

Initial Application Date: 1.27.16

Journal of Coats

Application #

16.50037938

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: Louie & Elizabeth Slaughter Mailing Address: P.O. Box 937

City: Coats State: NC Zip: 27521 Contact No: 910 263 1307 Email: enslaughter@hotmail.com

APPLICANT: Elizabeth Slaughter Mailing Address: P.O. Box 937

City: Coats State: NC Zip: 27521 Contact No: 910 263 1307 Email: enslaughter@hotmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Louie Slaughter Elizabeth Slaughter Lot #: _____ Lot Size: 4.98

State Road # _____ State Road Name: EDWIN CAROL CH. Rd Map Book & Page: 1

Parcel: 07-1600-0262 PIN: 1600-26-1747

Zoning: COATS Flood Zone: X Watershed: NA Deed Book & Page: OTD Power Company*: _____

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

PROPOSED USE:

SFD: (Size 10³13 x 68¹⁸) # Bedrooms: 3 # Baths: 3 1/2 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 _____) *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: 1 Manufactured Homes: — Other (specify): —

proposed
Comments: _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front		
Rear		
Closest Side		
Sidestreet/corner lot		
Nearest Building on same lot		

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

Elizabeth Marie Haugata
Signature of Owner or Owner's Agent

1/29/14
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



Att Donna Johnson

893-2793

NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 012916-1 Date: 1/29/16 Fee: 50.00

Parcel ID*: _____ Area Zoned As: R-1A

APPLICANT:
Name (Print) Elizabeth Slaughter
Address PO BOX 937
City, State Coats NC
Zip Code 27521
Phone # 910 243 1307

PROPERTY OWNER:
Name Louie & Elizabeth Slaughter
Address P.O. Box 937
City, State Coats, NC
Zip Code 27521
Phone # 910 243 1307

Location of Property: IN-TOWN _____ ETJ [checked] _____ ETJ (contiguous) _____

Present Use of Property: vacant

PROPOSED USE OF PROPERTY:

[checked] Single Family Dwelling: # Rooms: 3 # Bedrooms: 3 1/2 Square Feet: 3507
[] Multi Family Dwelling: # of Units: _____ #Bedrooms (per unit): _____ Square Feet (per unit)
[] Mobile Home (single lot): Single wide: _____ Double Wide: _____
[] Mobile Home Park: Section 16, Zoning Ordinance must apply
[] Business: Total # of employees per day _____ Type of business _____
[] Others (specify): _____

[] Existing structure: Renovate: _____ Addition: _____ Demolish: _____

WATER AND SEWER SUPPLY:

Water: [] Private [] Public [] Proposed [] Existing
Sewer: [] Private [] Public [] Proposed [] Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: Emslaughter Date: 1/29/16

ZONING ADMINISTRATOR USE ONLY

Notes: NEW HOME CONSTRUCTION

Approved: [signature] Denied: []

Zoning Administrator: [signature] Date: 1/29/16

NAME: Louie & Elizabeth Slaughter

APPLICATION #: 10-50037938

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?

Unknown

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.

Elizabeth M. Slaughter

1/29/10

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

Harnett County Department of Public Health

37938

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

Louie & Elizabeth Slaughter

Applicant/Owner

132 Barclay Dr. Angier NC 27501

Street Address, City, State, Zip Code

(910) 263-1307

Phone Number

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 Ebenezer Church Rd Subdivision/Lot #

Parcel # 071600 0202 PIN # 1600-216-1747.000

Directions to the Site

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.

