

Plan Box # AA12

Date 30 Oct

Job Name Maranah

App # 39657

Valuation ~~\$/~~ 257184

SQ Feet 2679

Garage 530

= 3209

Inspections for SFD/SFA

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 New Other _____

Additions / Other

Footing _____

Foundation _____

Slab _____

Mono _____

Open Floor _____

Rough In _____

Insulation _____

Final _____

Initial Application Date: 9/6/16

Application # 11050039657
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: EMPIRE INVESTMENT GROUP Mailing Address: 8129 STILLBREEZE DR.

City: FUGUAY-VARINA State: NC Zip: 27526 Contact No: 919-868-5150 Email: MARANAHHOMES@aol.com

APPLICANT: MARANAH CUSTOM HOMES Mailing Address: 8129 STILLBREEZE DR.

City: FUGUAY-VARINA State: NC Zip: 27526 Contact No: 919-868-5150 Email: MARANAHHOMES@aol.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MARTY SCOTT Phone # 919-868-5150

PROPERTY LOCATION: Subdivision: QUAIL CREEK Lot #: 1 Lot Size: .60

State Road # 2215 State Road Name: HARNETT CENTRAL Map Book & Page: 20071 635

Parcel: 11 06062 0022 04 PIN: 0662-03-5511.00

Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: 2911 / 608 Power Company*: DUKE/PROGRESS

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

PROPOSED USE:

- SFD: (Size 65 x 65) # Bedrooms: 4 # Baths: 3 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

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

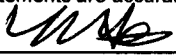
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>36</u>
Rear		<u>25</u>		<u>29</u>
Closest Side		<u>10</u>		<u>37.9</u>
Sidestreet/corner lot		<u>20</u>		<u>37.9</u>
Nearest Building on same lot		<u>/</u>		<u>/</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N, LEFT ON HARNETT
CENTRAL, LEFT ON ENGLISH SPRINGER, LEFT ON SETTER CT.

