

Initial Application Date: 1-19-16

Application # 1650037869
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: Jeremy Lyle Thomas Mailing Address: 412 Bailey Thomas Rd
City: Sanford State: NC Zip: 27332 Contact No: 919-353-4789 Email: jeremythomas0503@gmail.com

APPLICANT*: Jeremy L. Thomas Mailing Address: 412 Bailey Thomas Rd
City: Sanford State: NC Zip: 27332 Contact No: 919-353-4789 Email: jeremythomas0503@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: 5 Lot Size: 5.29
State Road # _____ State Road Name: Bailey Thomas Rd Map Book & Page 2000, 272
Parcel: 099568 5005 04 PIN: 9568-49-1280,000
Zoning: RA-20R Flood Zone: - Watershed: - Deed Book & Page: 1453, 137 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 75 x 34) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: _____ 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 1) *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: _____ Manufactured Homes: _____ Other (specify): _____

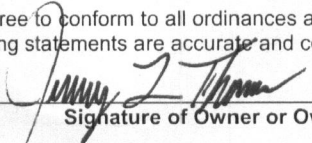
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>65</u>
Rear		<u>25</u>		<u>35</u>
Closest Side		<u>10</u>		<u>150</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Drive North on Hwy 421
until you reach Swanns Station Rd, take a left onto Swann
Station Rd, Drive 5 miles until you reach the intersection
of Hwy 87, Drive straight through until you reach a
4-way stop/traffic light, turn left onto Frank Wicker Rd.
Then ^{turn} right onto Bailey Thomas Rd. 1/2 a mile on
the left.

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.


Signature of Owner or Owner's Agent
1/14/15
Date

18200001 101102

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: Jeremy Thomas

APPLICATION #: 37869

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 # 013868-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.
- 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.

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

1-19-10
DATE

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Jeremy Thomas
Applicant/Owner (919) 353-4789
Phone Number
412 Bailey Thomas Rd, Sanford, NC, 27332
Street Address, City, State, Zip Code

- The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:
1. existing and/or proposed property lines and easements with dimensions;
 2. the location of the facility and appurtenance;
 3. the location for the proposed well;
 4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
 5. the location of any existing wells within 100 feet of the property; surface water bodies;
 6. above ground and/or underground storage tanks;
 7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changes that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well
Single-Family Multifamily Church Restaurant Business Irrigation

Street Address _____ Subdivision/Lot # _____
Parcel # 099568 5005 04 PIN # 9568-49-1280.000

Directions to the Site

Drive North on Hwy 421 until you reach Swann Station Rd - Drive 5mi until you reach the intersection of Hwy 87 - Drive straight through until you reach a 4-way stop/traffic light, Turn left onto Frank Wicker Rd - then turn right onto Bailey Thomas Rd.

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Jeremy Thomas
Property Owner's or Owner's Legal Representative Signature Required

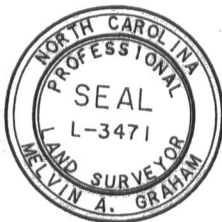
1/19/16
Date

OWNERSHIP, DEDICATION AND JURISDICTION
 CERTIFY THAT I AM (WE ARE) THE OWNER(S)
 PROPERTY SHOWN AND DESCRIBED HEREON
 HEREBY ADOPT THIS PLAN OF SUBDIVISION
 EASEMENTS, ESTABLISH THE MINIMUM
 LINES, AND DEDICATE ALL STREETS, ALLEYS
 OTHER SITES AND EASEMENTS TO PUBLIC OR
 CONTROLLED, AND ALL OF THE LAND SHOWN HEREON
 IS SUBJECT TO THE REGULATION JURISDICTION OF
 THE STATE OF NORTH CAROLINA

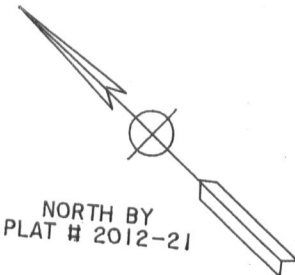
I, MELVIN A. GRAHAM, CERTIFY THAT THIS PLAT WAS DRAWN
 UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER
 MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK
 PAGE 137); THAT THE BOUNDARIES NOT SURVEYED ARE
 CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND
 BOOK N/A, PAGE N/A; THAT THE RATIO OF PRECISION
 CALCULATED IS 1: 7500+; THAT THIS PLAT WAS PREPARED
 IN ACCORDANCE WITH G.S. 47-30 AS AMENDED, WITHIN
 MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL

