

Initial Application Date: 9-16-15

Application # 1550037113

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: James and Sharon Mitchell Mailing Address: 2759 Walker Rd.

City: Linden State: NC Zip: 28356 Contact No: _____ Email: _____

APPLICANT*: Signature Home Builders, Inc. Mailing Address: 1209 N Main St.

City: Lillington State: NC Zip: 27546 Contact No: 910-892-9299 Email: Larry@signaturehomebuilders.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Larry Daughtry Phone # 910 890 9337

PROPERTY LOCATION: Subdivision: _____ Lot #: 1 Lot Size: 3.06 AC

State Road # 2039 State Road Name: Walker Rd Map Book & Page: 2001 / 125

Parcel: 120545 0078 05 PIN: 0555-06-3650.000

Zoning: RA20m Flood Zone: X Watershed: NA Deed Book & Page: 1183 / 7 Power Company*: South River

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

PROPOSED USE:

SFD: (Size 84 x 67) # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____ 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:

Front Minimum 35 Actual 216

Rear 25 100+

Closest Side 15 25

Sidestreet/corner lot _____

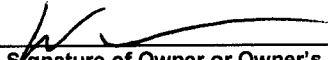
Nearest Building _____

on same lot _____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Hwy 401 S out of
Lillington, take right on McNeill Hobbs Rd, take first left onto
Wre Rd. Take right on Walker Rd. Site is on the right.

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

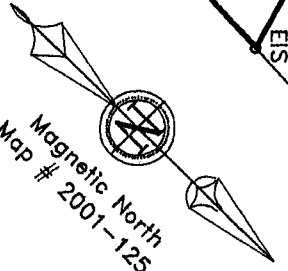
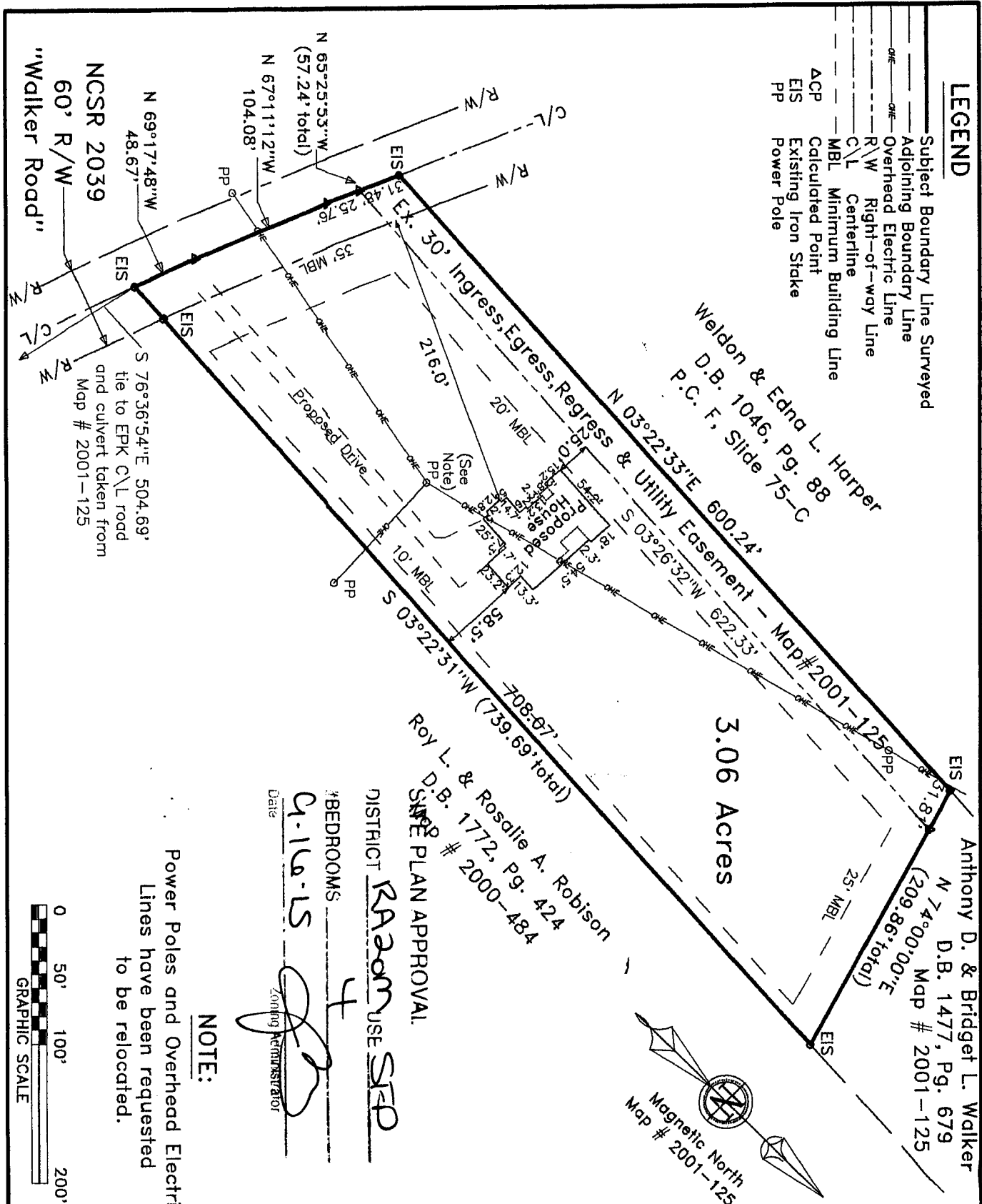
9-16-15

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****

- LEGEND**
- Subject Boundary Line Surveyed
 - Adjoining Boundary Line
 - Overhead Electric Line
 - Right-of-way Line
 - Centerline
 - Minimum Building Line
 - Calculated Point
 - Existing Iron Stake
 - Power Pole



Power Poles and Overhead Electric Lines have been requested to be relocated.



