Initial Application Date 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: Onsite Homes / LC ____ Mailing Address 2919 Pree 2c. State C Zip 28303 Contact No: 910 - 221 - 1019 Email: +CV100 APPLICANT*: Onsite Homes, LLC ____ Mailing Address: 2919 Breezewood Ave Suite 300 City: Fayetteville State: NC Zip: 28303 Contact No: 910-221-1019 Email: travinalove@onsitehomesnc.co CONTACT NAME APPLYING IN OFFICE: Travina Love PROPERTY LOCATION: Subdivision: Dalant Grove (Leusen Grass CT) Lot #: 021 Lot Size: 47 State Road Name: _____ Flood Zone: X Watershed Deed Book & Page 336+ → 0355Power Company*; *New structures with Progress Energy as service provider need to supply premise number / 6 35 5 PROPOSED USE: __x_d__) # Bedrooms: 3_# Baths: 2_Basement(w/wo bath):____ Garage: X__ Deck:____ Crawl Space: X__ 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 of proposed): Single family dwellings: _____ Manufactured Homes: Required Residential Property Line Setbacks: Comments: Minimum ³⁵ Front 25 Rear 5/10 Closest Side

on same lot

Residential Land Use Application

Sidestreet/corner lot Nearest Building

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Rt on 2105, Left on Lesoter Rd,
Lett onto Saw Grass 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. Recall that 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.
CENCEPTA - 1 = 8-20 11
Signature of Owner or Owner's Agent Date
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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: 078th	: Ho	ms	UC
	<u> </u>	<u> </u>	

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 #______

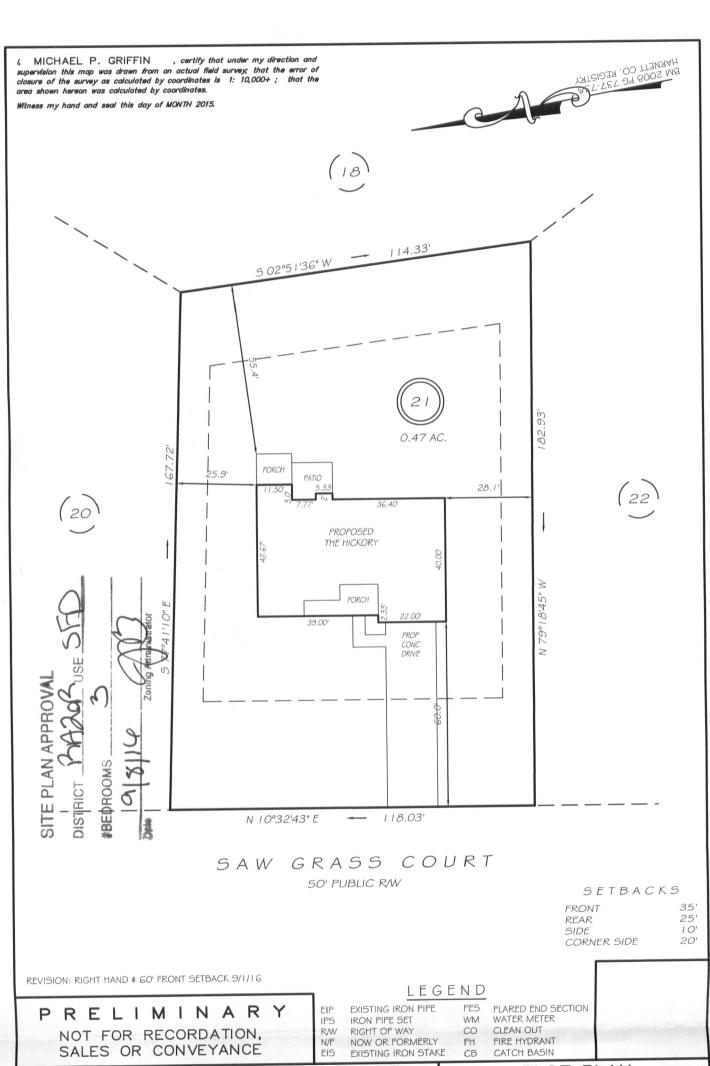
Environmental Health New Septic System Code 800

- 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 <u>undergrowth</u> 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. <u>Please note confirmation number given at end of recording for proof of request.</u>
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

