

Initial Application Date: 8-20-15

Application # 1550030930

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: Jacob & Amanda Schachle Mailing Address: 116 Smithwood Dr.

City: Fuquay Varre State: NC Zip: 27526 Contact No: 919 868 5004 Email: jake.schachle@bullmtnorpa.com.

APPLICANT*: Stephenson Builders Mailing Address: 1187 N Raleigh St.

City: Angier State: NC Zip: 27501 Contact No: 919 730 7802 Email: drew@stephensonbuilders.com.
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Drew Stephenson Phone # 919 730 7802

PROPERTY LOCATION: Subdivision: N/A Private Land. Lot #: ✓ Lot Size: 2.69 ac.

State Road # 1601 State Road Name: Rogers Rd. (Fuquay) Map Book & Page: 2013 / 313

Parcel: 08 0665 0001 PIN: 0665-13-1146

Zoning: R40 Flood Zone: _____ Watershed: _____ Deed Book & Page: 03252 / 0236 Power Company*: Duke

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

PROPOSED USE:

SFD: (Size 100 x 60) # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): _____ Garage: 2 Deck: ✓ Crawl Space: ✓ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) ^{second porch}

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 1) *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:

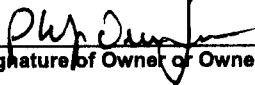
	Minimum	Actual
Front	<u>35</u>	<u>171.2</u>
Rear	<u>25</u>	<u>91.4</u>
Closest Side	<u>10</u>	<u>57.5</u>
Sidestreet/corner lot	<u>10</u>	<u>✓</u>
Nearest Building on same lot	<u>✓</u>	<u>0</u>

Comments: Please call Drew @ 919 730 7802 with any questions. Thanks -

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

Go to Angier Road toward Fuquay.
Left onto Rogers Road.
Go to end of that 1 mile gravel road.
House location @ end.

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.



Signature of Owner or Owner's Agent

8-20-15

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

SITE PLAN APPROVAL

2.69 ACRE LOT RECORDED IN
 PLAT BOOK 2014, PAGE 285

DISTRICT RA40 USE SFD

ADDRESS: 1601 ROGERS ROAD
 FUQUAY VARINA, NC 27526

BEDROOMS 4
 Date: 8-20-15
 Zoning Administrator

LINE TABLE		
LINE #	LENGTH	DIRECTION
L1	36.22'	S09° 37' 25"E
L2	37.16'	S59° 03' 01"W
L3	60.00'	S29° 40' 17"E
L4	38.95'	N59° 03' 01"E
L5	32.84'	N58° 11' 46"E
L6	51.70'	N58° 44' 59"E