20
 TAX PARCEL ID NUMBER
 Frances O. Thomas
 OWNER
 OWNER

THIS 1 DAY OF SEPTEMBER A.D. 2015
 MELVIN A. GRAHAM, PLS. REGISTRATION NUMBER L-3471



NOTE:
 THIS SURVEY CREATES A SUBDIVISION OF LAND
 WITHIN THE AREA OF A COUNTY OR MUNICIPALITY
 THAT HAS AN ORDINANCE THAT REGULATES PARCELS
 OF LAND.
 SURVEYOR

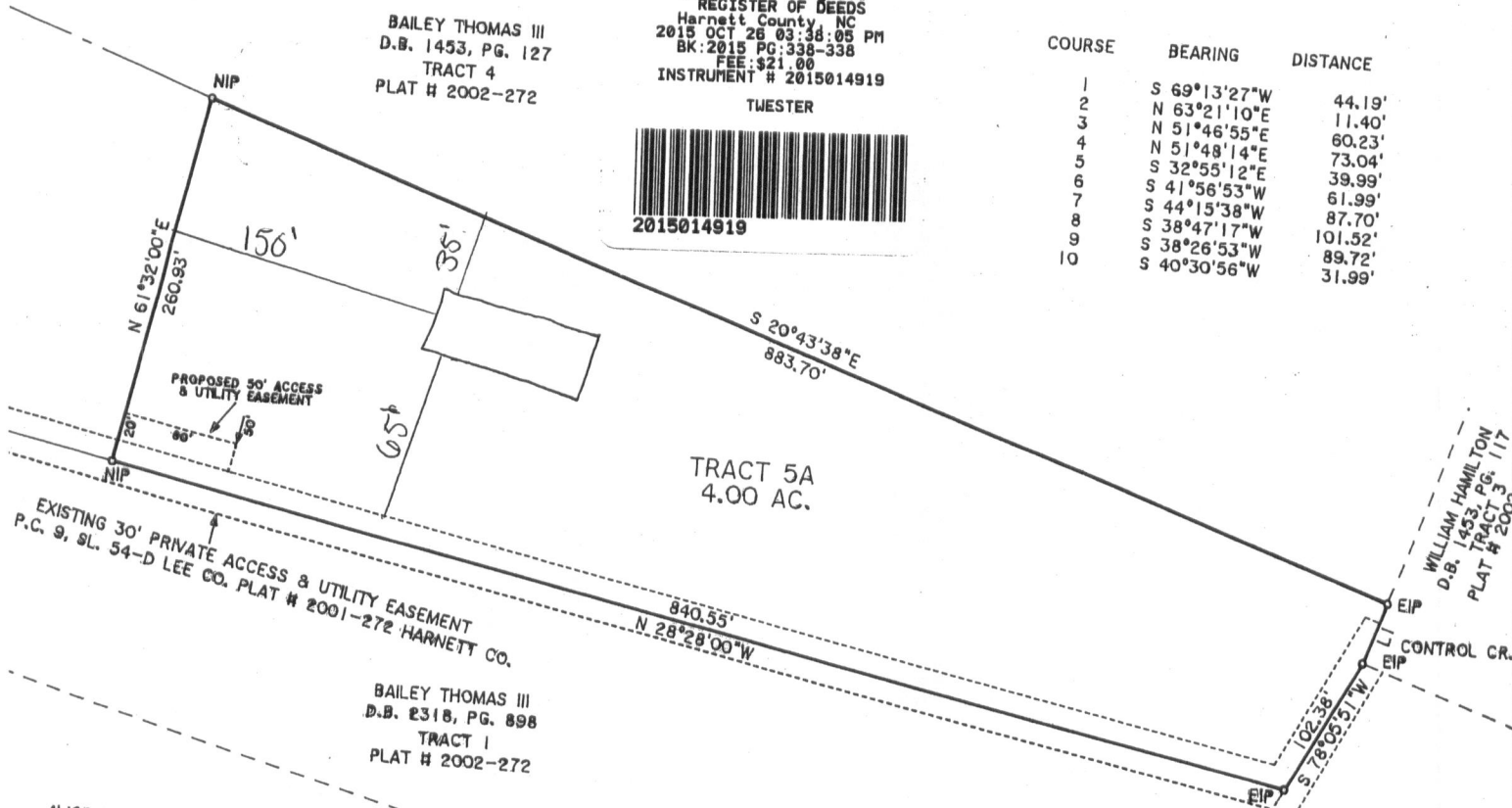


STATE OF NORTH CAROLINA
 COUNTY OF HARNETT
 I, Shirley K. Burnett, REVIEW OFFICER OF HARNETT COUNTY,
 CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATE
 IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR
 RECORDING.
 DATE 10.20.15 REVIEW OFFICER Shirley K. Burnett

