Initial Application Date:	4	.38.	l	6
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Application # 1650038557	
CL I#	

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

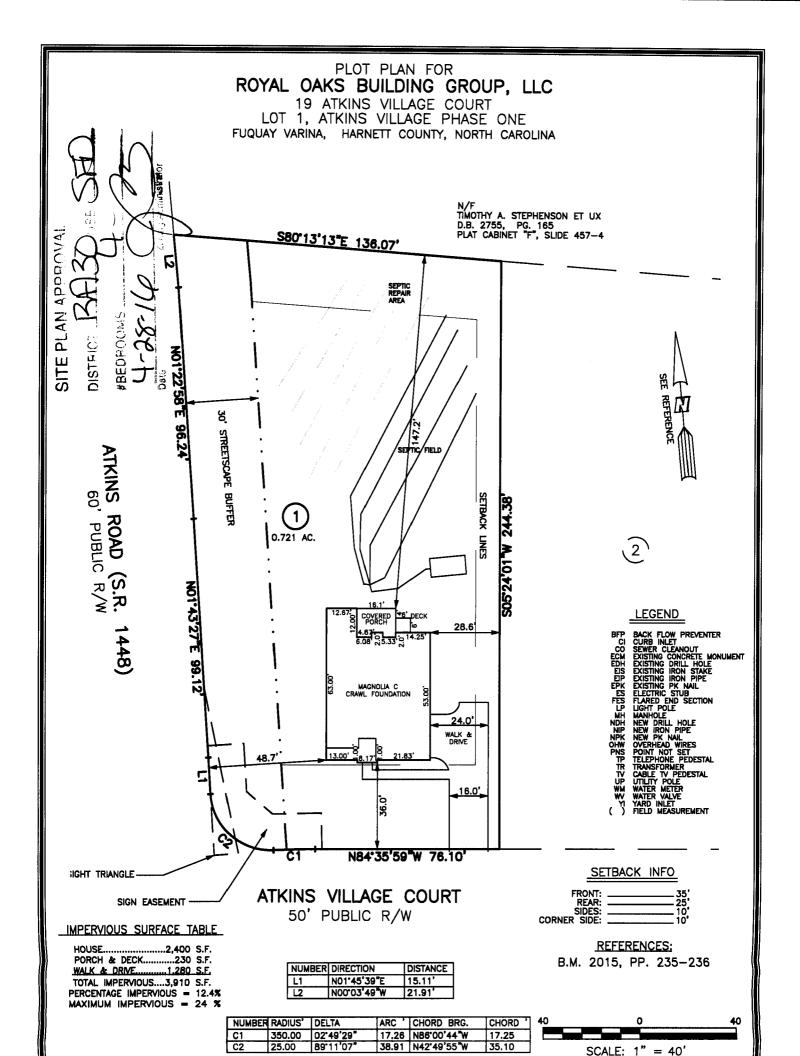
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Roy	al Oaks Building (Group, LLC		Mailing Addre	ss: 1210 Trinit	y Road, Suite 102	
City: Raleigh		State:_NC	Zip:_27607	_ Contact No: 919	-233-3886	Email: jmoxle	y@royaloakshomes.con
	al Oaks Building G						
City: Raleigh *Please fill out applican	t information if different	State: NC :	Zip: 27607	Contact No: 919-	-233-3886	Email: jmoxley	y@royaloakshomes.con
CONTACT NAME A	PPLYING IN OFFIC	E: John Moxley	y			Phone # <u>919-233-3</u>	886 / 321
PROPERTY LOCAT	ION: Subdivision:	Atkin's Village				Lot #: 1	Lot Size <u>:</u> .74 ac
State Road #	State R	oad Name: Atki	ins Village	Court		Map Book 8	& Page: 2015 / 235
Parcel: 040672 01	10			PIN:			
oning: RA30 F	lood Zone: N/A	Watershed: N/A	A Deed	Book & Page: 32	79 _/ 74	_Power Company*:	South River
New structures with	Progress Energy as	service provide	r need to sup	oply premise numbe	r		from Progress Energy.
PROPOSED USE:							
SFD: (Size 43						eck: ✓ Crawl Spad no (if yes add in wit	ce:_✓_ Slab: Monolith ce:_✓ Slab: h # bedrooms)
Mod: (Size						te Built Deck: ons? () yes ()	On Frame Off Frame_ no
Manufactured H	ome:SWD	WTW (Size	ex_) # Bedrooms: _	Garage:	_(site built?) De	eck:(site built?)
Duplex: (Size	x) No. Bu	ildings:	No	. Bedrooms Per Uni	t:	····	
l Home Occupation	on: # Rooms:	Use:		Hours o	of Operation:		#Employees:
Addition/Access	ory/Other: (Size	x) Use:				Closets i	in addition? () yes ()
Vater Supply: <u>√</u>	County Exi	sting Well	_ New Well	(# of dwellings usin	g well) *Must have opera	able water before final
						hecklist) Cou	
oes owner of this tra	act of land, own land	that contains a	manufacture	ed home within five h	nundred feet (50	0') of tract listed above	ve? () yes (√) no
oes the property co	ntain any easements	s whether underg	ground or ov	erhead (<u>√</u>) yes	() no		
tructures (existing	(proposed): Single t	family dwellings:	New Home	Manufacture	d Homes:	Other (specify):
Required Residenti	al Property Line So	etbacks:	Comme	nts:			
ront Minimum_	35' Actual	36'					
Rear	25'	147.2'					
Closest Side	10'	28.6'					
idestreet/corner lot_	20'	48.7'					
learest Building _ n same lot							

