

Initial Application Date 12-3-15

Application # 1550037639
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: H&H Onsite Homes Mailing Address: 2919 Breezewood Ave STE 400
City: Fayetteville State: NC Zip: 28303 Contact No: 910 486 4864 Email: travinalove@HHhomes.com

APPLICANT: H&H Onsite Homes, LLC Mailing Address: 2919 Breezewood Ave Suite 300
City: Fayetteville State: NC Zip: 28303 Contact No: 910-486-4864 Email: travinalove@hhhomes.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Travina Love Phone # 910-486-4864

PROPERTY LOCATION: Subdivision: Walnut Grove Lot #: 004 Lot Size: .81 ac
State Road # 281 State Road Name: Winged Foot Dr. Map Book & Page 208 / 737
Parcel: 01 0525 0042 13 PIN: 0525 87 4317 000
Zoning: R300R Flood Zone: X Watershed: NA Deed Book & Page: 03268 0916 Power Company*: _____
*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size 35 x 42) # Bedrooms: 4 # Baths: 2-5 Basement(w/wo bath): _____ Garage: X Deck: _____ Crawl Space: X 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: 01 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	37
Rear	25	138.8
Closest Side	5/10	19.4
Sidestreet/corner lot	20	
Nearest Building on same lot		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Left on main, rt on nc-210 S,
left on Lasater rd, left on Walnut Grove Dr,
left onto winged foot rd.

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.

Angela Thomas
Signature of Owner or Owner's Agent

11.19.15
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****

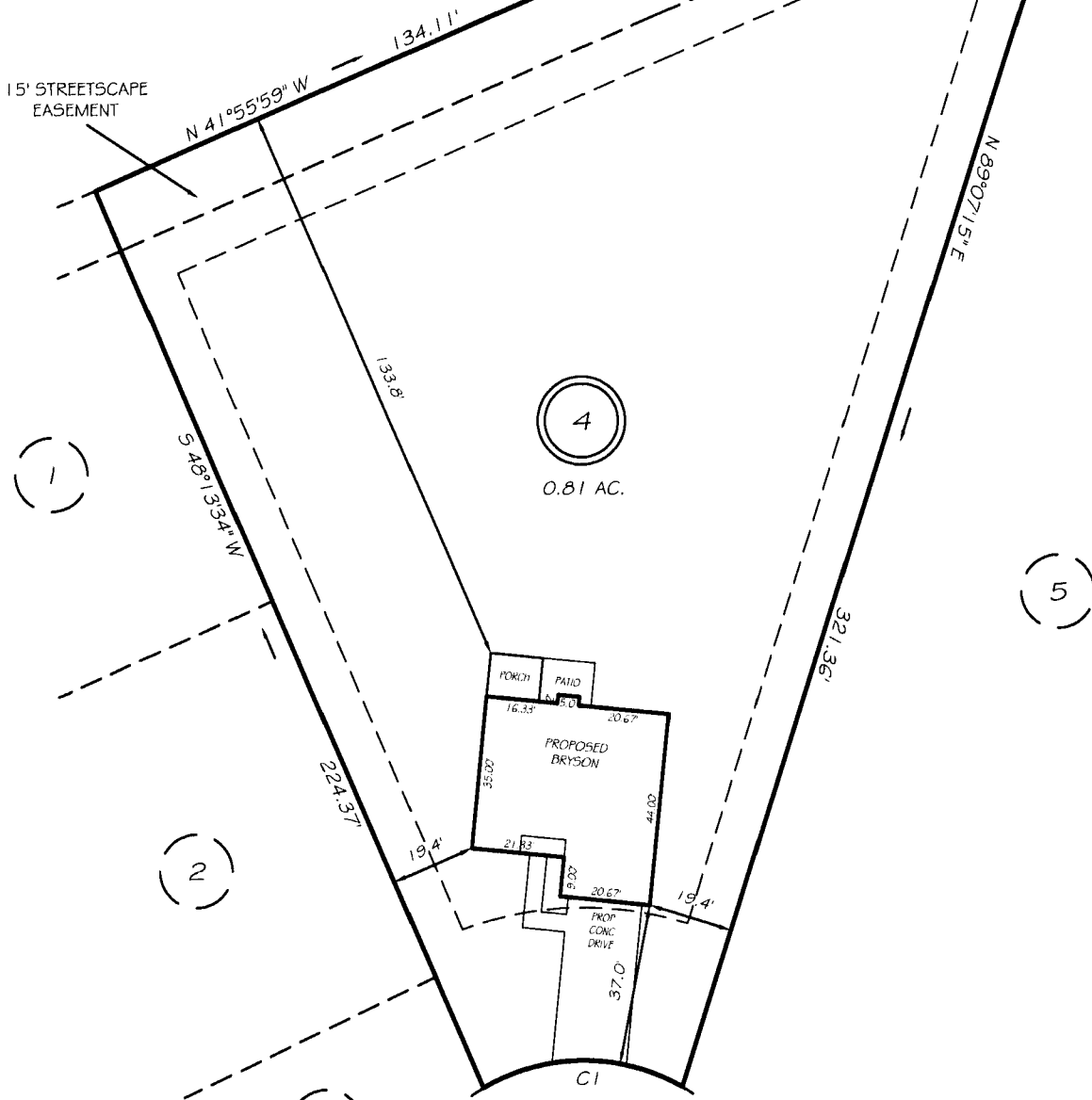
I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by coordinates is 1: 10,000+; that the area shown hereon was calculated by coordinates.
 Witness my hand and seal this day of MONTH 2015.

