Initial Application Date:	0	2.	16

Residential Land Use Application

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

03/11

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION LANDOWNER: SHC Holdings, Inc. ____ Mailing Address:____ 466 Stancil Road State: NC Zip: 27501 Contact No: 919-639-2073 Email: wendydorman@embarqmail.com APPLICANT*: same as above __ Mailing Address:__ State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner City: CONTACT NAME APPLYING IN OFFICE: Wendy Dorman PROPERTY LOCATION: Subdivision: Hunters Point _____ State Road Name: Silas Hayes Rd State Road # 1565 _____ Map Book & Page: 2006 / 1128 PIN: 0691-58-5344.000 Parcel: 070691 0023 Zoning: RA-30 Flood Zone: ____ Watershed: ____ Deed Book & Page: 2317/744 Power Company*: Duke Energy Progress *New structures with Progress Energy as service provider need to supply premise number _____ **PROPOSED USE:** SFD: (Size 40 x 60) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sl 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: Proposed Manufactured Homes:_____ Other (specify):_ Required Residential Property Line Setbacks: Minimum 35 Actual_35 Front 25 75 Rear 10 10 Closest Side 35 Sidestreet/corner lot Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Hwy 27 to Coats, left on Hwy 55 towards Angier, right on Silas Hayes Rd,
Subdivision on right	
	<u> </u>
If permits are granted I agree to conform to all ordinances and laws of hereby state that foregoing statements are accurate and correct to the state of Owner's A	of the State of North Carolina regulating such work and the specifications of plans submitted. Ne best of my knowledge. Permit subject 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: SHC Holdings

{<u>}</u>} NO

{<u>I</u>} NO

{__}}YES

{__}}YES

APPLICATION #: 07 - 5001 6955

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 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.

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {\sqrt{\sqrt{\chi}} Conventional {\sqrt{\chi}} Any {___} Innovative {__}} Accepted {__}} Other ___ {__}} Alternative 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: Does the site contain any Jurisdictional Wetlands? {**≤**} NO {__}}YES Do you plan to have an <u>irrigation system</u> now or in the future? $\{X\}$ NO {__}}YES Does or will the building contain any drains? Please explain._ {<u>₹</u>} NO {__}}YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? ON (1) {___}}YES Is any wastewater going to be generated on the site other than domestic sewage? {**★**} NO {__}}YES Is the site subject to approval by any other Public Agency? {__}}YES (<u>人</u>) NO

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.

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.

PROPERTY OF NERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Are there any Easements or Right of Ways on this property?

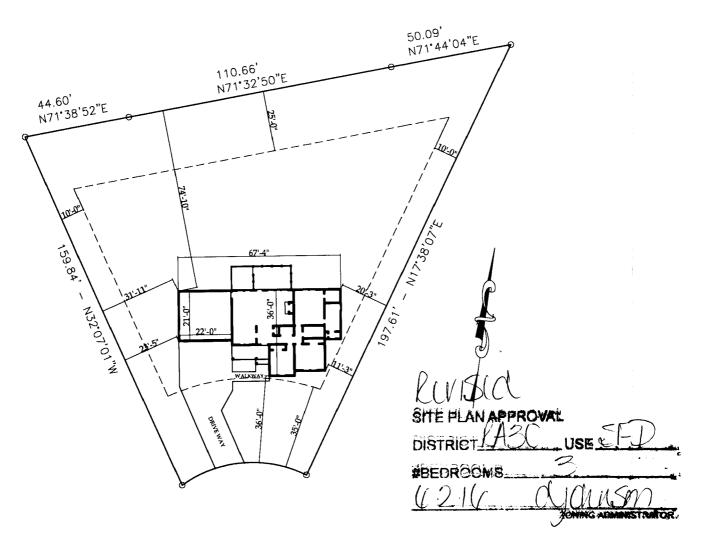
DATE

IMPERVIOUS CALCULATIONS

LOT = 20033 SF PROPOSED HOUSE - 2123 SF PROPOSED DRIVE - 974 SF PROPOSED TOTAL - 3097 SF IMPERVIOUS PERCENTAGE = 15.5%



SHC Holdings, Inc.



Lot 25 HUNTERS POINT 122 WEATHERBY COURT ANGIER, NC 27501 Pin 0691-58-5344.000 Deed Book 2317 Page 744 Book of Maps 2006 Page 1128

LOT 25 HUNTERS POINT SCALE 1" = 40'-0"

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 475291

Designated Lien Agent Project

Fidelity National Title Company, LLC

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)

Owner Information

SHC Holdings Inc 466 Stancil Road Angier, NC 27501 United States

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

Project Property

Lot 25 Hunters Point Book of Maps 2006 Page 1128 Deed Book 2317 Page 744 122 Weatherby Court Angier, NC 27501 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

06/30/2016

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.