NOTE:

DISTRICT RAZON USE SEP
 BEDROOMS 4
 Date 9-16-15
 Zoning Administrator *[Signature]*

SINE PLAN APPROVAL
 D.B. # 1772, Pg. 424
 Map # 2000-484
 Roy L. & Rosalie A. Robison

NCSR 2039
 60' R/W
 "Walker Road"

SITE * 2039
 Walker Rd.
 2083
 2085
 2044
 2031 Wire Rd.
 Josey Wil
 Brcks F
 VICINITY
 Cumber
 NC PIN 0555-08
 Map # 2001
 Portion of: Deed B
 Mapped
 Sharon M
 and James
 Care of Signatur
 Stewart's Creek Twp.
 Scale: 1" = 100'
 Mapped
LAND SURVY
 870 NC 55 W, Cc
 910-897-7715 91
PRELIMINAR
 — Not an ac
 This plan represents pr
 to a lot of record. Thi
 review and approval by
 and Inspections Dept.
NOT FOR RE

NAME: _____

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 Any
 Alternative Other _____

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. _____
 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)

9-16-15

DATE



KIMBERLY S. HARGROVE
REGISTER OF DEEDS, HARNETT
COURTHOUSE
P.O. BOX 279
LILLINGTON, NC 27546

Filed For Registration: 02/07/2001 12:34:37 PM

Book: PLAT 2001 Page: 125-126

Document No.: 2001001894

MAP 2 PGS \$21.00

Recorder: TRUDI C SMITH

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE, REGISTER OF DEEDS By:

Trudi C Smith
Deputy/Assistant Register of Deeds

2001001894

2001001894

09/09/11

Application #

15-50037113

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 Signature Home Builders, Inc. Date 1-13-16
 Site Address: 2933 Walker Road Linden, NC 28356 Phone 910-892-9299
 Directions to job site from Lillington Head SW on N Main St ~~at~~ - Turn right on NC-210S - Turn left on Temple Rd - Turn right on McLean Chapel Church Rd - Turn left on Walker Rd.
 Subdivision N/A Lot _____
 Description of Proposed Work Single Family # of Bedrooms 4
 Heated SF 2947 Unheated SF 1579 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Signature Home Builders, Inc. 910-892-9299
 Building Contractor's Company Name Telephone
1209 N Main Street Lillington, NC 27546 larry@signaturehomebuilders.com
 Address Email Address
49431
 License #

Electrical Contractor Information

Description of Work Electrical Service Size _____ Amps T-Pole Yes No
B.A. Jackson Electric 919-894-5367
 Electrical Contractor's Company Name Telephone
9261 Raleigh Road Benson, NC 27504
 Address Email Address
21144
 License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Custom Heating & Air 910-892-8827
 Mechanical Contractor's Company Name Telephone
1001 Denim Drive Erwin, NC 28339
 Address Email Address
12195
 License #

Plumbing Contractor Information

Description of Work Plumbing # Baths 3.5
L.R. Glover Plumbing INC 919-820-0026
 Plumbing Contractor's Company Name Telephone
P.O. Box 764 Benson, NC 27504
 Address Email Address
7958
 License #


Insulation Contractor Information

Tatum Insulation II, INC 919-661-0999
 Insulation Contractor's Company Name & Address 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

12-26-15
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 Signature Home Builders INC.

Sign w/Title  Date 12-26-15

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	15-50037113	Date	1/28/16
Property Address	57883 *UNASSIGNED		
PARCEL NUMBER	12-0545- - -0078- -05-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	DAVID A BLALOCK JR		
Property Zoning	PENDING		

Owner

MITCHELL SHARON & JAMES
 2759 WALKER R OAD
 RT 2 BOX 372
 LINDEN NC 28356

Contractor

SIGNATURE HOME BUILDERS
 509 W BROAD ST
 DUNN NC 28334
 (910) 892-9299

Applicant

SIGNATURE HOME BUILDERS INC
 1209 N MAIN ST
 LILLINGTON NC 27546
 (910) 892-9299

--- Structure Information 000 000 84X67 4BDR CRAWL W/ GARAGE

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	4000000.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	SFD
	WATER SUPPLY	COUNTY

Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1124676		
Issue Date	1/28/16	Valuation	0
Expiration Date	1/27/17		

Special Notes and Comments

T/S: 09/16/2015 11:51 AM JBROCK ----
 401 S OUT OF LILLINGTON TAKE R ON
 MCNEILL HOBBS RD TAKE 1ST L ONTO WIRE
 RD TAKE R ON WALKER RD SITE IS ON THE R
 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

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.

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Application description . . . CP NEW RESIDENTIAL (SFD)
Subdivision Name DAVID A BLALOCK JR
Property Zoning PENDING

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
Phone Access Code . 1124676

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	_____	___/___/___

DO NOT REMOVE!

Details: Appointment of Lien Agent
Entry #: 414512

Filed on: 02/04/2016
Initially filed by: larrydaughtry02152

Designated Lien Agent

Investors Title Insurance Company

Online: 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

Project Property

Walker Rd. Linden, NC Page/Book: 2001/125
Parcel: 120545 0078 05 Pin: 055-06-3650 000
Linden, NC 28356
Cumberland 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 Information

Signature Home Builders
1209 N. Main St.
Lillington, NC 27546
United States
Email: larry@signaturehomebuilders.com
Phone: 910-892-9299

Date of First Furnishing

02/11/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384