

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 16-50038693 Date 10/27/16
Property Address 292 MOUNT VISTA DR
PARCEL NUMBER 01-0536- - -0028- -21-
Tenant nbr, name CUST PU PLANS 9/7/16/NEW102416
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name
Property Zoning PENDING

Owner Contractor

NOE STEVEN P & KIMBERLY R OWNER
111 CARMICHAEL LANE APT B
SPRING LAKE NC 28390

Applicant

NOE STEVEN & KIMBERLY
111 CARMICHAEL LN
SPRING LAKE NC 28390
(910) 497-4084

--- Structure Information 000 000 68X57.6 3BDR CRAWL W/ GARAGE & DECK
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? EXISTING
WATER SUPPLY NEW WELL

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc
Phone Access Code 1140185
Issue Date 10/27/16 Valuation 0
Expiration Date 10/27/17

Special Notes and Comments

T/S: 05/11/2016 02:17 PM JFORBES ---
HWY27W; L ON NURSERY; L ON DARROCH; R
ON MOUNT VISTA; 3RD LOT ON RIGHT 292
MOUNT VISTA LOT #104 IN LITTLE RIVER
PLANTATION
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

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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	_____	____/____/____
999		H828	ENVIRO. WELL PERMIT	_____	____/____/____
999	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	____/____/____

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

01 0536 0028 21 | 292 Mount Vista
STEVEN PAGE NOE

(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

- 1. SPN I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
OR
_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: _____);
- 2. SPN I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
- 3. SPN I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
- 4. SPN I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

[Signature]
(Signature of Affiant)

11 May 16
Date

Sworn to (or affirmed) and Subscribed before me
this the 11 day of May, 2016

[Signature]
Signature of Notary Public
Jennifer Brock
Printed Name of Notary Public

My Commission Expires: 9-30-18

(Notary Stamp or Seal)

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)

Plan Box # AA11

Date 11 May 16

Job Name Noe

App # 38693

Valuation ^{\$} 254536

SQ Feet ~~1720~~ 2451
Garage 520
= 2971

Inspections for SFD/SFA

235296

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 _____ Envir. Health _____ Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____