	urch Road; Right onto Atkins road
left onto Atkins Village Court	
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating su I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject Signature of Owner or Owner's Agent	ich work and the specifications of plans submitted. to revocation if false information is provided.

^{***}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: 19 Atkins Village	Court		APPLICATION #:
T	his application to be fille	ed out when applying for:	a septic system inspection.
County Health Dep	partment Application THIS APPLICATION IS FAL ON TO CONSTRUCT SHAI In submitted. (Complete site p	for Improvement Personal SIFIED, CHANGED, OR THAT BECOME INVALID. The plan = 60 months; Complete personal Perso	Permit and/or Authorization to Construct HE SITE IS ALTERED, THEN THE IMPROVEMENT the permit is valid for either 60 months or without expiration
	th New Septic System		
 lines must be clea Place "orange horout buildings, swire Place orange Env If property is thick evaluation to be p 	arly flagged approximate use corner flags" at eac mming pools, etc. Place vironmental Health card kly wooded, Environmer performed. Inspectors sl	ely every 50 feet between th corner of the proposed e flags per site plan deve in location that is easily ntal Health requires that hould be able to walk fre	d structure. Also flag driveways, garages, decks, eloped at/for Central Permitting. viewed from road to assist in locating property. you clean out the undergrowth to allow the soil pely around site. Do not grade property.
			mation. \$25.00 return trip fee may be incurred
 After preparing pr 800 (after selecting confirmation number) 	roposed site call the voic ng notification permit if r ber given at end of recor	ce permitting system at 9 multiple permits exist) for requesting for proof of the proof of	perty lines, etc. once lot confirmed ready. 910-893-7525 option 1 to schedule and use code or Environmental Health inspection. Please note t. to Central Permitting for permits.
	th Existing Tank Inspe		3 to position
 Prepare for inspe possible) and ther 		over outlet end of tank (Unless inspection is for	c as diagram indicates, and lift lid straight up (if r a septic tank in a mobile home park)
if multiple permits given at end of rec	s, then use code 800 f <u>cording for proof of requ</u>	for Environmental Healt lest.	10-893-7525 option 1 & select notification permit h inspection. Please note confirmation number of Central Permitting for remaining permits.
SEPTIC		1 1 1 4 4 4	
•••	-		be ranked in order of preference, must choose one.
•	,	} Conventional	(X_) Any
{}} Alternative {	} Other		
The applicant shall notify the question. If the answer is "ye			ication if any of the following apply to the property in OCUMENTATION :
{}}YES	oes the site contain any Ju	risdictional Wetlands?	
{}}YES	o you plan to have an irrig	ation system now or in the	e future?
$\{\underline{x}\}$ YES $\{\underline{\ }\}$ NO D	oes or will the building co	ntain any <u>drains</u> ? Please ex	xplain. Foundation Drains
{}}YES	re there any existing wells	s, springs, waterlines or Wa	astewater Systems on this property?
{}}YES	any wastewater going to b	be generated on the site oth	ner than domestic sewage?
{}}YES	the site subject to approve	al by any other Public Age	ncy?
{ <u>X</u> }YES {} NO A	are there any Easements or	Right of Ways on this proj	perty?
{}}YES	oes the site contain any ex	isting water, cable, phone	or underground electric lines?
Ii	f yes please call No Cuts a	t 800-632-4949 to locate th	he lines. This is a free service.
I Have Read This Application	And Certify That The Info	rmation Provided Herein Is	True, Complete And Correct. Authorized County And
State Officials Are Granted Ri	ight Of Entry To Conduct N	Necessary Inspections To De	termine 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 St That A Complete Size Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

