work Department to issuance carrying out	one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover one (1) or more subcontractors(s) who has their own policy of workers compensation insurance emselves no more than two (2) employees and no subcontractors ng on the project for which this permit is sought it is understood that the Central Permitting tissuing the permit may require certificates of coverage of worker's compensation insurance profithe permit and at any time during the permitted work from any person, firm or corporation

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 310668

Project Property

Premier Land Title Insurance Company

Designated Lien Agent

Online: www.liensnc.com lasp 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

65 Supreme Drive Lot 44 Plantation of Vineyard Green

Harnett County Lillington, NC 27546

Property Type

1-2 Family Dwelling

Date of First Furnishing

07/06/2015

JJJB Investments, LLC

Owner Information

407 Lionshead Drive

Fayetteville, NC 28311

Email: patsy.grhomes@gmail.com United States

Phone: 910-670-2040

View Comments (0)

Print & Post

Initially filed by: po39quinn

Filed on: 06/17/2015



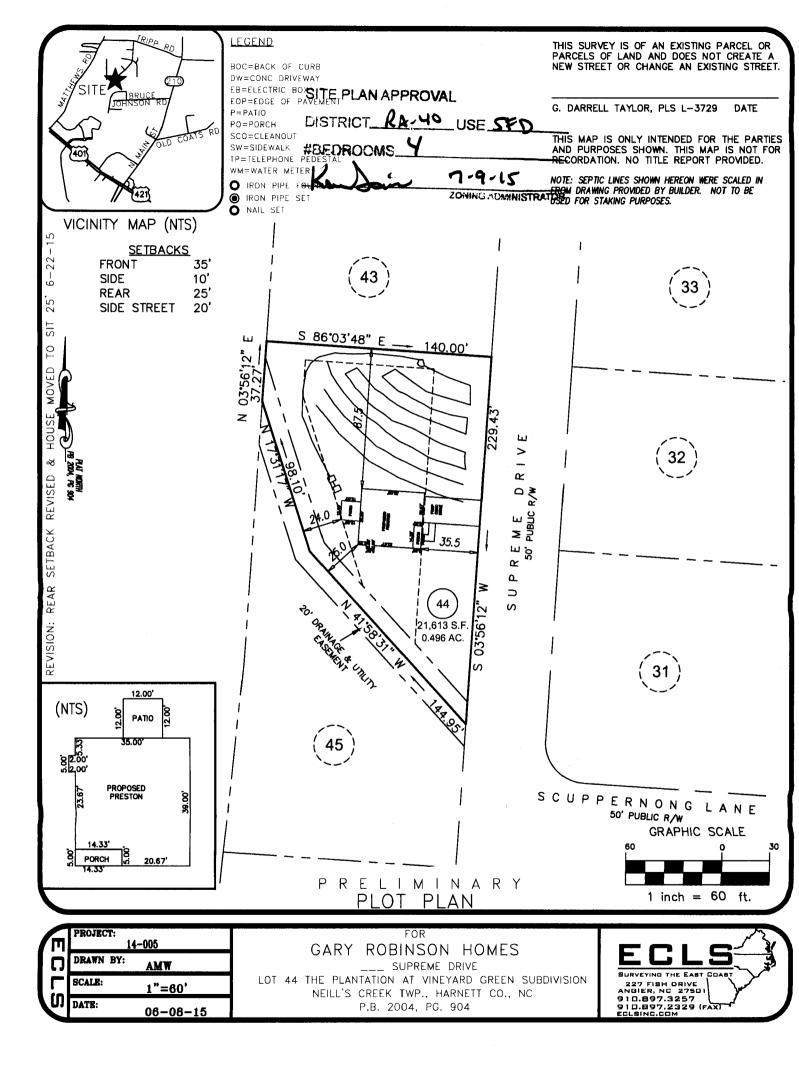
Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

to Lien Agent for this project. view this filing. You can then file a Notice Scan this image with your smart phone to

Technical Support Hotline: (888) 690-7384



HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***
Oper: KGOINS Type: CP Drawer: 1
Date: 7/89/15 51 Receipt no: 11582

Year Number Amount 2015 50036468 92941 TECH 4 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES 8759.00

GARY RICHARDSON HOMES

Tender detail CP CKEDIT CARD Total tendered Total payment

Trans date: 7/89/15 Time: 14:14:55

\$758.86 \$758.86 \$758.88

** THANK YOU FOR YOUR PAYMENT **

HARNETT COUNTY CASH RECEIPTS
**** CUSTOMER RECEIPT ***

Oper: KGOINS Type: CP Drawer: 1
Date: 7/89/15 51 Receipt no: 12218

Customer Location Name Amount 118787 62271 GARY ROBINSON HOMES UB 118787 82271 GARY ROBINSON HOMES 118787 62271 GARY ROBINSON HOMES U4 UT-WETER CHARGE \$78.88 118787 A

\$85.88 \$85.88 \$85.88 Tender detail Cp CREDIT CARD Total tendered Total payment

Trans date: 7/89/15 Time: 16:24:25 ** THANK YOU FOR YOUR PAYMENT **