SITE DATA

OWNER: JAKE & AMANDA SCHACHLE
 116 SMITHWOOD DR.
 FUQUAY VARINA, NC 27526

PIN: 0665-13-1146.000
 REFERENCE: DB 3252, PG 236
 PB 2014, PG 285

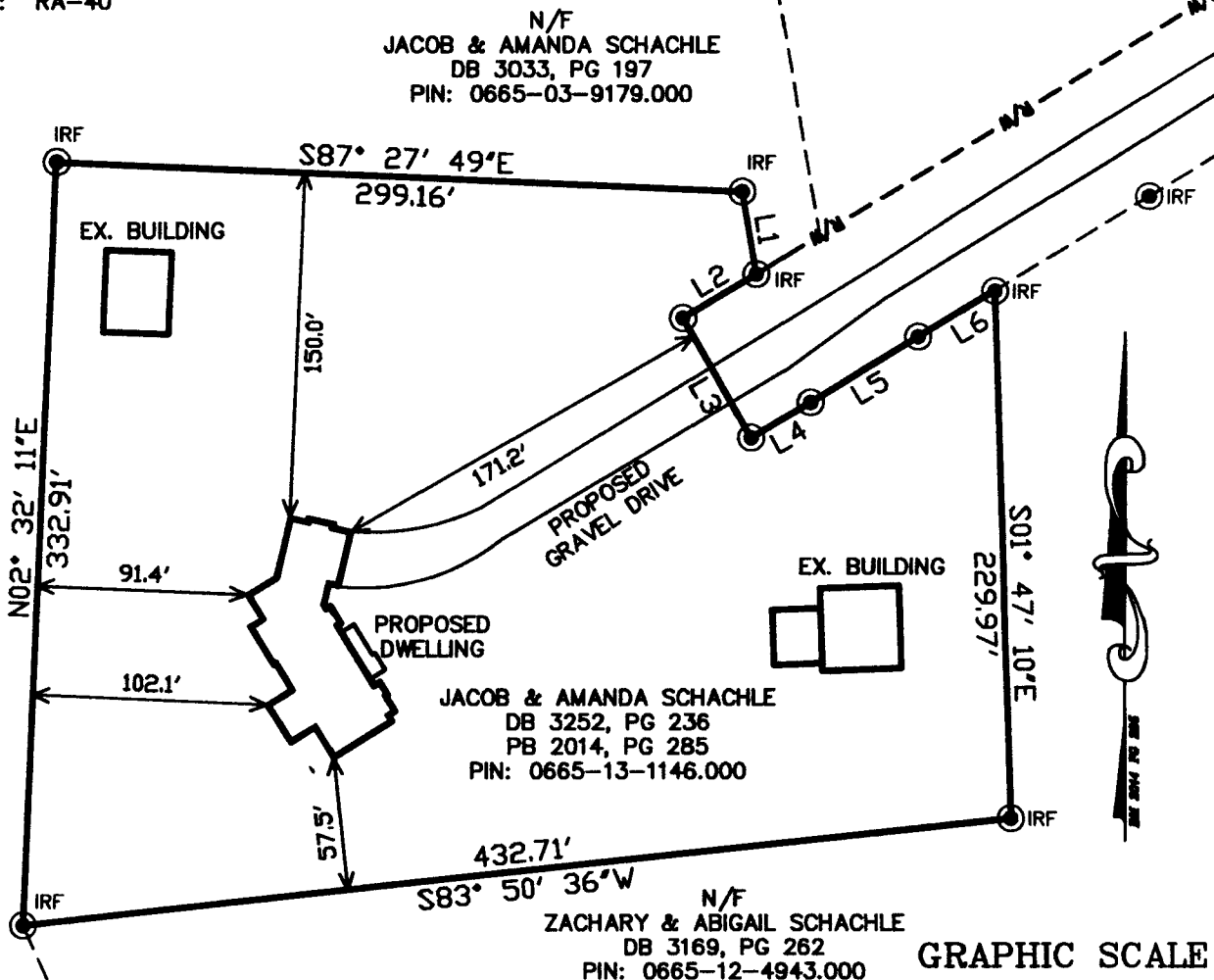
TOWNSHIP: HECTORS CREEK

ADDRESS: 1601 ROGERS ROAD
 FUQUAY VARINA, NC 27526

ZONING: RA-40

SETBACKS

FRONT 35
 REAR 25
 SIDE 10
 CORNER 10



PRELIMINARY PLAN

THIS PROPERTY (IS), (IS NOT)
 LOCATED WITHIN A FEMA FLOOD HAZARD
 AREA. PROPERTY IS LOCATED IN ZONE
 "X" PER FEMA FLOOD INSURANCE RATE
 MAP PANELS 3720066500K, EFFECTIVE
 OCTOBER 3, 2006.

Scale	1" = 80'
Date	7-24-2015
PREPARED BY	ZCS

GRAPHIC SCALE



(IN FEET)
 1 inch = 80 ft.

PREPARED FOR:

JACOB & AMANDA SCHACHLE

FUQUAY-VARINA HARNETT COUNTY NORTH CAROLINA

8-20-2015 *phm*

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Stephenson Builders Inc. (919) 730 7802
 Applicant/Owner Phone Number
1187 N Raleigh St Angier NC 27501
 Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changes that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address 1601 Rogers Rd. Fuquay Varina NC 27526 Subdivision/Lot # N/A
 Parcel # _____ PIN # 0665-13-1146

Directions to the Site

Angier Road toward FV. Left onto Rogers Rd.
Go all way to end of that gravel road @ 1 mile.
Have Lot at end of Rogers Rd.

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Phyllis D. J. 8.14.2015
 Property Owner's of Owner's Legal Representative Signature Required Date

NAME: Stephenson Builders

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 **undergrowth** 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. 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 **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 to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

Accepted Innovative Conventional(1) Any 4 Bedroom
 Alternative Other EZ Lay Granly Feed.

