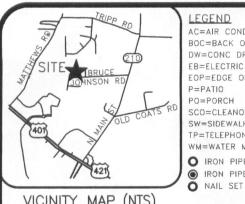
Initial Application Date: 11-21-15	Application # 1550037574 K
County of Harnett Residential Land USE Central Remitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525	EAPPLICATION Fax: (910) 893-2793
City: FAyettev: 11e State: N. Zip 3831 Contact # 910-401-5	5505 Email: patry, grhomes agnow co
APPLICANT*: Gary Robinson Home, UC Mailing Address: 414 City: City: State C Zip: 38311 Contact # 910 - 401-5 *Please fill dut applicant information if different than landowner	OKAMSey St, Suite 115 SUS Email: potsy, grhomes agnow.com
CONTACT NAME APPLYING IN OFFICE:	Phone #
PROPERTY LOCATION: Subdivision: Johnson Farms	Lot #:9Lot Size: .469aeve
State Road # State Road Name:	Map Book&Page: 3006 / 098 6
Parcel: 1104610100 D9 PIN: 0651-81-	-4513-000
Parcel: 110061010009 PIN: 0651-81- Zoning PA30 Flood Zone: Watershed: Deed Book&Page: 02178 / 0	583 Power Company*: Duke Energy
*New structures with Progress Energy as service provider need to supply premise number	0 7
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 136 Saddle	
210 N to Bruce Johnson Road (on left)	- 15 Road to Night
en Johnson Farm Subdivision -	Saddle La - Lat
a Dill	Suffer have you
on regut	-
PROPOSED USE: SFD: (Size **W x **YD*) # Bedrooms: # Bath **Basement(w/wo bath): Garage: (Is the bonus room finished? () yes ()no w/ a closet? () yes	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage:_	
(Is the second floor finished? () yes ()no Any other site built	
Manufactured Home:SWDWTW (Sizex) # Bedrooms:Gara	age:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: □ Home Occupation: # Rooms: Use: Hours of Operation	on: #Fmnlovees:
□ Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes ()no
Water Supply: County Existing Well New Well (# of dwellings using well Does owner of this tract of land, own land that contains a manufactured home within five hundred for Structures (existing or proposed): Single family dwellings: Manufactured Homes:	olete Checklist) County Sewer eet (500') of tract listed above? () yes ()no
Required Residential Property Line Setbacks: Comments:	40
Front Minimum 35 Actual 31 Per Carrillo	Manhart going
Rear as tom 4 Barr	m +0 3 barm
Closest Side 1D 30	
Sidestreet/corner lot	reex
Nearest Building // //	
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina of I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Per	regulating such work and the specifications of plans submitted. rmit subject to revocation if false information is provided.
Signature of Owner's Agent	Date
This application expires 6 months from the initial date if per A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE RE	mits have not been issued QUIRED WHEN APPLYING FOR LAND USE APPLICATION

Application # 1550037574 K



VICINITY MAP (NTS)

LEGEND

AC=AIR CONDITIONING UNIT BOC=BACK OF CURB DW=CONC DRIVEWAY EB=ELECTRIC BOX EOP=EDGE OF PAVEMENT

PO=PORCH SCO=CLEANOUT SW=SIDEWALK TP=TELEPHONE PEDESTAL

WM=WATER METER O IRON PIPE FOUND O IRON PIPE SET

IMPERVIOUS AREA

1,829 SQ.FT. HOUSE 650 SQ.FT. DRIVE WALK 71 SQ.FT.

TOTAL

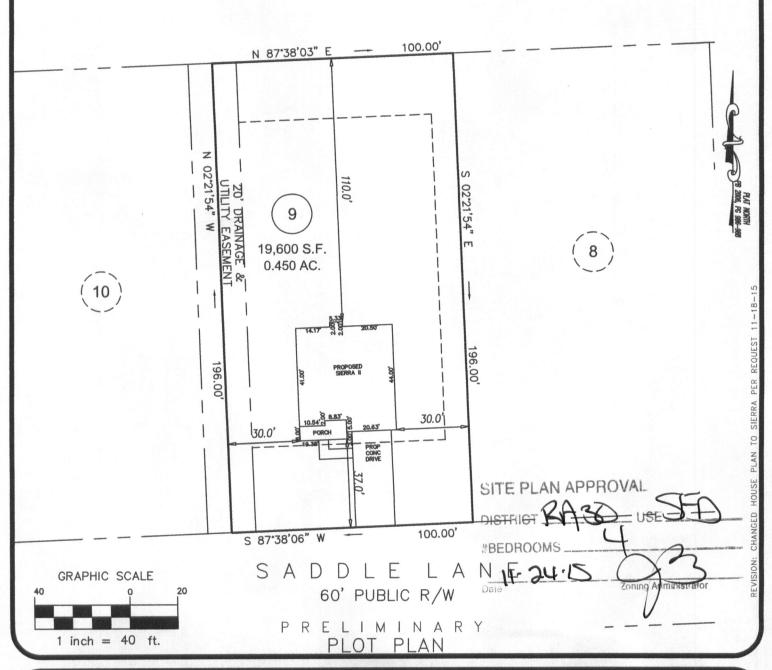
THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

