Initial Application Date:	- 1	15-	<u> </u>
---------------------------	-----	-----	----------

Application # 105003785	7
CU#	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

Central Permitting

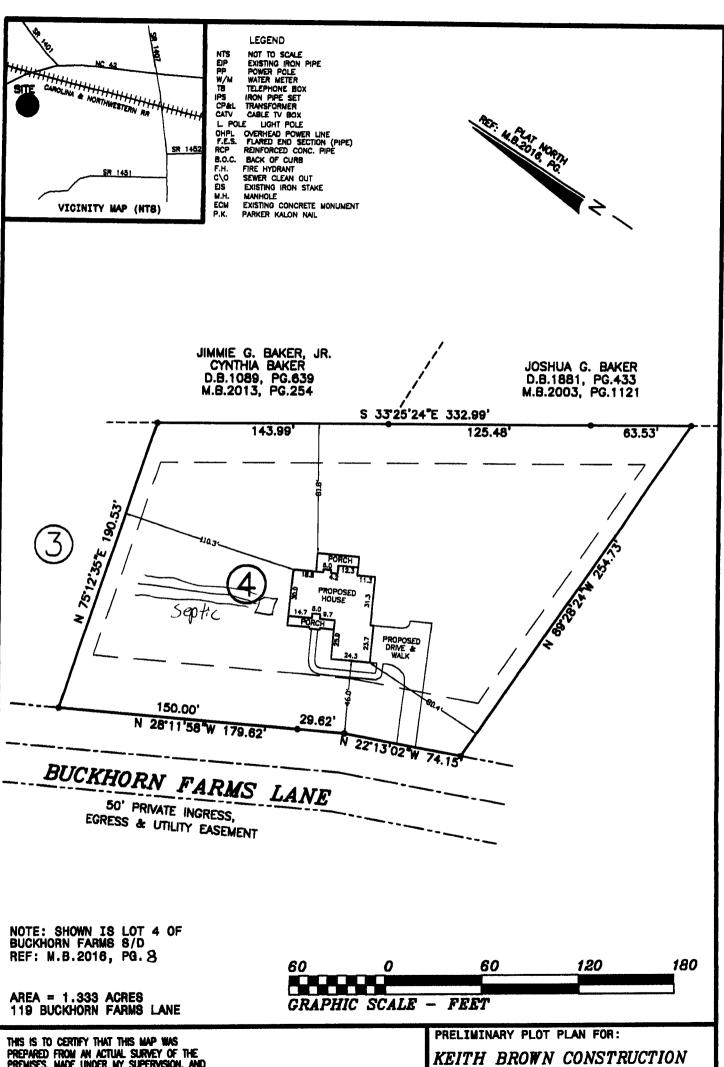
LANDOWNER: Buckhorn Larns Mailing Address: 9820 Hay 42 E
City: Holly Sprisc State: MC Zip: 77840 Contact No: 9196697140 Email:
APPLICANT: Drake Homes Mailing Address: 5609 Stewart Rd
City: City: State: C Zip: 2760 3 Contact No: 9196697140 Email:
TIGALS AND OUT Applicant information if different than landowner.
CONTACT NAME APPLYING IN OFFICE: Keith Phone # 9196697 10
PROPERTY LOCATION: Subdivision: Brikhor- Fams Lot # 4 Lot Size: 1.33
State Road # State Road Name: NC 4Z Map Book & Page: 7016 / 8
Parcel: 050625 0021 06 PIN: 0675-79-2673.000
Zoning: PAYO Flood Zone: Watershed: MA Deed Book & Page: 1682 / 394 Power Company*: Duke
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
SFD: (Size 52 x 55) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
(Is the bonus room finished? () yes (X) no w/ a closet? () yes (X) no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
☐ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:  □ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Home Occupation: # Rooms:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:  Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no  Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
Home Occupation: # Rooms:Use:Hours of Operation:#Employees:  Addition/Accessory/Other: (Sizex) 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:X New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: 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
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: 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
Home Occupation: # Rooms:
Home Occupation: # Rooms:
Home Occupation: # Rooms:Use:Hours of Operation:#Employees:
Home Occupation: #Rooms:

**APPLICATION CONTINUES ON BACK** 

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 174401 to Frauge Lefton 92.
Left into Buckhorn Farms
f 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 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 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\*\*



PREPARED FROM AN ACTUAL SURVEY OF THE PREMISES, MADE UNDER MY SUPERVISION, AND THAT THERE ARE NOT ANY ENCROACHMENTS, EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE.

