

Initial Application Date: 7-25-10

Application # 1650039303
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: CHRISTOPHER SPICER; Shelly Mailing Address: 134 DESTINY TRL

City: FUQUAY VARIAN State: NC Zip: 27524 Contact No: 919-551-3751 Email: _____

APPLICANT*: ROBERT SULLIVAN Mailing Address: 311 DESTINY TRL

City: FUQUAY VARIAN State: NC Zip: 27524 Contact No: 919-552-2630 Email: INFO@SULLIVANBUILDER.COM

CONTACT NAME APPLYING IN OFFICE: ROBERT SULLIVAN Phone # 919-552-2630

PROPERTY LOCATION: Subdivision: ROBERT J. SULLIVAN Lot #: 1 Lot Size: 10 ACRES

State Road # 1421 State Road Name: SMITH PRINCE Map Book & Page: 2004 | 329

Parcel: 050633 0057 02 PIN: 0633 68 0679,000

Zoning: RA30 Flood Zone: X Watershed: _____ Deed Book & Page: 237310547 Power Company*: DUKE PROGRESS

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

PROPOSED USE:

SFD: (Size 60 x 46) # Bedrooms: 2 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ 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 - electric : water under right of way : phone

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>45</u>
Rear	<u>25</u>	<u>42</u>
Closest Side	<u>10</u>	<u>210</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	<u>60</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

US 401 N TO CHRISTIAN LIGHT LEFT TO SMITH BRUCE RD. LEFT TO
DESTINY TRAIL

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

7/22/16
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****

NAME: _____

7-25-16

APPLICATION #: _____

1650039303

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?

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7/25/16

DATE

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 CHRISTOPHER SPICER Date 7/22/16
Site Address 134 DESTINY TRL FURQUAY VARIANA Phone 919 557 3751
Directions to job site from Lillington US 401 NORTH - LEFT ON CHRISTIAN LIGHT RD
LEFT ON SMITH PRINCE LEFT ON DESTINY TRL

Subdivision ROBERT J. SULLIVAN Lot 1
Description of Proposed Work NEW RES. # of Bedrooms 2
Heated SF 1103 Unheated SF 784 Finished Bonus Room? NO Crawl Space Slab

General Contractor Information

ROBERT J SULLIVAN BUILDER INC, 919 562 2630
Building Contractor's Company Name Telephone
311 DESTINY TRL FURQUAY VARIANA 27526 INFO@SULLIVANBUILDER.COM
Address Email Address
49985
License #

Electrical Contractor Information

Description of Work NEW RES. Service Size 200 Amps T-Pole Yes No
DAWSON'S ELECTRIC INC 919 201 3841
Electrical Contractor's Company Name Telephone
609 COTTON RD. FURQUAY VARIANA 27526
Address Email Address
25948
License #

Mechanical/HVAC Contractor Information

Description of Work NEW RES.
JC HEATING & AIR INC 919 552 3053
Mechanical Contractor's Company Name Telephone
1539 WADE STEPHSON HOLLY SPRINGS
Address 27540 Email Address
13655
License #

Plumbing Contractor Information

Description of Work NEW RES. # Baths 2
CANDEN PLUMBING 919 669 4650
Plumbing Contractor's Company Name Telephone
PO BOX 1359 FURQUAY VARIANA 27526
Address Email Address
18903
License #

Insulation Contractor Information

B-ORGANIZED INS. 919 615 3175
Insulation Contractor's Company Name & Address 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

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

7/22/16
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

ROBERT SULLIVAN BUILDER INC.

Sign w/Title

[Signature] PRES.

Date

7/22/16

VISION OF PROPERTY IS
FROM THE HARNETT COUNTY
ZONING REGULATIONS.