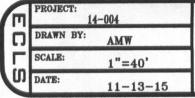
G. DARRELL TAYLOR, PLS L-3729 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

SETBACKS

35' **FRONT** SIDE 10' 25' REAR SIDE STREET 20'





FOR GARY ROBINSON HOMES

SADDLE LANE LOT 9 JOHNSON FARMS SUBDIVISION NEILL'S CREEK TWP., HARNETT CO., NC P.B. 2006, PG. 986+988



NAME:	APPLICATION #:				
County H IF THE INFORM PERMIT OR AU' depending upon d 910-89 Environme Place every Place out bu Place	*This application to be filled out when applying for a septic system inspection.* *ealth Department Application for Improvement Permit and/or Authorization to Construct *ATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT THORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ocumentation submitted. (complete site plan = 60 months; complete plat = without expiration) 23-7525 option 1 CONFIRMATION #				
evalua Call N After p 800 (a confir Use C Environme Follow Prepai inspec After p multipl given	tion to be performed. Inspectors should be able to walk freely around site. <i>Do not grade property</i> . to Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service) preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note mation number given at end of recording for proof of request. Ilick2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. Pental Health Existing Tank Inspections				
SEPTIC If applying for a	authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.				
{}} Accepted					
	ve {}} Other				
The applicant sh question. If the	nall notify the local health department upon submittal of this application if any of the following apply to the property in 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 <u>irrigation system</u> now or in the future?				
{}}YES {	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 [_	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?				
	NO Are there any easements or Right of Ways on this property?				
	NO Does the site contain any existing water, cable, phone or underground electric lines?				
(admin)	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.				
I Have Read Thi	s Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And				
	re 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					
,	ble So That A Complete Site Evaluation Can Be Performed.				

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11/16 15 DATE

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

Application for Residential Building and Trades Permit

Owners Name Gary Robinson Homes LLC	Date 4 18 15
Site Address 136 Saddle Lane Lillington the	27546 Phone 910-401-5505
Directions to job site from Lillington New 210 N to 30	man Rd - lest onto
Brune Johnson - Go to John Fo	Seed of the seed o
1 Rd to right lot on Right	an function
Subdivision Johnson Farms	
	Lot 4
Description of Proposed Work Single Tamely - You Cons	
Heated SF 1971 Unheated SF 425 Finished Bonus Room? General Contractor Information	Crawl Space Slab _X
Gary Robinson Homes, LLC	910-977-2562
Building Contractor's Company Name	Telephone
4140 Ramsey St. Suite 115 Address	gary rob, mon homes ayahoo, con
	Email Address
License #	
Electrical Contractor Information	on_
Description of Work New Construction Service Size	200 Amps T-Pole X Yes No
Bugord Electric LLR	910-818-0994
Electrical Contractor's Company Name	Telephone
948 Pan Dr. Hope Mills, NC 2.	thomasabusord a yahoo.com Email Address
15109-L	Email Address
License #	,
Mechanical/HVAC Contractor Infor	mation
Description of Work Single Family - New Coast	in Marking and an account of the control of the con
Chaeco, Inc	910-488-0318
Mechanical Contractor's Company Name	Telephone
PDBox 36037 Fay nc 28303 Address	Charaba @ embargnall. Con
"/ F. D.)	Email Address
2957PH-1-3 Cas Fire Place	
Plumbing Contractor Informati	<u>on</u>
Description of Work New Construction	# Baths
Dell Haire Plumbing	910-429-9939
Dell Haire Plumbing Plumbing Contractor's Company Name	Telephone
POBOX USO48 2503 Southern Que Fayine 28306	email Address
Address	Email Address
24204 P-1 License #	
License # <u>Insulation Contractor Informati</u> e	on
Gary Robinson Homes LLC, 4140 & RamsaySt, Suite Insulation Contractor's Company Name & Address	
FAyettev	ille, NC 28311