NAME	: Vrate	Homes		APPLICATION #:	
		*This application to	be filled out when applying	g for a septic system inspection	.*
Co	unty Health	Department Applic	cation for Improvemen	it Permit and/or Authoris	zation to Construct
IL THE	INTOKMATIO	N IN THIS APPLICATION	IS FALSIFIED CHANGED (	OR THE CITE IC ALTEDED THEN	THE IMPROVEMENT
dependi	ng upon docume	ntation submitted. (Complete	te site plan = 60 months; Comp	D. The permit is valid for either 60 relete plat = without expiration)	months or without expiration
	910-893-752	25 option 1		CONFIRMATION #	
70 <u>En</u>	<u>vironmental</u>	Health New Septic Sy	<u>rstem</u> Code 800		
( •	lines must be	r clearly flagged appro-	<b>e visible.</b> Place "pink proximately every 50 feet bet	operty flags" on each corner	iron of lot. All propert
•	Place "orang	e house corner flags" ;	at each corner of the pror	posed structure. Also flag driv	veways garages dook
	our buildings	, swimming pools, etc.	Place flags per site plan	developed at/for Central Peri	mitting
•	If property is	Environmental Health	card in location that is ea	asily viewed from road to assi	st in locating property.
	evaluation to	be performed. Inspec	connental Health requires	that you clean out the <u>under</u> lk freely around site. <b>Do not</b> g	growth to allow the so
•	All lots to De	e addressed within 10	0 business davs after co	onfirmation \$25.00 return to	in too may be in assured
_	IVI IAIIUI & (C	<u>) uncover outlet lia, m</u>	nark nouse corners and	property lines, etc. once los	t confirmed ready
. •	Aitei Piepaili	io proposed site call in	18 Voice bermitting system	n at 910-893-7525 option 1 to st) for Environmental Health i	cobodula and use sed.
	COMMITTALION	number given at end of	i recording for proof of rec	duest.	
•	Use Click2Go	ov or IVR to verify resul	its. Once approved, proc	eed to Central Permitting for a	permits.
□ <u>En</u>	<u> </u>	leaith Existing Tank i	<b>Inspections</b> Code 800		
•	Prepare for i	instructions for placing	g flags and card on proper	rty. tank as diagram indicates, a	amed the things of the con-
	possible) allu	i inen <b>pul na dack in d</b>	Diace. (Unless inspection	is for a septic tank in a mobile	ind lift lid straight up (// e home park)
•	DO NOT LEAV	/E LIDS OFF OF SEPTIC	CTANK		• •
•	if multiple pe	ing outlet end call the	Voice permitting system	at 910-893-7525 option 1 & s	elect notification permit
	given at end t	of recording for proof of	request.	lealth inspection. Please not	
•	Use Click2Go	v or IVR to hear results	s. Once approved, procee	ed to Central Permitting for re	maining permits.
SEI IIC				can be ranked in order of preferer	
	ccepted	{ } Innovative	$\{ \checkmark \} $ Conventional	( ) Any	nce, must choose one.
	-		( <u>v</u> ) conventional		
				pplication if any of the followin	
question.	If the answer	is "yes", applicant MUST	FATTACH SUPPORTING	pplication if any of the followin G DOCUMENTATION:	g apply to the property in
{}}YES	{∠∫ NO	Does the site contain a	any Jurisdictional Wetlands?		
{}}YES	{∡} NO		n <u>irrigation system</u> now or ir		
{}}YES	{ <b>∠</b> } NO		ng contain any drains? Pleas		
{}}YES	{ <u>/</u> } NO			Wastewater Systems on this pro	operty?
{_}}YES	{ <b>∠</b> } NO			other than domestic sewage?	, , , , , , , , , , , , , , , , , , ,
{}}YES	{∠} NO		proval by any other Public A	_	
{}}YES	{ <b>∠</b> } NO		nts or Right of Ways on this		
{}}YES	{∠∫ NO	Does the site contain at	ny existing water, cable, pho	one or underground electric lines	?
				te the lines. This is a free service	
I Have Rea	ad This Applica			n Is True, Complete And Correct.	
State Offic	ials Are Grante	d Right Of Entry To Cond	duct Necessary Inspections To	Determine Compliance With Ap	plicable Laws And Rules.
I Understa	nd That I Am S	olely Responsible For The	Proper Identification And L	abeling Of All Property Lines And	d Corners And Making
		at A Complete Site Evaluat			
PROPER	TVOWNED	OR OWNEDS I ECAT	L REPRESENTATIVE SIG	CALATURE (DECLUSION)	1 5 16
- 1101 111		OR OWNERS LEGAL	- representative SI(	SNATUKE (KEQUIRED)	DATE

