Plan Box # App # 3965	ă	Date Job Nam Valuation 25478	30ct 1e Maranah 30ct 1e Maranah 30ct 30ct 30ct 4 SQ Feet 2654 Garage 578 = 3724
Inspections for SI	FD/SFA		
Crawl	Slab	Mono	Basement
Footing 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
Foundation Survey	/	Envir. Health <u>Ve</u> w	Other
Footing			
Foundation			
Slab			
Mono			
Open Floor			
Rough In			
Insulation			
Final			

Initial Application Date.



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CU#_

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: EMPIRE INVESTMENT GROUP Mailing Address: 8129 STILLBREEZE DR

City: FUQURY-VARINE State: NEZID: 275% Contact No: 919-868-5150 Email: MARANAHAMESERO
APPLICANT: MARAHAY CUSTOM Horry Mailing Address: 8129 STILLBREEZE. DR
City: FUQURY-VARING State: NC Zip: 77876 Contact No: 919-868-SISO Email: MARANAHHOMESE ACC Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: MARTY SCOTT Phone # 919-868-5150
PROPERTY LOCATION: Subdivision: QUAIL GLEN Lot #: 37 Lot Size: . 60
State Road # 1715 State Road Name: HARPET CONTRAC RO Map Book & Page: 2007, 635 Parcel: 1 0462 002235 PIN: 0662-03-3436-00
Poning RA3 Glood Zone: X Watershed A Deed Book & Page: 211 / 608 Power Company*: Duke Proceeds
New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE: SFD: (Size 65 x 65) # Bedrooms: 1 # Baths: 3 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:
Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
Vater 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
ooes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no
coes 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: Comments:
ront Minimum 35 Actual 36
Rear <u>25</u> <u>125</u>
Closest Side <u>10</u> <u>39</u>
sidestreet/corner lat <u>30</u> 32
Nearest Building

SPECIFIC DIRECTION	NS TO THE PRO	PERTY FROM L	ILLINGTON:	401	N, LEA	T ON	HARL	ETT	_
SPECIFIC DIRECTION	LEFT O	or Ere	KISH SP	PRINGER	LOT	000 10	1641		_
•					•				
									_
									-
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									_
								, .	_
If permits are granted I I hereby state that fore									
	M	W/O		•	Ť	9/1/	16	·	
	Signat	ure of Owner o	r Owner's Agen	t		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

	Mada	IAN CUSTOM H	L 448 C	APPLICATION #:
NAME:	MAKAN			
		This application to be	filled out when applying	for a septic system inspection.
Cou	nty Health l	Department Application	tion for Improvemen	t Permit and/or Authorization to Construct R THE SITE IS ALTERED, THEN THE IMPROVEMENT
IF THE I	NFORMATION	IN THIS APPLICATION IS	FALSIFIED, CHANGED, O SHALL RECOME INVALID	The permit is valid for either 60 months or without expiration
dependin	g unon document	ation submitted. (Complete	site plan = 60 months; Compl	ete plat = without expiration)
Серенсин	910-893-752		•	CONFIRMATION #
□ En	vironmental H	lealth New Septic Sys	temCode 800	
•	All property	irons must be made	visible. Place "pink pro	perty flags" on each corner iron of lot. All property
	lines must be	clearly flagged approxi	mately every 50 feet bet	ween corners.
•	Place "orange	e house corner flags" at	t each corner of the prop	osed structure. Also flag driveways, garages, decks,
_	out buildings,	Swimming pools, etc.	Place liags per site plan	developed at/for Central Permitting. asily viewed from road to assist in locating property.
•	If proporty is	thickly wooded Environ	nmental Health requires	that you clean out the <u>undergrowth</u> to allow the soil
•	evaluation to	be performed. Inspector	ors should be able to wa	lk freely around site. Do not grade property.
•	All lots to be	addressed within 10	business days after co	onfirmation. \$25.00 return trip fee may be incurred
	for failure to	uncover outlet lid. ma	ark house corners and	property lines, etc. once lot confirmed ready.
•	After preparir	ng proposed site call the	e voice permitting system	n at 910-893-7525 option 1 to schedule and use code
	800 (after se	lecting notification perm	nit if multiple permits exis	st) for Environmental Health inspection. Please note
	confirmation	number given at end of	recording for proof of rec	eed to Central Permitting for permits.
- -	Use Click2Go	ov or IVH to verily result Health Existing Tank II	nspections Code 800	eed to Central reminding for permits.
□ <u>En</u>			flags and card on prope	
•	Prepare for i	nspection by removing	soil over outlet end of	tank as diagram indicates, and lift lid straight up (if
	possible) and	then put lid back in p	lace. (Unless inspection	is for a septic tank in a mobile home park)
•	DO NOT LEAD	VE LIDS OFF OF SEPTIC	TANK	
•	After uncove	ring outlet end call the	voice permitting system	at 910-893-7525 option 1 & select notification permit
	if multiple pe	ermits, then use code	800 for Environmental i	Health inspection. Please note confirmation number
_	given at end	of recording for proof of	r Once approved proce	ed to Central Permitting for remaining permits.
SEPTIO		UV UI IVIN (O HEAF TESUIC	s. Office approved, proce	od to contrary community for tomaning permits
If apply	ing for authoriz	ation to construct please inc	licate desired system type(s)	: can be ranked in order of preference, must choose one.
{}} A	Accepted	{}} Innovative	{✓} Conventional	{}} Any
{ } A	Alternative	{}} Other		
				application if any of the following apply to the property in
question	n. If the answer	is "yes", applicant MUS'	T ATTACH SUPPORTIN	NG DOCUMENTATION:
{}}YE			any Jurisdictional Wetland	
{}}YE	_	• •	in <u>irrigation system</u> now or	
{}}YE	ES (_INO		ing contain any <u>drains</u> ? Ple	
{}}YE	es (No	•	• -	or Wastewater Systems on this property?
{_}}YE	ES LLYNO	Is any wastewater goi	ng to be generated on the s	ite other than domestic sewage?
{}}YI	ES INO	Is the site subject to a	pproval by any other Public	c Agency?
{}}YI	ES INO	Are there any Easeme	ents or Right of Ways on th	is property?