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

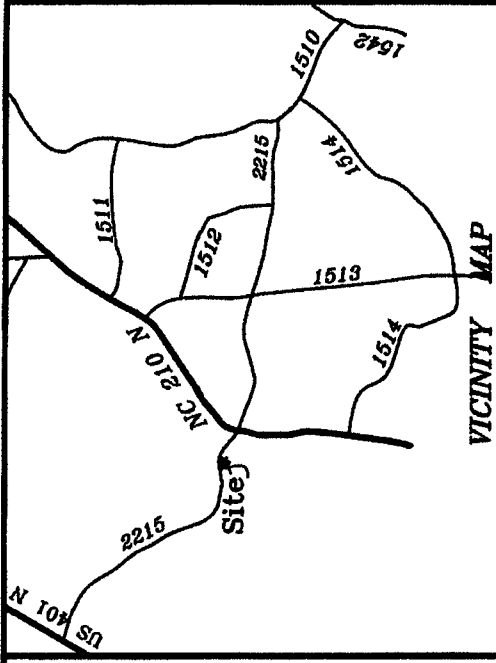
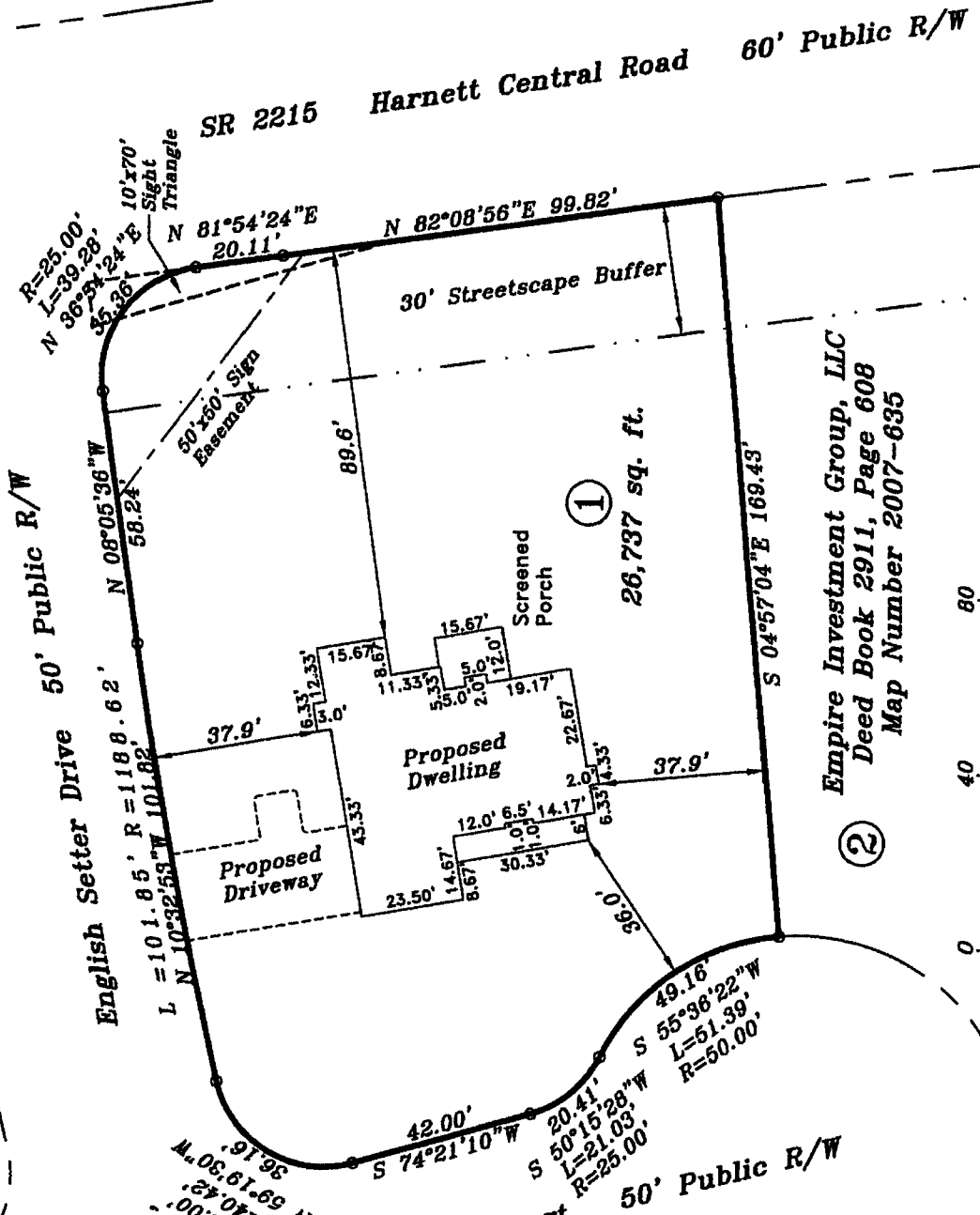
9/2/16
Date

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

**Plot Plan Only
NOT A Survey**

Magnetic North
Map Number 2007-635

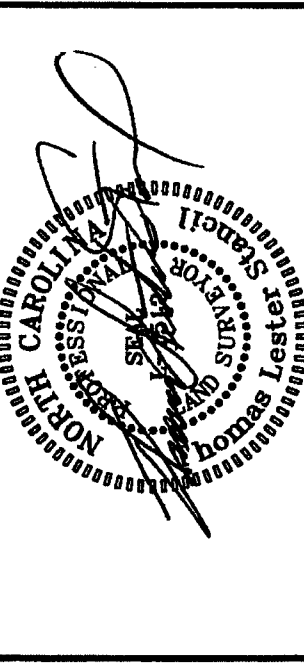


87 Setter Court
Lot 1, Phase 1, Quail Glen Subdivision
Map Number 2007-635
PIN: 0662-03-5511.000

Plot Plan for:
Maranah Custom Homes
C/O Marty Scott
919-868-5150

Black River Twp. Harnett County
Scale: 1" = 40' Date: 8-29-16

Surveyed & Mapped By
STANCIL & ASSOCIATES
Professional Land Surveyor, P.A. C-0831
P.O. Box 730, Angier, N.C. 27501
919-639-2133 919-639-2602 (FAX)
stancilsurvey@gmail.com