Application #

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

37857

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

7 11 6	4
Owners Name Buckhorn Farms	Date _ 1 Z 9 16
Site Address 19 Buckhara farms Ln	Phone 9196697143
Directions to job site from Lillington 401 to Frauer Lef	ton Az. Left on
Buckhorn Farms Ln	
Subdivision Buckhorn Farms	Lot 4
	# of Bedrooms3
Heated SF 1620 Unheated SF 939 Finished Bonus Room?	ND Crawl Space V Slah
General Contractor Information	1
Droke Homes Keith Brown	9196697190
Building Contractor's Company Name	Telephone
5609 Stemart Rd Ralex LYC 27613	
Address	Email Address
License #	
Description of Work New STD Electrical Contractor Information Service Size	n Zoo Amps T-Pole Yes No
Alaha Duran Flacture	9196693A1B
Alpha Omega Flectrus Electrical Contractors Company Name	Telephone
1084 Lake Ridge Dr Creedmoor MC	
Address	Email Address
ZAB28	
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work <u>Me w</u>	
CCA	1195507711
Mechanical Contractor's Company Name	Telephone
5512 Huy 70W Clayton, MC	
Address	Email Address
24077	
License #	
Plumbing Contractor Information	~
Description of Work New	# Baths 2
Plumbing Contractor's Company Name	9196500333
Plumbing Contractor's Company Name	Telephone
7160A VINSON Rd Clayton NC	
Address	Email Address
License #	
Insulation Contractor Informatio	n
Tatun	914661-0999
Insulation Contractor's Company Name & Address	Telephone

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

Duke Premise #: 12312796

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 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 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 \_ Drake Ibnes

# DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 410993

Filed on: 01/28/2016 Initially filed by: drakeh

#### Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (http://www.liensnc.com)

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

Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com (mailto support@liensnc.com)

## **Project Property**

Buckhorn Farms 4 119 Buckhorn Farms Ln Holly springs, NC 27540 Harnett County

## Property Type

1-2 Family Dwelling

#### Owner Information

## Date of First Furnishing

Drake Homes 5609 Stewart Rd Raleigh, NC 27603

United States

Email: Twebb@drakehomesnc.com

Phone: 919-600-8988

02/08/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384

## 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.

P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day. \_\_\_\_\_\_ Application Number . . . . . 16-50037857
Property Address . . . . . . 119 BUCKHORN FARMS LN Date 2/09/16 . . 05-0625- - -0021- -06-PARCEL NUMBER Owner Contractor \_\_\_\_\_\_\_ BROWN KEITH MICHAEL BUCKHORN FARMS 9820 NC 42 5609 STEWART DR. HOLLY SPRINGS NC 27540 RALEIGH, NC RALEIGH NC 27603 (919) 772-2166 Applicant DRAKE HOMES #4 5609 STEWART RD RALEIGH NC 27603 (919) 669-7140 Structure Information 000 000 52X55 3BDR CRAWL W/ GARAGE & DECK Flood Zone . . . . . . . FLOOD ZONE X # BEDROOMS PROPOSED USE SEPTIC - EXISTING? 3000000.00 Other struct info . . . . # BEDROOMS SFD NEW TANK WATER SUPPLY \_\_\_\_\_\_ Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1125582 Issue Date . . . . 2/09/16 Expiration Date . . . 2/08/17 Valuation . . . . \_\_\_\_\_\_ Special Notes and Comments T/S: 01/15/2016 10:40 AM JBROCK ----BUCKHORN FARMS #4 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB

HARNETT COUNTY CENTRAL PERMITTING

.\_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day.

Page 2 Date 2/09/16

Application Number . . . . . 16-50037857
Property Address . . . . . . 119 BUCKHORN FARMS LN

Application description . . . CP NEW RESIDENTIAL (SFD)

Subdivision Name . . . . . T W TRUELOVE ESTATE Property Zoning . . . . . . RES/AGRI DIST - RA-20M

Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1125582

## Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 40-50 40-60 40-60 40-60 50-60	101 103 814 105 129 425 125 325 225 429	B101 B103 A814 B105 I129 R425 R125 R325 R225 R429	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL		
50-60 50-60 50-60 999	131 329 229	R131 R329 R229 H824	ONE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL ENVIR. OPERATIONS PERMIT		_/_/ //