

Initial Application Date: 10-13-15

Application # 1550037285

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: Kyle Rusichman Mailing Address: 845 Buffalo Lake Road
City: Sanford State: NC Zip: 27330 Contact No: _____ Email: _____

APPLICANT: Showcase Restoration Mailing Address: 5500 Yorkwood
City: Zayetterville State: NC Zip: 28303 Contact No: 6267-United Email: brandy@showcase
Restoration.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: John Quakenbush Phone # 910-864-0911
910-303-4842

PROPERTY LOCATION: Subdivision: Lake Crestview Lot #: 7 Lot Size: .69
State Road # _____ State Road Name: 845 Buffalo Lake Rd Map Book & Page: 2003/121
Parcel: 0395870402007 PIN: 9587-62-2021-000
Zoning: RA20R Flood Zone: X Watershed: NA Deed Book & Page: 3182 56 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 48 x 69) # Bedrooms: 4 # Baths: 2 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: Manufactured Homes: _____ Other (specify): _____

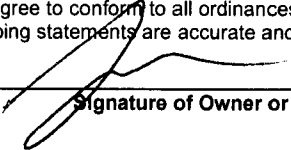
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

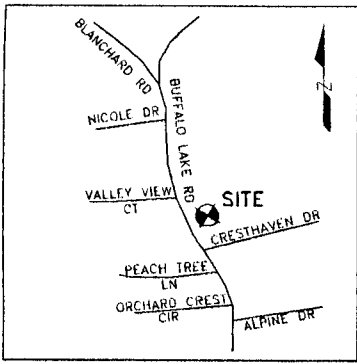


Signature of Owner or Owner's Agent

10-17-15
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****



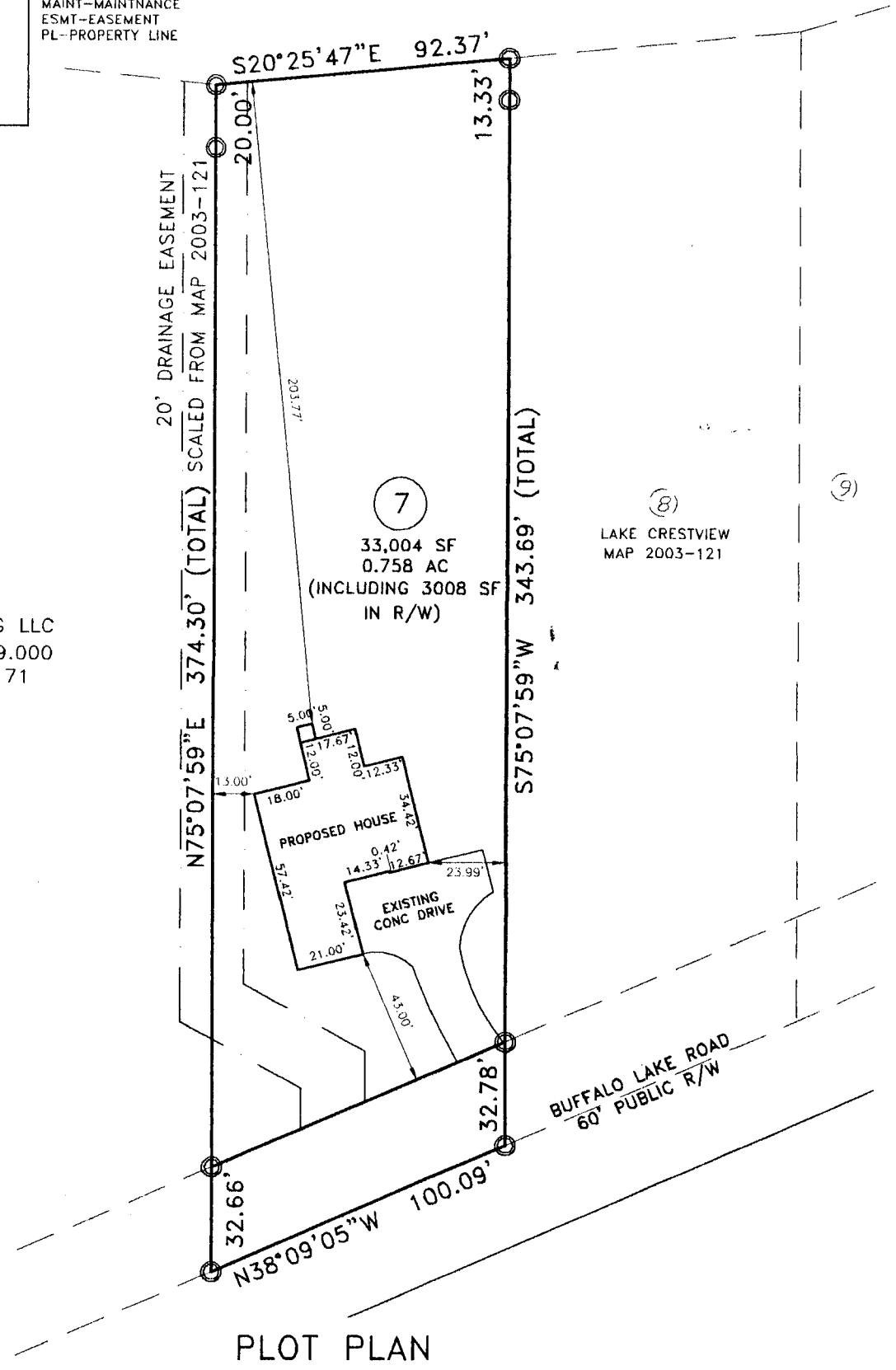
Vicinity Map
(Not to Scale)

