

Initial Application Date: 12-3-15

Application # 1550037640

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
City: Fayetteville State: NC Zip: 28303 Contact No: 9104864864 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 #: 016 Lot Size: .39 ac
State Road # 14 State Road Name: Winged Foot Dr. Map Book & Page: 2008/0737
Parcel: 0105250062 25 PIN: 0525-96-6959-000
Zoning: RFB07 Flood Zone: X Watershed: NA Deed Book & Page: 02497/0479 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 5250 x 49) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: X 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 of proposed): Single family dwellings: 01 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	35	Actual	37
Rear		25		56.2
Closest Side		5/10		18.8
Sidestreet/corner lot		20		
Nearest Building on same lot				

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Left main st, rt. on nc-2105,
Left Lasater, Left Walnut grove, Rt winged foot

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.

Angee Thon
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 RADUR USE SED

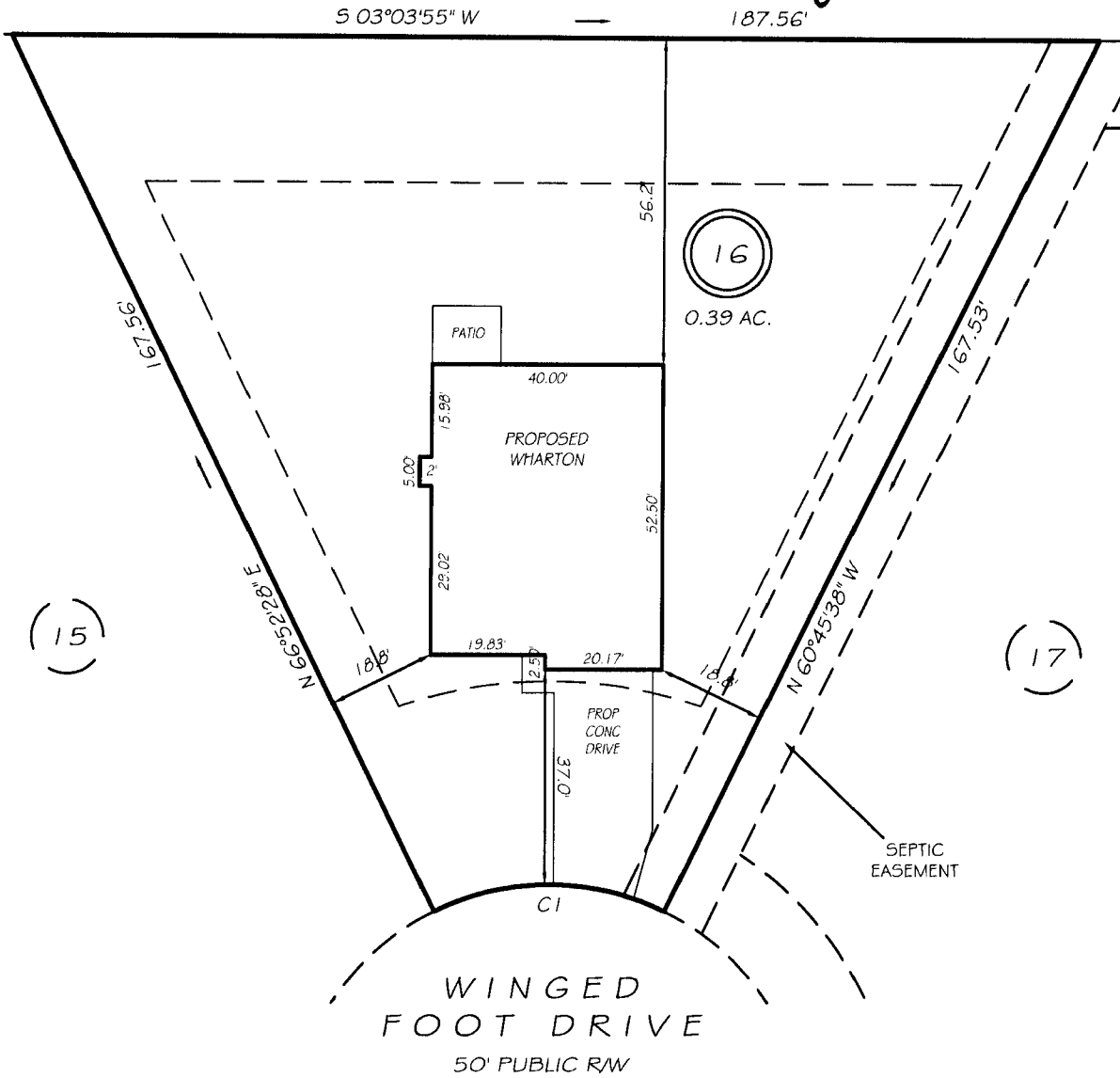
#BEDROOMS

12-3-15

DB#

DB 1009 PG 608

Zoning Administrator



SETBACKS

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

REVISION: NEW PLANS 11/19/15
REVISION: NEW PLANS 11/5/15
CI R=45.00' L=41.13' N03°03'25"E 39.71'

LEGEND

P R E L I M I N A R Y
NOT FOR RECORDATION,
SALES OR CONVEYANCE

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

\$750.00

NAME: Halt 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.

Angie Thomas
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11-19-15
DATE

09/09/11

Application #

Harnett County Central Permitting
PO Box 66 Lillington NC 27546
910 893 7528 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 Htt Onsite Homes LLC Date 11-19-15

Site Address 14 Winged Foot Dr. Phone 910 486 4864

Directions to job site from Lillington left on main st, rt on nc-210s,
left on lasater, left walnut grove, rt winged foot

Subdivision walnut Grove Lot 016

Description of Proposed Work Single Family Dwelling # of Bedrooms 4

Heated SF 2254 Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Htt onsite Homes LLC 910.486 4864