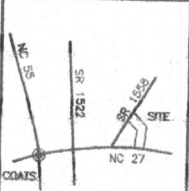
I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Elizabeth M. Slaughter

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

1/29/16

Date



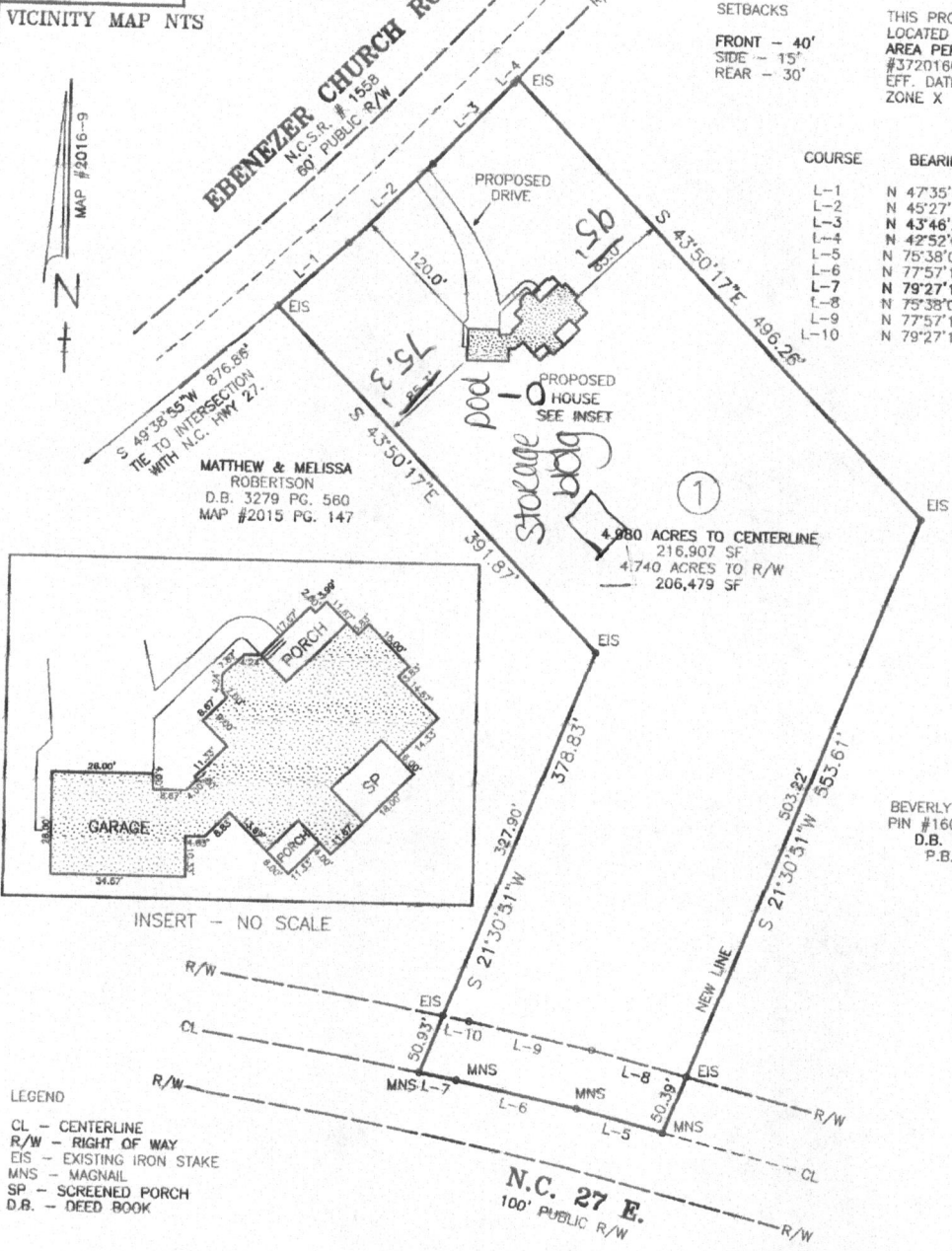
IMPERVIOUS CALCULATIONS
 35% MAX. ALLOWABLE IMPERVIOUS
 206,479 SF X 35% = 72,267 SF ALLOWABLE
 PROPOSED HOUSE - 3,507 SF
 PROPOSED DRIVE - 3,126 SF
 PROPOSED TOTAL - 6,633 SF
 3.21% PROPOSED IMPERVIOUS