FOR REGISTRATION
 Kimberly S. Hargrove
 REGISTER OF DEEDS
 Harnett County, NC
 2015 OCT 26 03:38:05 PM
 BK: 2015 PG: 338-338
 FEE: \$21.00
 INSTRUMENT # 2015014919



COURSE	BEARING	DISTANCE
1	S 69°13'27"W	44.19'
2	N 63°21'10"E	11.40'
3	N 51°46'55"E	60.23'
4	N 51°48'14"E	73.04'
5	S 32°55'12"E	39.99'
6	S 41°56'53"W	61.99'
7	S 44°15'38"W	87.70'
8	S 38°47'17"W	101.52'
9	S 38°26'53"W	89.72'
10	S 40°30'56"W	31.99'



SITE PLAN APPROVAL
 FOR JOB USE SED

CHARLES D. THOMAS
 D.B. 1665, PG. 178

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County NC
2015 NOV 23 04:24:13 PM
BK:3357 PG:478-479
FEE:\$26.00
INSTRUMENT # 2015016345

HARNETT COUNTY TAX ID#
Pl 130630.0035

11-23-15 85



TWESTER

**NORTH CAROLINA
GENERAL WARRANTY DEED**

Excise Tax: Gift J.O.J. Recording Time, Book and Page
Tax Map No. Parcel Identifier No.

Mail after recording to: Jeremy Thomas 412 Bailey Thomas Rd Sanford, NC 27330
This instrument was prepared by: April E. Stephenson, Attorney at Law DOCUMENT PREPARATION ONLY/NO TITLE EXAMINATION

THIS DEED made this 18th day of November, 2015 by and between

GRANTOR
FRANCES O. THOMAS, widow
277 McDougald Rd
Sanford, NC 27330

GRANTEE
JEREMY THOMAS
412 Bailey Thomas Rd
Sanford, NC 27330

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Johnsonville Township, Harnett County, North Carolina, and more particularly described as follows:

BEING ALL OF TRACT 5A, containing 4.00 acres, more or less, as shown on survey entitled "Survey for: Jeremy Thomas", prepared by Melvin A. Graham, PLS, dated 08/31/2015 and recorded at Plat Slide 2015-338, Harnett County Registry. Reference to said plat is hereby made for greater certainty of description.

SUBJECT TO and TOGETHER WITH that certain existing 30' private access & utility easement and proposed 50' access & utility easement as shown on above referenced plat.

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book _____, Page _____, _____ County Registry.

A map showing the above described property is recorded in Plat Book _____, Page _____, and referenced within this instrument.

The above described property does does not include the primary residence of the Grantor.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

(ENTITY NAME)

Frances O. Thomas (SEAL)
FRANCES O. THOMAS

By: _____
Title: _____

(SEAL)

By: _____
Title: _____

(SEAL)

(SEAL)

NORTH CAROLINA Lee COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Frances O. Thomas Witness my hand and official stamp or seal, this the 18 day of November, 2015.

My Commission Expires: 8-20-16

Margaret E. Williams
Notary Public

SEAL-STAMP

MARGARET E. WILLIAMS
Notary Public
Hoke County, NC

09/09/11

Application #

1650037869

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 JEREMY THOMAS STACY SPIVET Date 4-7-16

Site Address _____ Phone 919-777-0393

Directions to job site from Lillington US 421 N - LEFT ON SWAN STATION RD
LEFT ONTO MCDONALD RD - RIGHT ONTO BAILEY THOMAS ROAD

Subdivision _____ Lot _____

Description of Proposed Work RESIDENTIAL DWELLING NEW CONSTRUCTION # of Bedrooms 3

Heated SF 1527 Unheated SF 512 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

VALUE BUILD HOMES Telephone 919-777-0393

Building Contractor's Company Name _____

3015 S JEFFERSON DAVIS HWY SANFORD NC 27332 Will@VALUEBUILDHOMES.COM

Address 55372 Email Address _____

License # _____

Electrical Contractor Information

Description of Work ROUGH IN AND FINAL 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 28306 Email Address _____