LEGEND
 R/W--RIGHT OF WAY
 PB--PLAT BOOK
 DB--DEED BOOK
 PG--PAGE
 PROP--PROPOSED
 SF --SQUARE FEET
 AC--ACRE(S)
 CONC--CONCRETE
 MAINT--MAINTNANCE
 ESMT--EASEMENT
 PL--PROPERTY LINE



LAKE CRESTVIEW
 CK DEVELOPING LLC
 9587-72-1109.000
 MAP 2002-1171

CK DEVELOPING LLC
 9587-72-1109.000
 MAP 2002-1171



PLOT PLAN

PROPERTY OF: KYLE & BRETNA RUSCHMAN
ADDRESS: 845 BUFFALO LAKE RD
CITY: NEAR SPOUT SPRINGS, NC
COUNTY: HARNETT
TAX PIN: 9587-62-2021.000

TOWNSHIP: BARBECUE
DATE: OCTOBER 19, 2015
SCALE: 1" = 50'
REFERENCE: LOT 7
 LAKE CRESTVIEW
 MAP 2003-121

NOTES:

1) THIS MAP IS NOT A CERTIFIED SURVEY AND NO RELIANCE

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)

10-13-15

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 Kyle Buschman Date 10-6-15
Site Address 845 Buffalo Lake Rd, Sanford, NC Phone 910-478-5513
Directions to job site from Lillington _____

Subdivision Lake Crestview Lot _____
Description of Proposed Work Rebuild Entire house # of Bedrooms 4
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Showcase Restoration 910-864-0911
Building Contractor's Company Name Telephone
5500 Yarkin Rd, Fayetteville-28303 Brenda@ShowcaseRestoration.com
Address Email Address
60267-Unlimited
License #

Electrical Contractor Information

Description of Work Electrical Service Size _____ Amps T-Pole _____ Yes _____ No
Integrated Sales & Service, Inc. 910-482-5210
Electrical Contractor's Company Name Telephone
416 Chicago Dr., Fayetteville NC _____
Address Email Address
72133
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
Cape Fear Climate Control 910-890-6123
Mechanical Contractor's Company Name Telephone
P.O. Box 1806, Dawn, NC _____
Address Email Address
18129
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Trinity Plumbing LLC 910-303-5585
Plumbing Contractor's Company Name Telephone
5709 Trevino St., Hope Mills, NC 28348 trinityplb@gmail.com
Address Email Address
32324
License #

Insulation Contractor Information

Tri-City Insulation-334 E Mountain Dr- 910-486-8855
Insulation Contractor's Company Name & Address Telephone
Fayetteville, NC
#200000041733 28306

*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

Date

10-13-15

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 Spawcase Restoration

Sign w/Title Project manager

Date 10-6-15

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

Entry #: 380154

Filed on: 11/12/2015

Initially filed by: Showcase2015

Designated Lien Agent

Old Republic National Title Insurance Company

Online: www.liensnc.com (mailto:support@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**845 Buffalo Lake Rd.
Sanford, NC 27332
Lee 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

Showcase Restoration

5500 Yadkin Rd.
Fayetteville, NC 28303
United StatesEmail: estimator4@showcaserestoration.com

Phone: 910-864-0911

Date of First Furnishing

08/07/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # ES

Date 10-14-15

Job Name Snowcase Resp.

App # 37285

Valuation 281148

Heated SQ Feet 2702

Garage 588

= 3290

Inspections for SFD/SFA

Crawl Slab _____ Mono _____ Basement _____

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey _____

Envir. Health _____

Other _____

Additions / Other

259392

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

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 15-50037285 Date 11/12/15
Property Address 845 BUFFALO LAKE RD
PARCEL NUMBER 03-9587-04- -0020- -07-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-20R

Owner Contractor

RUSCHMAN KYLE B & BRETТА SHOWCASE RESTORATION NC INC
845 BUFFALO LAKE RD PO BOX 11056
SANFORD NC 27332 FAYETTEVILLE NC 28303
(910) 864-0900

Applicant

SHOWCASE RESTORATION
5500 YADKIN RD
FAYETTEVILLE NC 28303
(910) 864-0911

--- Structure Information 000 000 48X69 4BDR CRAWL W/ GARAGE
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code . 1113562
Issue Date 11/12/15 Valuation 0
Expiration Date . . 11/11/16

Special Notes and Comments
T/S: 10/13/2015 09:56 AM JBROCK ----
845 BUFFALO LAKE
T/S: 11/04/2015 02:45 PM DJOHNSON --
*****CUSTOMER WILL NEED OPERATIONS
PERMIT FOR JOB*****
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

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 11/12/15

Application Number 15-50037285
Property Address 845 BUFFALO LAKE RD
PARCEL NUMBER 03-9587-04- -0020- -07-
Application description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc
Phone Access Code 1113562

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	_____	___/___/___