NOTES
 NOT AN ACTUAL SURVEY
 AREA BY COORDINATES
 PROPERTY SUBJECT TO BOTH ABOVE AND/OR
 BELOW GROUND UTILITIES AND/OR EASEMENTS.
PROPERTY ZONED RA

SETBACKS
 FRONT - 40'
 SIDE - 15'
 REAR - 30'

THIS PROPERTY IS NOT
 LOCATED IN A FLOOD HAZARD
 AREA PER F.E.M.A. MAP
 #372016000K.
 EFF. DATE: 10/3/2006
 ZONE X

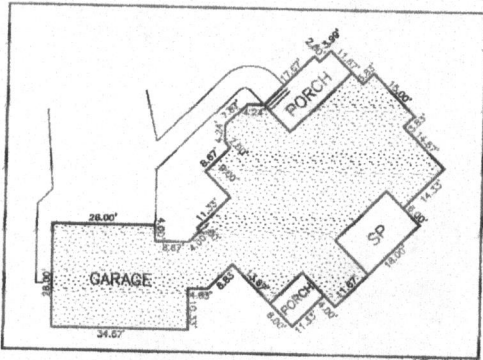
COURSE	BEARING	DISTANCE
L-1	N 47°35'33"E	78.91'
L-2	N 45°27'17"E	95.93'
L-3	N 43°46'29"E	94.67'
L-4	N 42°52'04"E	4.61'
L-5	N 75°38'04"W	74.22'
L-6	N 77°57'15"W	103.20'
L-7	N 79°27'16"W	31.17'
L-8	N 75°38'04"W	81.50'
L-9	N 77°57'15"W	104.86'
L-10	N 79°27'16"W	22.13'



MATTHEW & MELISSA
 ROBERTSON
 D.B. 3279 PG. 560
 MAP #2015 PG. 147

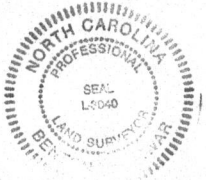
4.980 ACRES TO CENTERLINE
 216,907 SF
 4.740 ACRES TO R/W
 206,479 SF

BEVERLY L. STEPHENSON
 PIN #1600-26-1747.000
 D.B. 3183 PG. 291
 P.B. 18 PG. 44



INSERT - NO SCALE

LEGEND
 CL - CENTERLINE
 R/W - RIGHT OF WAY
 EIS - EXISTING IRON STAKE
 MNS - MAGNAIL
 SP - SCREENED PORCH
 D.B. - DEED BOOK

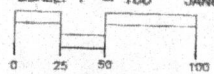


I, BENTON W. DEWAR CERTIFY THAT THIS PLAT WAS DRAWN UNDER
 MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY
 SUPERVISION; THAT THE RATIO OF PRECISION IS 1:10,000
 THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES
 PLOTTED FROM INFORMATION FOUND IN BOOK MAP 2016
 PAGE 9 THAT THIS PLAT DOES NOT MEET SIZE REQUIREMENTS
 FOR RECORDING IN THE REGISTER OF DEEDS. PER G.S. 47-30 AS AMENDED.
 LICENCE NUMBER AND SEAL THIS 22ND DAY OF JANUARY 2016

BENTON W. DEWAR
 PROFESSIONAL LAND SURVEYOR L-3040
 THIS PLAT IS OF A BOUNDARY SURVEY OF AN EXISTING
 PARCEL OF LAND THAT IS REGULATED BY A COUNTY OR
 MUNICIPALITY ORDINANCE THAT REGULATES PARCELS OF LAND.