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)

DATE

Does the site contain any existing water, cable, phone or underground electric lines?

{__}}YES

1-INO

10/10

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 524315

Designated Lien Agent

Chicago Title Company, LLC

Online: www.lienanc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384
Fax: 913-489-5231

Email: support@lienanc.com mate amantelease com

Owner Information

maranah custom homes 8129 stillbreeze dr fuquay-varina, NC 27526 United States

Email: maranahhomes@aol.com

Phone: 919-868-5150

View Comments (0)

Project Property

lot 32 quail glen 47 setter et angier, NC 27501 harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

09/15/2016

Technical Support Hotline: (888) 690-7384

Filed on: 09/02/2016

Initially filed by: martyscott6703

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. Each section below to be filled out by whomever performing work Must be owner or iconsed 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

Dunara Nama FAMA AT TOLICITIAN	ENT GROUPICC Date 2/16/16
Site Address	Phone
	DORTH ON 210 LEFT ON
MARKETT CENTRAL RO LEFT	OF ENGUSH SPRINGER
Subdivision QUAIL GLEN	Lot _
Description of Proposed Work NEW RESIDE	NTIAL # of Bedrooms 4
Heated SF 2704 Unheated SF 1296 Finished	ed Bonus Room? <u>NO</u> Crawl Space Slab
MARANAH CUSTOM HOMES IN	
Building Contractor's Company Name	Telephone
8129 STILLBAFEZZ DR FJOJAY-	MARANAHHOMES PAUL . (Email Address
59752	
License #	
Description of Mark APPM PSIGN A	ntractor Information Service Size 200 Amps T-Pole Yes No
Electrical Contractor & Company Name	9/9-4/39-4937 Telephone
781 MABRY RD ANGIOR	Telephone
Address	Email Address
150770	
License #	
	Contractor Information
Description of Work NEW RESIDENTAL	Ö
CASEY SERVICES	919-554-3538
Mechanical Contractor s Company Name	Telephone
4900 PURNELL RO WAKE FORS.	sr
Address	Email Address
10540 H3	
License # Plumbing Co.	ntractor information
Description of Work NEW RESIDENTIAL	
JC WILKOUS PLUMBING	919-639-6201
Plumbing Contractor's Company Name	7/7 039-0001 Telephone
840 MASSENGER POND RD ANGLE	
Address	Email Address
• •	
16421P1 License #	
	ntractor information
INSULATING INC	919-772-9000
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 2/14/16 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 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 MARANAN CUSTOM HOMES, INC

Sign w/Title

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. · Date 10/07/16 Subdivision Name QUAIL GLEN PH1 32LOTS Property Zoning PENDING Contractor Owner ______ _____ EMPIRE INVESTMENTS GROUP LLC MARANAH CUSTOM HOMES, INC. 8129 STILLBREEZE DR. PO BOX 1528 FUQUAY-VARINA NC 27526 FUQUAY VARINA, NC FUQUAY-VARINA NC 27526 (919) 868-5150 Applicant MARANAH CUSTOM HOMES #32 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 PROPOSED USE SEPTIC - EXISTING? NEW TANK WATER SUPPLY COUNTY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1161421
Issue Date . . . 10/07/16
Expiration Date . . 10/07/17 Valuation _____ 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 32 PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. Work must conform and comply with the STATE BUILDING CODE and all other State and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

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.

Page 2

Application Number 16-50039658
Property Address 47 SETTER CT Date 10/07/16

Application description . . . CP NEW RESIDENTIAL (SFD) Subdivision Name QUAIL GLEN PH1 32LOTS

Property Zoning PENDING

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1161421 ______

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 30 40-50 40-60 40-60 40-60 50-60 50-60 50-60	101 103 814 105 104 129 425 125 325 225 429 131 329 229	B101 B103 A814 B105 B104 I129 R425 R125 R325 R225 R429 R131 R329 R229 E209	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*OPEN FLOOR R*FOUND & SETBACK VERIF SURVEY R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL R*ELEC TEMP POWER CERT		
999	200	H824	ENVIR. OPERATIONS PERMIT		//