DIRECTOR

DATE

4-23-16

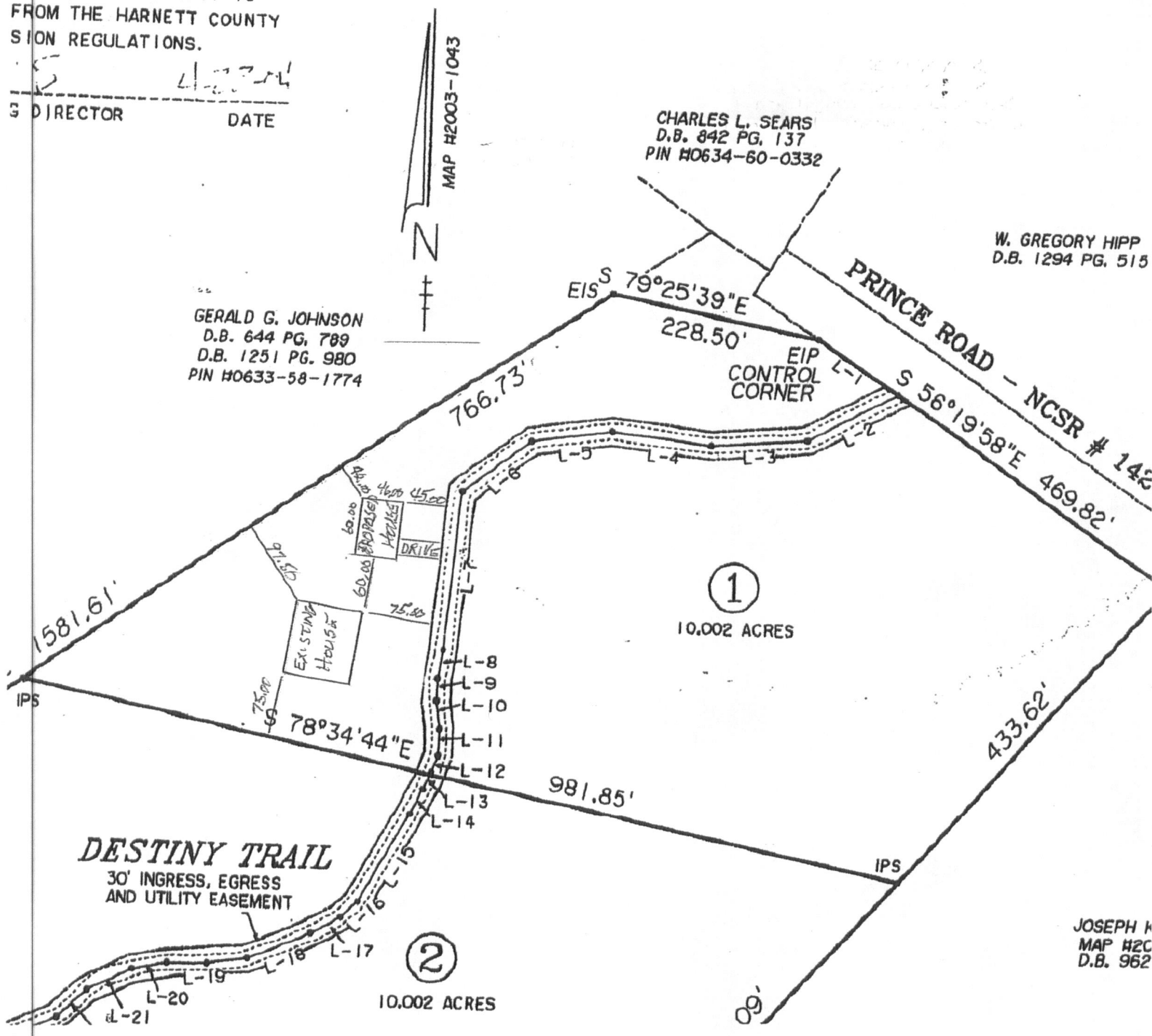
MAP H2003-1043



CHARLES L. SEARS
D.B. 842 PG. 137
PIN H0634-60-0332

W. GREGORY HIPPI
D.B. 1294 PG. 515

GERALD G. JOHNSON
D.B. 644 PG. 789
D.B. 1251 PG. 980
PIN H0633-58-1774



SITE PLAN APPROVAL
DISTRICT RA-30 USE SFD
#BEDROOMS 2
7-25-16
OWNERS
BUILDER
Zoning Administrator

OWNERS	BUILDER	PROJECT	PLOT PLAN
CHRIS AND SHELLEY SPICER 134 DESTINY TRAIL FUQUAY VARINA NC 27526 919-557-3751	ROBERT SULLIVAN BUILDER INC 311 DESTINY TRAIL FUQUAY VARINA NC 27526 919-552-2630	LOT 1 DESTINY TRAIL BUCKHORN TWSP HARNETT COUNTY	SCALE 1"=150'

JOSEPH H
MAP H2C
D.B. 962

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments 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 INVESTORS TIRE INS. CO.

Mailing address of Agent 19 W. HARGETT ST SW 507
RALEIGH NC 27601

Physical address of Agent SAME

Telephone 888 690 7384 Fax 913 489 5231

Email SUPPORT@LIENSNC.COM

The 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 construction site.

Excerpt from North Carolina G.S. 160A-417:

“(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.”

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 502273

Filed on: 07/22/2016

Initially filed by: rsullivan

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

Lot 1 Robert Sullivan
0 Destiny Trail
Fuquay Varina, NC 27526
NC County

Property Type

1-2 Family Dwelling

Date of First Furnishing

08/15/2016

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

Robert Sullivan
311 Destiny Trl
Fuquay Varina, NC 27526
United States
Email: info@sullivanbuilder.com
Phone: 919-552-2630

View Comments (0)

Technical Support Hotline: (888) 690-7384