PROPOSED PLOT PLAN FOR:
**LOUIE SLAUGHTER IV &
 ELIZABETH MARIE SLAUGHTER**

TRACT #1 MAP #2016-9
 DEED BOOK 3371 PAGE 38
 PIN #1600-26-0449.000
 GROVE TOWNSHIP
 HARNETT COUNTY - NORTH CAROLINA
 SCALE: 1" = 100' JANUARY 27, 2016



BENTON DEWAR & ASSOCIATES
 PROFESSIONAL LAND SURVEYOR
 5920 HONEYCUTT ROAD
 HOLLY SPRINGS, NC 27540
 (919)-552-0813

HAL OWEN & ASSOCIATES, INC.

SOIL & ENVIRONMENTAL SCIENTISTS

P.O. Box 400, Lillington NC 27546-0400

Phone (910) 893-8743 / Fax (910) 893-3594

www.halowensoil.com

26 January 2016

Mrs. Maria Slaughter
P.O. Box 937
Coats, NC 27521

Reference: Final Report for Comprehensive Soil Investigation
Minor Subdivision for Beverly L. Stephenson – Lot 1

Dear Mrs. Slaughter,

A comprehensive soil investigation has been conducted at the above referenced property, located on the southeastern side of Ebenezer Church Road (SR 1558) in the Grove Township of Harnett County, North Carolina. The purpose of the investigation was to determine the ability of each lot to support a subsurface sewage waste disposal system and repair area for a typical three-bedroom home. All soil ratings and determinations were made in accordance with "Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900". It is our understanding that individual septic systems and public water supplies will be utilized at this site. The maximum house footprint used for this evaluation was 50 X 50 feet. Wetlands were not observed but may exist in the unsuitable area in the middle of the tract.

A portion of Lot 1 was found to be underlain by provisionally suitable soils for subsurface sewage waste disposal. These provisionally suitable soils were observed to be friable sandy clay loams to firm sandy clays to greater than 32 inches and appear adequate to support long term acceptance rates of 0.3 to 0.5 gal/day/sqft. It appears that the soils on this lot are adequate to support a conventional septic system and repair area for at least one residence.

This soil investigation report and map, when provided to the Harnett County Health Department, should allow them to sign the maps for recordation. I appreciate the opportunity to provide this service and hope to be allowed to assist you again in the future. If you have any questions or need additional information, please contact me at your convenience.