BM 2008 PG 737-738
 HARNETT CO. REGISTRY

SITE PLAN APPROVAL
 DISTRICT RAPID USE SED
 BEDROOMS 4
12-3-15
 Zoning Administrator

LASATER ROAD
 60' RW

15' STREETScape EASEMENT



4
 0.81 AC.

5

2

3

WINGED FOOT DRIVE
 50' PUBLIC RW

SETBACKS

FRONT	35'
REAR	25'
SIDE	10'
CORNER SIDE	20'

CI R=45.00' L=47.73' S18°27'49"E 45.52'

PRELIMINARY
 NOT FOR RECORDATION,
 SALES OR CONVEYANCE

LEGEND

EIP	EXISTING IRON PIPE	FES	FLARED END SECTION
IPS	IRON PIPE SET	WM	WATER METER
RAW	RIGHT OF WAY	CO	CLEAN OUT
N/F	NOW OR FORMERLY	FH	FIRE HYDRANT
EIS	EXISTING IRON STAKE	CB	CATCH BASIN

NAME: H & H Onsite Homes

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.

Angelina
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11-11-15
DATE

09/09/11

Application #

Harnett County Central Permitting
PO Box 88 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 HHT Onsite Homes LLC Date 11.11.15
Site Address 221 Winged Foot Dr. Bunn level Phone 910 486 4864
Directions to job site from Lillington Left on main, rt on nc-2105, left on Lasater rd, left on Walnut Grove dr, left onto winged foot rd.
Subdivision Walnut Grove Lot 004
Description of Proposed Work Single Family Dwelling # of Bedrooms 4
Heated SF 2016 Unheated SF 634 Finished Bonus Room? Crawl Space X Slab

General Contractor Information

HHT Onsite Homes LLC Telephone 910.486.4864
Building Contractor's Company Name
2919 Breezewood Ave Fayetteville NC 28303 Email Address travinalove@hhthomes.com
Address
73671-11
License #

Electrical Contractor Information

Description of Work SFD Electrical Service Size 200 Amps T-Pole Yes No
Sandy Ridge Electric Telephone 910 323 2458
Electrical Contractor's Company Name
454 Whitehead Rd Fayetteville NC 28312 Email Address orders@sandyridgeelectric.com
Address
1000611
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC for SFD
Carolina Comfort Air Inc. Telephone 919 550 2463
Mechanical Contractor's Company Name
200 Emmett Rd Dunn NC 28334 Email Address rebecca@carolinacomfortair.com
Address
29077
License #

Plumbing Contractor Information

Description of Work Plumbing for SFD # Baths 2.5
Dell Haire Plumbing Telephone 910 429 9939
Plumbing Contractor's Company Name
620 Gillespie St Fayetteville NC 28306 Email Address dellhaireplumbing@hotmail.com
Address
24204 P1
License #

Insulation Contractor Information

Tricity Insulation Telephone 910 486 8855
Insulation Contractor's Company Name & Address

*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

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

11.19.15
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 Travina Love Office manager

Date 11.19.15

DO NOT REMOVE!**Details: Appointment of Lien Agent**
Entry #: 384501Filed on: 11/23/2015
Initially filed by: travina1**Designated Lien Agent**

First American Title Insurance Company

Online: www.liensnc.com www.liens.comAddress: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com support@firstam.com**Project Property**LOT 004
221 Winged Foot Dr
Bunnlevel, NC 28323
CUMBERLAND 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 InformationH&H Onsite Homes LLC
2919 Breezewood Ave
Ste 400
Fayetteville, NC 28303
United States
Email: travinalove@hhhomes.com
Phone: 910-486-4864**Date of First Furnishing**

10/20/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384