

Initial Application Date: 1-12-16

Application # 1650037846

CU# _____

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Empire Investmet 6. Mailing Address: 8129 steelbreeze Dr
City: Fuquay Varina State: NC Zip: 27526 Contact No: 9198685150 Email: _____

APPLICANT: BRC Homes inc Mailing Address: 12801 camp kanata Rd.
City: Wake forest State: NC Zip: 27587 Contact No: 919422-0355 Email: bulmaro@embargo mail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Bulmaro Rodriguez Phone # 919 422 0355

PROPERTY LOCATION: Subdivision: ~~Oakwood~~ Quail Glen Lot #: 10 Lot Size: 71 AC
State Road # ~~10662~~ State Road Name: 107 English Springer Dr Map Book & Page: 20071635-638
Parcel: 110662 0022 13 PIN: 0662-02-6790.000
Zoning: RA-30 Flood Zone: - Watershed: WS-IV Deed Book & Page: 2911, 608 Power Company: D. progress

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

PROPOSED USE: new Home

- SFD: (Size 56 x 62) # Bedrooms: 4 # Baths: 7 Basement(w/wo bath): _____ Garage: 2 Deck: 2 Crawl Space: _____ 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: Home 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	Actual
	<u>35</u>	<u>38</u>
Rear	<u>25</u>	<u>140</u>
Closest Side	<u>10</u>	<u>26</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 Hwy north.
Lf. Hurnett Central rd ~~TRF~~ English Springer Dr.

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.

Bulmaro Rodriguez
Signature of Owner or Owner's Agent

1-12-16.
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

NAME: BRC Homes

APPLICATION #: 37846

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 # 013830-LB-

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. 1-1416
- 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.

Balmoro Rodriguez
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-12-16
DATE

ENGLISH SPRINGER DRIVE
50' PUBLIC R/W

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD DIST.
C-6	21.20	636.60	N17°44'56"E	21.20

11

9

10



BR
LOT 10, QUAIL GLEN S
MAP# 2007 PAGES 63
BLACK RIVER TOWNSHI
SCALE: 1" = 40'

SITE PLAN APPROVAL
DISTRICT A-30 USE S
#BEDROOMS 4
1-4-16 Date
JK Zoning

PRELIMIN



378410

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 Empire Investment Group Date 2-23-16

Site Address _____ Phone _____

Directions to job site from Lillington 210 Hwy North
TL Harnett Central Rd TL English Springer Dr.

Subdivision Quail Glen Lot 10

Description of Proposed Work New Home # of Bedrooms 4

Heated SF 2614 Unheated SF 773 Finished Bonus Room? yes Crawl Space yes Slab NO

General Contractor Information

BRC Homes Inc.

Building Contractor's Company Name

12801 Camp Kanata Rd Wake Forest
Address NC 27587

71436
License #

Telephone

bulmaro1@embarqmail.com
Email Address

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole Yes No

Pedro Electric
Electrical Contractor's Company Name

919 868-5249
Telephone

Address
21572
License #

Email Address

Mechanical/HVAC Contractor Information

Description of Work New Home

Casey Services
Mechanical Contractor's Company Name

919 556-3338
Telephone

Address
10540 #3
License #

Email Address

Plumbing Contractor Information

Description of Work New Home # Baths 3

White Plumbing
Plumbing Contractor's Company Name

919 723-0006
Telephone

Address
~~1400~~ 30233
License #

Email Address

Insulation Contractor Information

Smith Insulation
Insulation Contractor's Company Name & Address

919 495-1344
Telephone

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

Bulmaro Rodriguez
Signature of Owner/Contractor/Officer(s) of Corporation

2-23-16
Date

Affidavit for Worker's Compensation N C G S 87-14

The undersigned applicant being the

I 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 BRC Homes Inc.

Sign w/Title Bulmaro Rodriguez owner Date 2-23-16

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

Entry #: 426298

Filed on: 03/01/2016

Initially filed by: brchomes

Designated Lien Agent

Chicago Title Company, LLC

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com support@liensnc.com**Owner Information**brc homes inc
12801 camp kanata rd
wake forest , NC 27587
United States
Email: bulmaro1@embarqmail.com
Phone: 919-422-0355**Project Property**lot 10 quail glen
177 englsg springer dr
angier, NC 27501
harnett County**Property Type**

1-2 Family Dwelling

Date of First Furnishing

03/01/2016

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.

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

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	16-50037846	Page	2
Property Address	177 ENGLISH SPRINGER DR	Date	3/14/16
PARCEL NUMBER	11-0662- - -0022- -13-		
Application description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	QUAIL GLEN PH1 32LOTS		
Property Zoning	PENDING		
Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1128248		

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	_____	___/___/___
30	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___
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	_____	___/___/___

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	QUAIL GLEN PH1 32LOTS		
Property Zoning	PENDING		

Owner

EMPIRE INVESTMENTS GROUP LLC
 PO BOX 1528
 FUQUAY VARINA NC 27526

Contractor

BRC HOMES, INC.
 7101 HAWK HILL CT.
 WAKE FOREST, NC
 WAKE FOREST NC 27587
 (919) 422-0355

Applicant

BRC HOMES INC
 12801 CAMP KANATA RD
 WAKE FOREST NC 27587
 (919) 422-0355

--- Structure Information 000 000 56X60 SFD 4BDR W/GARAGE W/DECK CRAWL

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	4.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW SEPTIC
	WATER SUPPLY	COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc			
Phone Access Code	1128248		
Issue Date	3/14/16	Valuation	0
Expiration Date	3/14/17		

Special Notes and Comments

T/S: 01/13/2016 02:10 PM LBENNETT --
 177 ENGLISH SPRINGER DR
 210 HWY NORTH LEFT @HARNETT CENTRAL RD
 - LEFT ENGLISH SPRINGER DR
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
 INSULATION AND LAND USE.
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Work must conform and comply with the
 STATE BUILDING CODE and all other State
 and local laws, ordinances & regulations