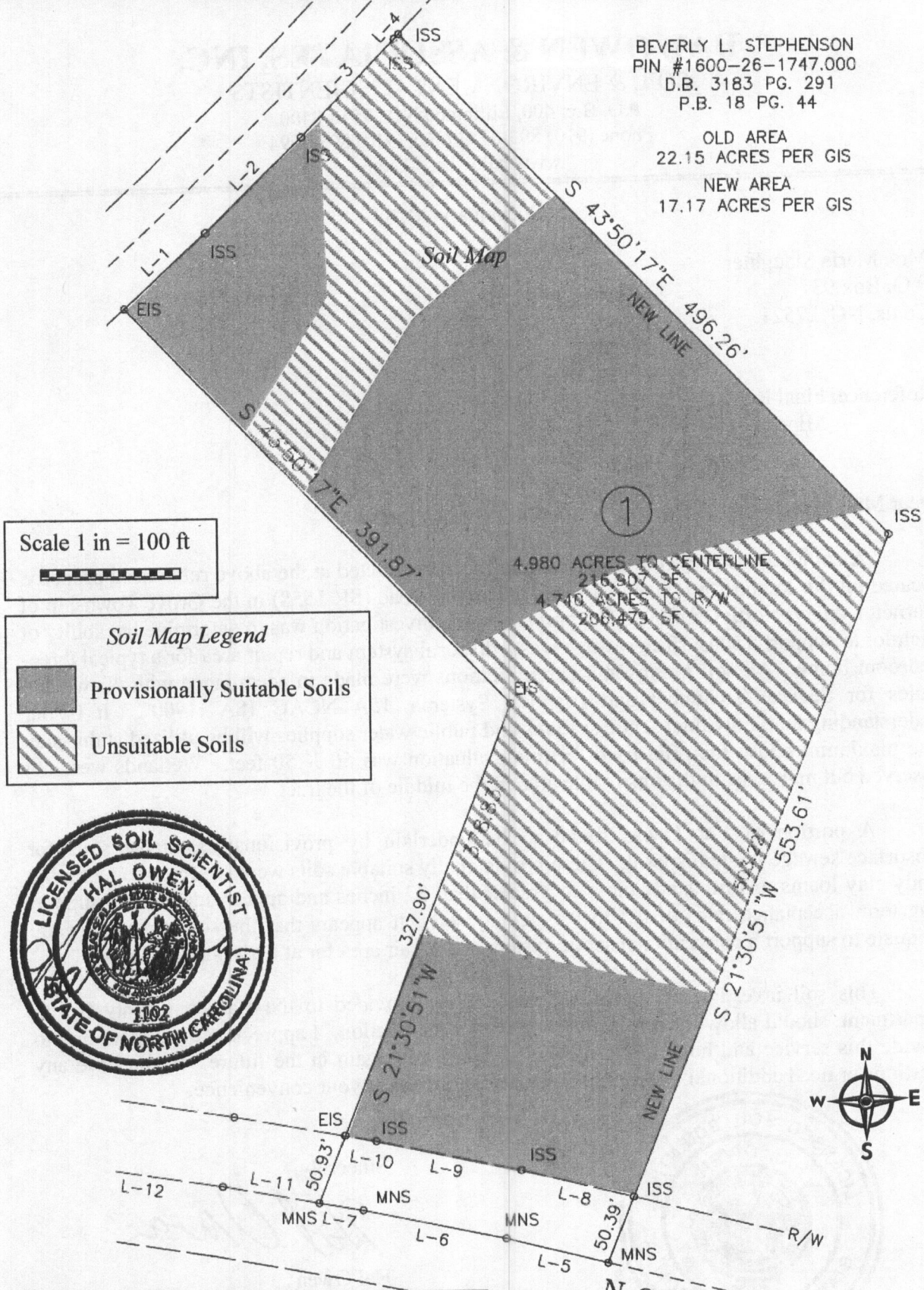


Sincerely,

Hal Owen
Licensed Soil Scientist

BEVERLY L. STEPHENSON
 PIN #1600-26-1747.000
 D.B. 3183 PG. 291
 P.B. 18 PG. 44

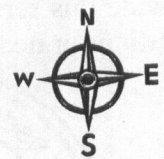
OLD AREA
 22.15 ACRES PER GIS
 NEW AREA
 17.17 ACRES PER GIS



Scale 1 in = 100 ft

Soil Map Legend

- Provisionally Suitable Soils
- Unsuitable Soils



Final Report for Comprehensive Soil Investigation
 Minor Subdivision for Beverly L. Stephenson - Lot 1
 26 January 2016

N.C. 27 E.
 100' PUBLIC R/W
 CL
 R/W

MINC

COPY

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax:

Parcel Identifier No. out of 071600 0262 Verified by _____ County on the _____ day of _____, 20____

Mail/Box to: Tart Law Group, P.A., 700 West Broad Street, Dunn, North Carolina 28334

This instrument was prepared by: Lee L. Tart Malone, Attorney at Law NO TITLE CERTIFICATION

Brief description for the Index: _____

THIS DEED made this 19th day of January, 2016 by and between

GRANTOR

GRANTEE

Beverly L. Stephenson and husband,
Cecil W. Stephenson

Louie Slaughter, IV and wife,
Elizabeth Marie Slaughter

680 Maple Road
Angier, NC 27501

P.O. Box 937
Coats, NC 27521

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

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 the City of _____ Grove Township, Harnett County, North Carolina and more particularly described as follows:

Being all of Tract Number 1, according to Map Number 2016 - 9, recorded in the Harnett County Registry, entitled "Major Subdivision For: LOUIE T. SLAUGHTER IV & ELIZABETH M. SLAUGHTER", Grove Township, Harnett County, North Carolina as surveyed by Benton W. Dewar and Associates Professional Land Surveyor, dated November 30, 2015, incorporated herein by reference, and made a part of this instrument.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3183 page 291.

