

Initial Application Date: ~~7/13/15~~ 7-27-15
10.9.15

Application # 15-50030627R
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: Donald B. Andrews Mailing Address: 253 Summerside DATE _____
City: Cary State: NC Zip: 27518 Contact No: 910-237-1425 Email: _____

APPLICANT: Stephanie Grant Mailing Address: 253 Silver Pl
City: Angier State: NC Zip: 27504 Contact No: 919-201-3395 Email: sagrants@gmail.com

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Wyndham Place II Lot #: 2 Lot Size: 55.58 ac
State Road # _____ State Road Name: Grahamridge Ln Rawls Ct. Rd. Map Book & Page: 2006 10941
Parcel: 04.0664.0038.33 PIN: 0664.98.3874
Zoning: R20 Flood Zone: X Watershed: IV Deed Book & Page: OTD Power Company*: Duke

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

PROPOSED USE:

- SFD: (Size 72 x 51) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____ Monolithic 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: 1 Manufactured Homes: _____ Other (specify): _____

| Required Residential Property Line Setbacks: | | Comments: |
|--|------------------------------------|-------------|
| Front | Minimum <u>35</u> Actual <u>50</u> | <u>73.4</u> |
| Rear | <u>25</u> | <u>50+</u> |
| Closest Side | <u>10</u> | <u>15.3</u> |
| Sidestreet/corner lot | <u>20</u> | |
| Nearest Building on same lot | <u>10</u> | |

*Proposed * Change of Setbacks **
10.9.15 flipped house

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

SS toward Angier

Left on 210

Left on ~~Road~~ Rawls Church Rd

Left on Wyndham Place Dr.

Left on Graham Ridge Ln

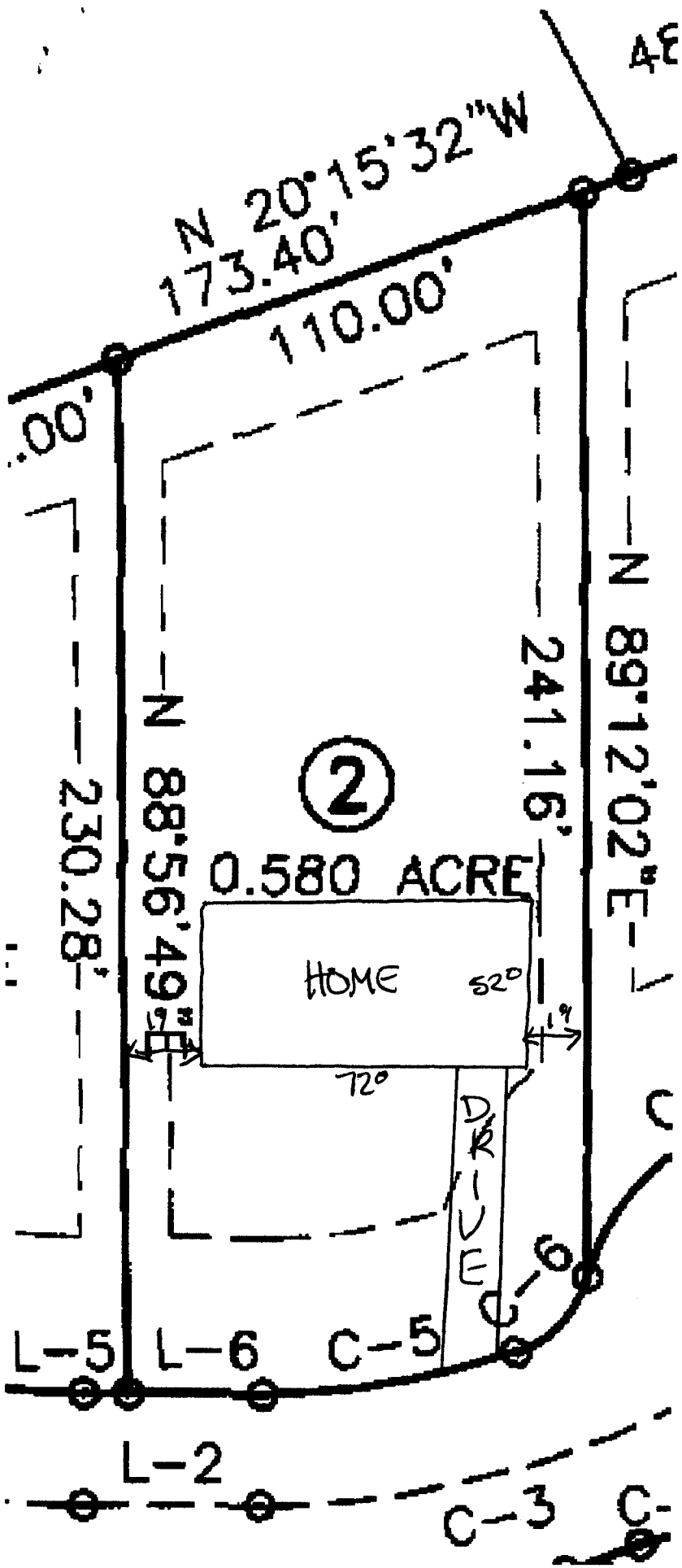
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Stephanie GJA
Signature of Owner or Owner's Agent