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**:

- YES NO Does the site contain any Jurisdictional Wetlands?
- YES NO Do you plan to have an irrigation system now or in the future?
- YES NO Does or will the building contain any drains? Please explain. foundation drains.
- YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-20-15
DATE

Harnett County Central Permitting
PO Box 85 Lillington NC 27548
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 Jacob & Amanda Schuchle Date 8-20-15

Site Address 1601 Rogers Road Fuquay Varne 27526 Phone _____

Directions to job site from Lillington _____

Anger Road toward Fuquay. Left onto Rogers Road. Lot is at end of Rogers Road.

Subdivision Private Land Lot

Description of Proposed Work New Single Family Home # of Bedrooms 4

Heated SF 3122 Unheated SF 1523 Finished Bonus Room? NO Crawl Space Slab _____

General Contractor Information

Stephenson Builders Inc.

Building Contractor's Company Name

1187 N Raleigh St. Anger 27501

Address

53604

License #

919-730-7802

Telephone

drew@stephensonbuilders.com

Email Address

Electrical Contractor Information

Description of Work New Service Size 200 Amps T-Pole Yes No

Austin Dean Electric

Electrical Contractor's Company Name

8039 Kenner Rd. Willow Springs

Address

~~29839-L~~ 29839-L

License #

~~919-552-7777~~ 919-669-0063

Telephone

austindean@electric@gmail.com

Email Address

Mechanical/HVAC Contractor Information

Description of Work New

JC's HVAC

Mechanical Contractor's Company Name

1534 Wade Stephens Rd. Holly Springs NC 27555

Address

12655

License #

919-552-3053

Telephone

Email Address

Plumbing Contractor Information

Description of Work New Camden's Plumbing & Repair # Baths 3.5

Plumbing Contractor's Company Name

7229 Oak Valley Way Fuquay 27526

Address

18903

License #

919-557-1584

Telephone

Email Address

Insulation Contractor Information

Insulate Inc

Insulation Contractor's Company Name & Address

919-772-9000

Telephone

*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


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

8-20-15
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

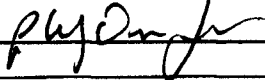
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Stephenson Builders Inc.

Sign w/Title  Vice President Date 8-20-15

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent Chicago title

Mailing address of Agent 19 W Hargett St. Raleigh 27601
Suite 507

Physical address of Agent _____

Telephone 888-690-7384 Fax 913-489-5231

Email support@liensnc.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

See form ↙

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”

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

Entry #: 339164

Filed on: 08/14/2015

Initially filed by:

stephensonbuildersinc

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**Jacob and Amanda Schachle Property
1601 Rogers Road
Fuquay-Varina, NC 27526
Harnett County**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.

Property Type

1-2 Family Dwelling

Owner Informationstephenson builders inc
1187 North Raleigh Street
Angier, NC 27501
United States
Email: drew@stephensonbuilders.com
Phone: 919-730-7802**Date of First Furnishing**

09/01/2015

View Comments (0)

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.

Page 2
Date 9/09/15

Application Number 15-50036930
Property Address 1601 ROGERS RD
PARCEL NUMBER 08-0665- - -0001- - -
Application description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-40

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc
Phone Access Code 1106772

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	_____	___/___/___
20-999	113	B113	R*BLDG WATER/DAMP PROOFING	_____	___/___/___
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	_____	___/___/___

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 15-50036930 Date 9/09/15
Property Address 1601 ROGERS RD
PARCEL NUMBER 08-0665- - -0001- - -
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-40

Owner	Contractor
-----	-----
SCHACHLE JACOB G & AMANDA F 116 SMITHWOOD DRIVE FUQUAY VARINA NC 27526	OWNER

Applicant

STEPHENSON BUILDERS
1187 N RALEIGH ST
ANGIER NC 27501
(919) 730-7802

--- Structure Information 000 000 100X60 4BDR CRAWL W/ SCREEN PORCH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY NEW WELL

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc
Phone Access Code . 1106772
Issue Date 9/09/15 Valuation 0
Expiration Date . . . 9/08/16

Special Notes and Comments
T/S: 08/20/2015 10:08 AM JBROCK ----
GO TO ANGIER RD TOWARD FUQUAY L ONTO
ROGERS RD GO TO END OF THAT 1 MILE
GRAVEL RD HOUSE LOCATION @ END
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