All or a portion of the property herein conveyed includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 2016 page 9.

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, other than the following exceptions: a) General utility easements and right of ways appearing of record. b) Ad valorem taxes for the year 2015 and subsequent years, not yet due and payable.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

By: _____ (Entity Name) Beverly L. Stephenson (SEAL)
 Print/Type Name: BEVERLY L. STEPHENSON

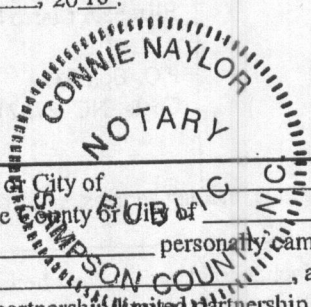
By: _____ Cecil W. Stephenson (SEAL)
 Print/Type Name: CECIL W. STEPHENSON

By: _____ (SEAL)
 Print/Type Name: _____

By: _____ (SEAL)
 Print/Type Name: _____

State of North Carolina - County or City of Harnett
 I, the undersigned Notary Public of the County or City of Sampson and State aforesaid, certify that Beverly L. Stephenson and Cecil W. Stephenson personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 19th day of January, 2016.

My Commission Expires: 4-14-2014
 (Affix Seal)



Connie Naylor
 Notary's Printed or Typed Name Notary Public

State of _____ - County or City of _____
 I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____
 (Affix Seal)

 Notary's Printed or Typed Name Notary Public

State of _____ - County or City of _____
 I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____
 Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____
 (Affix Seal)

 Notary's Printed or Typed Name Notary Public

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 Stand Sure Custom Homes Inc. Date 9-8-15

Site Address _____ Phone 910-890-6870

Directions to job site from Lillington Take 27 out of Coats make (L) on Ebiner Church Rd lot on the right

Subdivision Greenbriar Lot 5

Description of Proposed Work Build 3 bed 2 bath home # of Bedrooms 3

Heated SF 1217 Unheated SF 286 Finished Bonus Room? NO Crawl Space _____ Slab X

General Contractor Information

Stand Sure Custom Homes Inc.

Building Contractor's Company Name

P.O. Box 1072 Coats, NC 27521

Address

70922

License #

910-890-6870

Telephone

Stand.sure.homes@gmail.com

Email Address

Electrical Contractor Information

Description of Work Rough in & trim out home Service Size 200 Amps T-Pole X Yes _____ No

Mabry's Electrical Service Inc.

Electrical Contractor's Company Name

731 Mabry Rd Angier, NC 27501

Address

150774

License #

919-639-4837

Telephone

Email Address

Mechanical/HVAC Contractor Information

Description of Work Rough in & Trim out home (HVAC)

Jem Heating & Air

Mechanical Contractor's Company Name

724 Turlington Rd. Dum, NC 28334

Address

17164

License #

910-897-5501

Telephone

Email Address

Plumbing Contractor Information

Description of Work Rough in & Trim out home # Baths 3 .5

Mitchell O. Tyler

Plumbing Contractor's Company Name

Address

14865

License #

919-669-0300

Telephone

Email Address

Insulation Contractor Information

Tatum Insulation 11 519 Old Drug Store Rd.

Insulation Contractor's Company Name & Address

Garner NC 27529

919-427-5693

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 \$150 00 After 2 years re-issue fee is as per current fee schedule

Chad Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

3-28-16
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 Stard Sure Custom Homes Inc.

Sign w/Title Chad Anderson President Date 3-28-16