Address 130006

License # _____

Mechanical/HVAC Contractor Information

Description of Work ROUGH IN AND FINAL Telephone 910-436-3450

TOTAL SYSTEMS Mechanical Contractor's Company Name _____

13341 HWY 2105 SPRING LAKE NC 28390 Email Address _____

Address NC 28846

License # _____

Plumbing Contractor Information

Description of Work ROUGH IN AND FINAL # Baths 3

VANCE PLUMBING Telephone 910-424-6712

Plumbing Contractor's Company Name _____

3242 MID PINE ROAD FAYETTEVILLE NC 28306 Email Address _____

Address 7756P1

License # _____

Insulation Contractor Information

TRICITY INSULATION LICENSE # 200000041733 Telephone 910-486-8855

Insulation Contractor's Company Name & Address _____

334 EAST MMT DR FAYETTEVILLE NC 28306

*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

Will Terhune
Signature of Owner/Contractor/Officer(s) of Corporation

4-7-16
Date

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

The undersigned applicant being the

 General Contractor Owner X 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

 X 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

 X 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 VALVE BUILD HOMES

Sign w/Title PERMITTING AGENT Will Terhune Date 4-7-16

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 450075

Filed on: 04/13/2016

Initially filed by: valuebuild

Designated Lien Agent

Investors Title Insurance Company

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

Address: 19 W. Hargett St., Suite 507 / Raleigh,
NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

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

Project Property

Bailey Thomas Road
Sanford, NC 27330
NC County

Property Type

1-2 Family Dwelling

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.

Owner Information

Jeremy Thomas & Stacy Spivey

412 Bailey Thomas Road
Sanford, NC 27330

United States

Email: Will@valuebuildhomes.com

Phone: 919-777-0393

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # File

Date 4-21-16
Job Name Thomas / Value Build

App # 37869

Valuation 146592

SQ Feet 1527

Garage _____
= _____

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 NO

Envir. Health

Other _____

Additions / Other

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 16-50037869 Date 4/27/16
Property Address 93976 *UNASSIGNED
PARCEL NUMBER 09-9568- - -5005- -08-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning PENDING

Owner

THOMAS JEREMY
412 BAILEY THOMAS RD
SANFORD NC 27330

Contractor

VALUE BUILD HOMES
LANDMARK HOMES OF
PINEHURST, LLC, T/A
WEST END NC 27376
(910) 673-2567

Applicant

THOMAS JEREMY
412 BAILEY THOMAS RD
SANFORD NC 27332
(919) 353-4789

--- Structure Information 000 000 75X34 SFD 3BDR W/GARAGE CRAWL
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW SEPTIC
WATER SUPPLY WELL

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code 1136530
Issue Date 4/27/16 Valuation 0
Expiration Date 4/27/17

Special Notes and Comments

T/S: 01/19/2016 11:05 AM LBENNETT --
BAILEY THOMAS RD - DRIVE NORTH ON HWY
421 UNTIL YOU REACH SWANN STATION RD -
DRIVE 5 MILES UNTIL YOU REACH THE
INTERSECTION OF HWY 87. DRIVE STRAIGHT
THROUGH UNTIL YOU REACH A 4-WAY
STOP/TRAFFIC LIGHT - TURN LEFT ONTO
FRANK WICKER RD - THEN TURN RIGHT ONTO
BAILEY THOMAS RD - 1/2 A MILE ON THE
LEFT
XX
PERMIT INCLUDES BLDG,ELEC,MECH,PLUMB

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 16-50037869

Page 2
Date 4/27/16

Special Notes and Comments

INSULATION AND LAND USE.

XX

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 3
Date 4/27/16

Application Number 16-50037869
 Property Address 93976 *UNASSIGNED
 PARCEL NUMBER 09-9568- - -5005- -08-
 Application description . . . CP NEW RESIDENTIAL (SFD)
 Subdivision Name
 Property Zoning PENDING

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . .
 Phone Access Code . 1136530

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	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

09/09/11

Application #

1650037869

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 JEREMY THOMAS Date 6-2-2016
Site Address 295 BAILEY THOMAS RD SAFFORD 27332 Phone 919-777-0393
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

VALUEBUILD HOMES
Building Contractor's Company Name _____ Telephone 919-777-0393
3015 S JEFFERSON DAVIS HWY SAFFORD NC 27332 WILLE.VALUEBUILDHOMES.COM
Address _____ Email Address _____
55372
License # _____

Electrical Contractor Information

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

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

License # _____ CHANGED FROM TOTAL SYSTEMS

Mechanical/HVAC Contractor Information

Description of Work HVAC ROUGH IN AND FINAL
CAROLINA COMFORT AIR
Mechanical Contractor's Company Name _____ Telephone 919-333-1069
5212 HWY 70 BUS, CLAYTON NC 27520 JOSIE.CAROLINACOMFORT.COM
Address _____ Email Address _____
31589H3C2
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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