Filed on: 06/02/2016

Initially filed by: StancilBuildersInc

Application #

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

07-50011,955

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 SHC Holdings, Foc	Date 5-27-10
Site Address 122 Weatherby Ct.	Phone 919-1039-2073
Directions to job site from Lillington Huy 27 to Coch	s, left on Huy 55
towards Angier right on Silas 1	tayes Bd.
aubdivision an right	
Subdivision Hunters Point	Lot <u>25</u>
Description of Proposed Work 5FD	# of Bedrooms 3
Heated SF 1301 Unheated SF (0.29 Finished Bonus Room?	Crawl Space Slab
General Contractor Information	
Stancil Bulders Inc	919-639-2073
Building Contractor's Company Name	Telephone 6 ambo and all
466 Stancil Rd Angier, NC & BOI	wendydomen 6 embargma: 1. Email Address Co
Address 34533	Lillan Address
License #	
Electrical Contractor Information	Amps T-Pole Yes No
	919-427-6952
SNO Electrical Electrical Contractor's Company Name	Telephone
191055 NC 210 HON ACCIDE INC 27501	
Address	Email Address
13675-L	
130 13-2	
I cense #	ation
License # Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of WorkSFD	
Description of Work SEO Hechanical/HVAC Contractor Inform	12000 - 329 - 0080 Telephone
Description of Work SFD Shopherson Hechanical Contractor's Company Name	019-329-0086 Telephone
Description of WorkSFD Shephenson Hecking AA: Troc. Mechanical Contractor's Company Name 343 Shiptonsh Dr. Garner NC 27529 Address	919-329-0086
Description of Work SFD Shephenson Heching A Air Troc. Mechanical Contractor's Company Name 343 Shiptonsh Dr. Garner NC 27529 Address 181044	019-329-0086 Telephone
Description of WorkSFD Shephenson Hecking AA: Troc. Mechanical Contractor's Company Name 343 Shiptonsh Dr. Garner NC 27529 Address	CIQ-329-0080 Telephone Email Address
Description of Work	CIQ-329-0080 Telephone Email Address
Description of Work SHOPLESCO HECKING A AIR TINC. Mechanical Contractor's Company Name 343 Shiptened Dr. Garner NC 27529 Address 181044 License # Plumbing Contractor Information Description of Work SEO	10 - 329 - 0080 Telephone Email Address # Baths 0 - 919 - 422 - 2133
Description of Work SHODERSON HECKING A AIR TINC. Mechanical Contractor's Company Name 343 Shiptonesh Dr. Garner NC 27529 Address 181044 License # Plumbing Contractor Information Description of Work FOR PLUMBING TOC.	Telephone Email Address # Baths_
Description of Work SHOPLESCO HECKING A AIR TINC. Mechanical Contractor's Company Name 343 Shiptened Dr. Garner NC 27529 Address 181044 License # Plumbing Contractor Information Description of Work SEO	CIQ-329-0080 Telephone Email Address # Baths Q QIQ-422-2133 Telephone
Description of Work SHODERSON HECKING A ATTIC. Mechanical Contractor's Company Name 343 Shounds Dr. Garner NC 27529 Address 181044 License # Plumbing Contractor Information Plumbing Contractor's Company Name	10 - 329 - 0080 Telephone Email Address # Baths 0 - 919 - 422 - 2133
Description of Work SHODERSON HECKING A AT TICE. Mechanical Contractor's Company Name 343 Shiptonsh Dr. Garner NC 27529 Address 181044 License # Plumbing Contractor Information Plumbing Contractor's Company Name 239 Millwood In Anguer NC 27501 Address P17735	CIQ-329-0080 Telephone Email Address # Baths Q QIQ-422-2133 Telephone
Description of Work Stephenson Heching A Air Tinc. Mechanical Contractor's Company Name 343 Shiptonesh Dr. Garner NC 27529 Address 181044 License # Plumbing Contractor Information Plumbing Contractor's Company Name 239 Plumbing Contractor's Company Name 239 Millwood In Angiler NC 27501	Telephone Email Address # Baths 919-422-2133 Telephone Email Address
Description of Work Stockerson Hechanical Air Troc. Mechanical Contractor's Company Name 343 Shipterson Dr. Gorner N.C. 27529 Address 181044 License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name 239 Millwood In Angular N.C. 27501 Address Plumbing Contractor's Company Name 239 Millwood In Angular N.C. 27501 Address Plumbing Contractor Information Address Plumbing Contractor Information Insulation Contractor Information Total Total Cld Organical Contractor Information Total Total Cld Organical Cl	Telephone Email Address # Baths Q Q19-422-2133 Telephone Email Address
Description of Work Stophesson Hechanical Arc Try Mechanical Contractor's Company Name 343 Shippenson Dr. Garrer NC 27529 Address 181044 License # Plumbing Contractor Information Plumbing Contractor's Company Name 239 Millwood In Anguer NC 27501 Address Plinsulation Contractor Information Insulation Contractor's Company Name & Address Store Rd.	Telephone Email Address # Baths Q Q1Q-422-2133 Telephone Email Address on Q1Q-1001-0999 Telephone
Description of Work Stockerson Hechanical Air Troc. Mechanical Contractor's Company Name 343 Shipterson Dr. Gorner N.C. 27529 Address 181044 License # Plumbing Contractor Information Description of Work Plumbing Contractor's Company Name 239 Millwood In Angular N.C. 27501 Address Plumbing Contractor's Company Name 239 Millwood In Angular N.C. 27501 Address Plumbing Contractor Information Address Plumbing Contractor Information Insulation Contractor Information Total Total Cld Organical Contractor Information Total Total Cld Organical Cl	Telephone Email Address # Baths Q Q1Q-422-2133 Telephone Email Address on Q1Q-1001-0999 Telephone 21529

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