Building Contractor's Company Name Fay NC Telephone
2919 Breezewood Ave Ste 400 28303 travinalore@hthomes.com
Address Email Address

73671-U

License #

Electrical Contractor Information

Description of Work SFD Electrical Service Size 200 Amps T-Pole Yes _____ No

Lighthouse Electric 910 741-0370

Electrical Contractor's Company Name Telephone
PO Box 2206 Surf City NC 28445 lighthousekay@aol.com
Address Email Address

22882-L

License #

Mechanical/HVAC Contractor Information

Description of Work HVAC for SFD

Carolina Comfort Air Inc. 919 550 2463

Mechanical Contractor's Company Name Telephone
200 Emmett Rd Dunn NC 28334 rebecca@carolinacomfortair.com
Address Email Address

29077

License #

Plumbing Contractor Information

Description of Work Plumbing for SFD # Baths 3

Dell Haire Plumbing 910 429 9939

Plumbing Contractor's Company Name Telephone
620 Gillespie St. Fayetteville NC 28306 dellhaireplumbing@hotmail.com
Address Email Address

24204 P1

License #

Insulation Contractor Information

Tricity Insulation 910 486 8855

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 \$160.00 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 H/H Onsite Homes

Sign w/Title Travina Love Office Manager Date 11-19-15

DO NOT REMOVE!**Details: Appointment of Lien Agent**
Entry #: 384497Filed on: 11/23/2015
Initially filed by: travina1**Designated Lien Agent**

First American Title Insurance Company

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com**Project Property**LOT 016
14 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

Plan Box # CA

Date 12.3.15 ✓

Job Name H:H Onsite

App # 37640

Valuation 232812 Heated SQ Feet 2254

Garage 444

=2698

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

16428

- 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	15-50037640	Page	2
Property Address	14 WINGED FOOT DR	Date	2/17/16
PARCEL NUMBER	01-0525- - -0062- -25-		
Application description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	WALNUT GROVE 37LOTS		
Property Zoning	RES/AGRI DIST - RA-20R		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1119650		

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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___