7/13/15
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



Revised
 SITE PLAN APPROVAL
 DISTRICT RA3C USE SFD
 #BEDROOMS 3
10.9.15
cyclusm
 ZONING ADMINISTRATOR

09/09/11

Application #

50036627

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 Stephani Grant Date August 27, 2011
Site Address 89 Grahamridge Dr. Fuquay-Varina, NC 27526 Phone 919-201-3396

Directions to job site from Lillington Hwy 55 toward Angier, rt on Kenesbec, rt on Rauls Church, L on Wyndham Place Dr, L Grahamridge

Subdivision Wyndham Place Phase # Lot

Description of Proposed Work 1 story house # of Bedrooms 3

Heated SF 1860 Unheated SF 400 Finished Bonus Room? N Crawl Space Y Slab

General Contractor Information

Building Contractor's Company Name Telephone

Address Email Address

License # owner

Electrical Contractor Information

Description of Work Rough-In/Trim Service Size 200 Amps T-Pole Yes No

Wiring Solutions Plus (1869SF) Telephone 919-795-8291

Electrical Contractor's Company Name 4509 Meadow Pine Dr Knightdale Email Address WiringSolutionsPlus@yahoo.com

Address 25181-L NC 27545

License #

Mechanical/HVAC Contractor Information

Description of Work New Construction Telephone 919-~~426~~⁹²⁶-1475

Mechanical Contractor's Company Name Element Service Group Mechanical Email Address Kath@Callelement.com

Address 1108 Nowell Rd #B Raleigh, NC 27607

License # 31519

Plumbing Contractor Information

Description of Work New Construction # Baths 2 Telephone 919-557-1584

Plumbing Contractor's Company Name Camden Plumbing & Repair Email Address Camdensplumbing@aol.com

Address 52 Bottomwood Ct Fuquay-Varina NC 27526

License # 18903

Insulation Contractor Information

Insulation Contractor's Company Name & Address MASCO Contracting 7204 Beckly Cir. Raleigh, NC 27615 Telephone 919-790-9684

*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

Stephanie Oest
Signature of Owner/Contractor/Officer(s) of Corporation

11/3/15
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 _____

Sign w/Title _____

Date 11/03/15

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 375827

Filed on: 11/03/2015

Initially filed by: sgrant05

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (<http://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 (<mailto:support@liensnc.com>)**Project Property**89 Grahamridge Ln
Fuquay Varina, NC 27526
Wake County**Property Type**

1-2 Family Dwelling

Print & Post**Contractors:**

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.

Owner InformationStephanie Grant
25 B Silver Pl
Angier, NC 27501
United States
Email: sgrant05@gmail.com
Phone: 919-201-3395**Date of First Furnishing**

11/03/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

89 Grahamridge Dr. Fuquay Varina NC 27526
Stephanie A. Grant

(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

1. AV I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;

OR

_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: _____);

2. AV I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;

3. AV will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect pursuant to Chapter 83A of the General Statutes of North Carolina;

4. AV I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

Stephanie A. Grant 11/3/15
(Signature of Affiant) Date

Sworn to (or affirmed) and Subscribed before me this the 3 day of Nov, 2015

[Signature]
Signature of Notary Public
Terri S. Brock
Printed Name of Notary Public

My Commission Expires: 9-30-18 (Notary Stamp or Seal)



(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

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 11/03/15

Application Number 15-50036627
Property Address 89 GRAHAMRIDGE LN
PARCEL NUMBER 04-0664- - -0038- -33-
Tenant nbr, name **CUSTOMER TOOK PLANS***
Application description . . . CP NEW RESIDENTIAL (SFD)
Subdivision Name WYNDHAM PLACE PH 2 13LOTS
Property Zoning RES/AGRI DIST - RA-30

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
Phone Access Code . . . 1107234

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 | _____ | ___/___/___ |
| 999 | | H824 | ENVIR. OPERATIONS PERMIT | _____ | ___/___/___ |
| 999 | | H828 | ENVIRO. WELL PERMIT | _____ | ___/___/___ |
| 999 | 104 | B104 | R*FOUND & SETBACK VERIF SURVEY | _____ | ___/___/___ |

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 15-50036627 Date 11/03/15
 Property Address 89 GRAHAMRIDGE LN
 PARCEL NUMBER 04-0664- - -0038- -33-
 Tenant nbr, name **CUSTOMER TOOK PLANS***
 Application type description CP NEW RESIDENTIAL (SFD)
 Subdivision Name WYNDHAM PLACE PH 2 13LOTS
 Property Zoning RES/AGRI DIST - RA-30

Owner

Contractor

ANDREWS DONALD R & MARGIE N
 246 SUMMERWINDS DRIVE
 CARY NC 27511

OWNER

Applicant

GRANT STEPHANIE #2
 25B SILVER PT
 ANGIER NC 27501
 (919) 201-3395

--- Structure Information 000 000 72X51 3 BR ATT GRGE, PORCH UNF BONUS CRW
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 3.00
 PROPOSED USE SFD
 SEPTIC - EXISTING? NEW
 WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc
 Phone Access Code 1107234
 Issue Date 11/03/15 Valuation 0
 Expiration Date 11/02/16

Special Notes and Comments

T/S: 07/14/2015 11:49 AM DJOHNSON --
 WYNDHAM PLACE 2 #2
 210 TOWARDS ANGIER LEFT ON 210 TO RAWLS
 CH RD. LEFT ON WYNDHAM PLACE DR THEN
 LEFT ON GRAHAMRIDGE LN
 XXX
 PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB
 INSULATION AND LAND USE.
 XXX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State
 and local laws, ordinances & regulations