Application for Residential Building and Trades Permit

Owners Name Royal Oaks Building Group	Date
Site Address 19 Atkins Village Court	Phone _919-233-3886
Directions to job site from Lillington North on 401; Right onto Rawls C	<u> </u>
left onto Atkins Village Court	
Subdivision Atkins Village	Lot1
Description of Proposed Work Single Family Home	
Heated SF 2508 Unheated SF 1215 Finished Bonus Room?	NOCrawl Space _XSlab
General Contractor Information	on
Royal Oaks Building Group, LLC	919-233-3886
Building Contractor's Company Name	Telephone
1210 Trinity Road, Suite 102 Raleigh, NC 27607	cobrien@royaloaksbg.com
Address	Email Address
49775	
License #	
Description of Work Electrical Rough in and Final Service Size	<u>200 Amps T Bolo X Van Na</u>
	,
Imperial Electric	<u>919-363-7474</u>
Electrical Contractor's Company Name	Telephone
PO Box 162, Apex, NC 27502	Facal Address
Address	Email Address
19850	
License # Mechanical/HVAC Contractor Inform	mation
Description of Work Install HVAC and duct system	
•	010 260 0205
Stewart's Heating and Air Mechanical Contractor's Company Name	919-362-0387 Telephone
· ·	reliability
2430 Reliance Ave, Apex, NC 27539 Address	Email Address
	Liliali Addiess
09308 License #	
Plumbing Contractor Information	on
Description of Work Plumb single Family home	# Baths3
Barbour & Pourron Plumbing Contractor's Company Name	919-533-4455 Telephone
	relephone
PO Box 934, Clayton, NC 27528 Address	Email Address
	Email Addiess
27132 License #	
Insulation Contractor Informati	on
Tatum Insulation II	919-661-0999
Insulation Contractor's Company Name & Address	Telephone

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 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 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 Royal Oaks Building Group

Sign w/Title

Plans Coordinator Date 4-22-16

I hereby certify that I have the authority to make necessary application that the application is correct

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, inspections offices are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below.

Name of Lien	Agent	Chicago Title Company, LLC		
Mailing addre	ss of Agent	19 W. Hargett Street, Suite 507		
		Raleigh, NC 27601		
Physical address of Agent		19 W. Hargett Street, Suite 507	_	
•		Raleigh, NC 27607	_	
Telephone	888-690-73	84 Fax 919-489-5231	_	
Email support@liensnc.com				

This information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the property.

Excerpt from North Carolina G.S. 153A-357:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."

Plan Box #	3	Date Job Name_	1.28.16 Royal
App #_385	87	Valuation 240768	SQ Feet <u>2508</u> Garage <u>487</u> = 2995
Inspections for S	FD/SFA		
Crawl	Slab	Mono	Basement
Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final
Additions / Othe Footing Foundation Slab Mono Open Floor Rough In Insulation	<u>r</u>		

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. _____ Application Number 16-50038587

Property Address 19 ATKINS VILLAGE CT Date 5/31/16 PARCEL NUMBER . . 04-0672- - -0118- - -Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name ATKINS VILLAGE PH1 20LTS Property Zoning RES/AGRI DIST - RA-30 Contractor Owner ______ ROYAL OAKS BUILDING GROUP LLC ATKINS VILLAGE LLC 1210 TRINITY RD STE 102 1210 TRINITY RD, SUITE 102 NC 27607 RALEIGH NC 27607 RALEIGH (919) 233-3886 Applicant ______ ROYAL OAKS BUILDING GROUP #1 1210 TRINITY RD NC 27607 RALEIGH (919) 233-3886 --- Structure Information 000 000 43X63 4BDR CRAWL W/ GARAGE & DECK Flood Zone FLOOD ZONE X PROPOSED USE
SEPTIC - EXISTING?
WATER SUPPLY 4000000.00 Other struct info # BEDROOMS SFD SEWER _____ Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1137819 Issue Date 5/31/16 Valuation Expiration Date . . . 5/31/17______ Special Notes and Comments T/S: 04/28/2016 11:07 AM JBROCK ----ATKINS VILLAGE #1

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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.

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Application Number 16-50038587 Page 2
Date 5/31/16

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1137819

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30	101 103 814	B101 B103 A814	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE 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		/,/,
50-60	209	E209	R*ELEC TEMP POWER CERT		//
999		H824	ENVIR. OPERATIONS PERMIT		//