NOT FOR RECORDATION

PAN

SHBR-1577/SHBR-1580

1/2

NAME: MARANAH CUSTOM HOMES

APPLICATION #: _____

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)

9/6/16
 DATE

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 524475

Filed on: 09/02/2016

Initially filed by: martyscott6703

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.comAddress: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com**Project Property**lot 1 quail glen
87 setter ct
angier, NC 27501
harnett County**Property Type**

1-2 Family Dwelling

Owner Informationmaranah custom homes
8129 still breeze dr
fuquay-varina, NC 27526
United States
Email: maranahhomes@aol.com
Phone: 919-868-5150**Date of First Furnishing**

09/21/2016

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384

Harnett County Central Permitting
PO Box 66 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

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

Owner's Name EMPIRE INVESTMENT GROUP LLC Date 2/16/16

Site Address _____ Phone _____

Directions to job site from Lillington NORTH ON 210 LEFT ON HARNETT CENTRAL RD LEFT OF ENGLISH SPRINGER

Subdivision QUAIL GLEN Lot 4

Description of Proposed Work NEW RESIDENTIAL # of Bedrooms 4

Heated SF 2704 Unheated SF 1296 Finished Bonus Room? NO Crawl Space Slab _____

General Contractor Information

MARANAH CUSTOM HOMES, INC

Building Contractor's Company Name

8129 STILLBREEZE DR FURFAY-VAN WOOD

Address

59752

License #

919-868-5150

Telephone

MARANAHOMES@aol.com

Email Address

Electrical Contractor Information

Description of Work NEW RESIDENTIAL Service Size 200 Amps T-Pole Yes No

MABRY'S ELECTRIC

Electrical Contractor's Company Name

791 MABRY RD ANGLIER

Address

150770

License #

919-639-4937

Telephone

Email Address

Mechanical/HVAC Contractor Information

Description of Work NEW RESIDENTIAL Telephone 919-556-3538

CASEY SERVICES

Mechanical Contractor's Company Name

4900 PURNELL RD WAKE FOREST

Address

10540 H3

License #

Email Address

Plumbing Contractor Information

Description of Work NEW RESIDENTIAL # Baths 4

JC WILKINS PLUMBING

Plumbing Contractor's Company Name

840 MASSENGILL FOND RD ANGLIER

Address

106421PI

License #

919-639-6201

Telephone

Email Address

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone 919-772-9000

*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 of Owner/Contractor/Officer(s) of Corporation

2/16/16
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 MARANAH CUSTOM HOMES, INC

Sign w/Title  PRESIDENT Date 2/16/16

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	16-50039657	Date	10/07/16
Property Address	87 SETTER CT		
PARCEL NUMBER	11-0662- - -0022- -04-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	QUAIL GLEN PH1 32LOTS		
Property Zoning	PENDING		

Owner	Contractor
-----	-----
EMPIRE INVESTMENTS GROUP LLC	MARANAH CUSTOM HOMES, INC.
PO BOX 1528	8129 STILLBREEZE DR.
FUQUAY-VARINA NC 27526	FUQUAY VARINA, NC
	FUQUAY-VARINA NC 27526
	(919) 868-5150

Applicant

MARANAH CUSTOM HOMES #1
8129 STILLBREEZE DR
FUQUAY-VARINA NC 27526
(919) 868-5150

--- Structure Information 000 000 65X65 4BDR CRAWL W/ GARAGE & DECK

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	4000000.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW TANK
	WATER SUPPLY	COUNTY

Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1161439		
Issue Date	10/07/16	Valuation	0
Expiration Date	10/07/17		

Special Notes and Comments

T/S: 09/06/2016 11:07 AM JBROCK ----
401 N LEFT ON HARNETT CENTRAL L ON
ENGLISH SPRINGER L ON SETTER CT LOT 1
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

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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 Property Zoning PENDING

Page 2
 Date 10/07/16

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . .
 Phone Access Code . 1161439

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	_____	___/___/___
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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___