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

mecha contrac permis numbe change any and EXPIR	that-the construction will conform to the regulations in the Building Electrical Plumbing and sinical codes and the Harnett County Zoning Ordinance. I state the information on the above coors is correct as known to me and that by signing below I have obtained all subcontractors assion to obtain these permits and if any changes occur including listed contractors site plan or of bedrooms building and trade plans. Environmental Health permit changes or proposed use as I certify it is my responsibility to notify the Harnett County Central Permitting Department of dialiciances. ED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee ar current fee schedule.
Signatu	ure of Owner/Contractor/Officer(s) of Corporation Date
The und	Affidavit for Worker's Compensation N C G S 87-14 dersigned applicant being the
	General Contractor Owner Officer/Agent of the Contractor or Owner
Do here set forth	by confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the w
H	Has three (3) or more employees and has obtained workers compensation insurance to cover the
them	Has one (1) or more subcontractors(s) and has obtained workers, compensation insurance to cove
Covering	Has one (1) or more subcontractors(s) who has their own policy of workers, compensation insurance themselves
H	las no more than two (2) employees and no subcontractors
Departm to issuar	orking on the project for which this permit is sought it is understood that the Central Permitting nent issuing the permit may require certificates of coverage of worker's compensation insurance processor of the permit and at any time during the permitted work from any person firm or corporation out the work The project for which this permit is sought it is understood that the Central Permitting the permitted worker's compensation insurance processor of the permit and at any time during the permitted work from any person firm or corporation out the work
	y or Name CHAY RUDIMSSU MOMES, LLC

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 382808

Project Property

Premier Land Title Insurance Company

Designated Lien Agent

Online: www.liensnc.com dup www.hosse.com

Address: 19 W. Hargett St., Suite 507 / Raleigh,

NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Harnett County Lillington, NC 27546 Lot 9 Johnson Farms 136 Saddle Lane

Property Type

1-2 Family Dwelling

Date of First Furnishing

Owner Information

4140 Ramsey Street, Suite 115 United States Fayetteville, NC 28311 Gary Robinson Homes, LLC

Email: patsy.grhomes@gmail.com Phone: 910-401-5505

12/07/2015

Print & Post

Initially filed by: po39quinn

Filed on: 11/18/2015



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

View Comments (0)

Technical Support Hotline: (888) 690-7384

DO NOT REMOVE!

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

Technical Support Hotline: (888) 690-7384

Plan Box # Tile		Date 11: 24-15 Job Name Gary Robinson		
App # <u>375</u>		Valuation 20 494	Heated SQ Feet 19 19 19 19 19 19 19 1	
Inspections for Crawl	o <u>r SFD/SFA</u> Slab/	Mono	Basement	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
oundation Surve	ey Env	vir. Health	Other	
			18921	
ting ndation			18921	
ting ndation Floor			18921	

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 15-50037574 Date 1/20/16 Owner Contractor ______ ______ GARY ROBINSON HOMES INC GARY ROBINSON HOMES LLC 8847 LOOKING GLASS RD 4140 RAMSEY ST FAYETTEVILLE NC 28311 SUITE 115 FAYETTEVILLE (910) 977-2562 NC 28311 Applicant _______ GARY ROBINSON HOMES LLC #9 4140 RAMSEY ST STE 115 (910) 401-5505 Structure NC 28311 Structure Information 000 000 46X40 4BDR SLAB W/ GARAGE Flood Zone FLOOD ZONE X Other struct info # BEDROOMS # BEDROOMS PROPOSED USE 4000000.00 SFD SEPTIC - EXISTING? WATER SUPPLY SFD NEW TANK Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1118603
Issue Date . . . 1/20/16
Expiration Date . . 1/19/17 Valuation ______ Special Notes and Comments T/S: 11/24/2015 04:08 PM JBROCK ----JOHNSON FARMS #9 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. 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 1/20/16

Application Number 15-50037574

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1118603

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20	101 103	B101 B103	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE		//
20-30 30-999 30-999	814 111 309	A814 B111 P309	ADDRESS CONFIRMATION R*BLDG SLAB INSP/TEMP SVC POLE R*PLUMB UNDER SLAB		_/_/ _//_
30 40-50 40-60	104 129 425	B104 I129 R425	R*FOUND & SETBACK VERIF SURVEY R*INSULATION INSPECTION FOUR TRADE ROUGH IN		
40-60 40-60 40-60	125 325 225	R125 R325 R225	ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN		_/_/
50-60 50-60 50-60	429 131 329	R429 R131 R329	FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL		_/_/_
50-60 999	229	R229 H824	TWO TRADE FINAL ENVIR. OPERATIONS PERMIT		