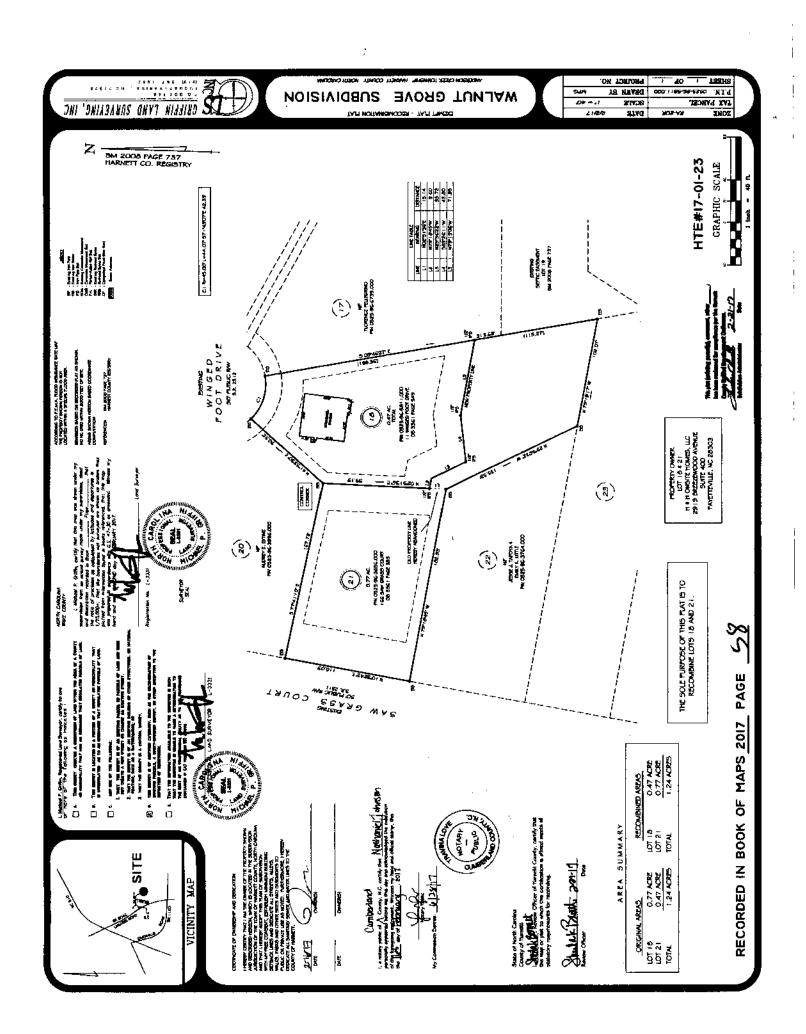
- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE 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.

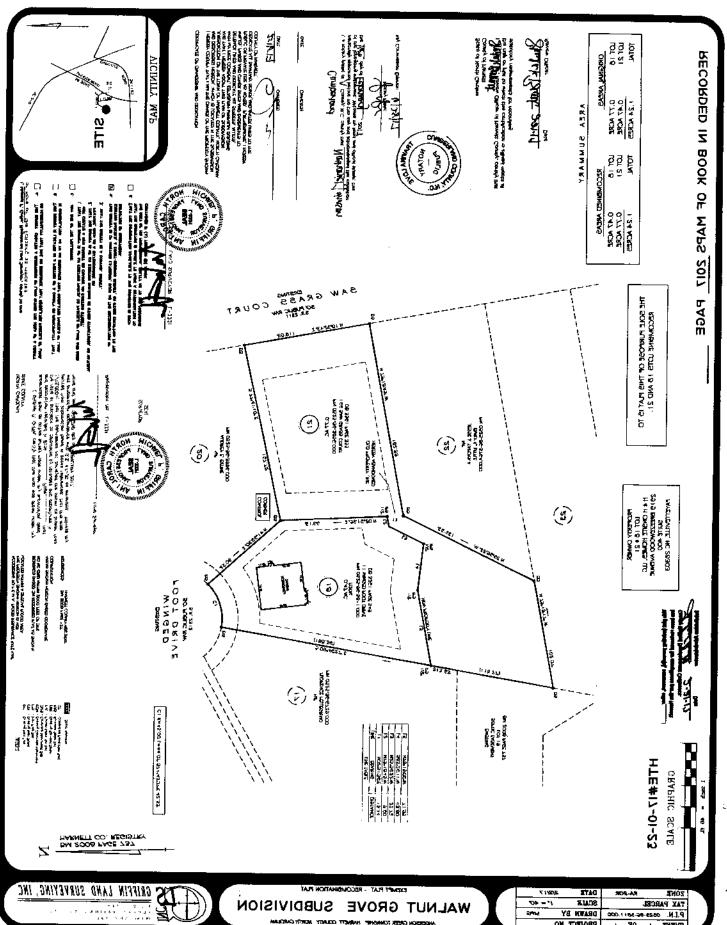
<u>SEPTIC</u>	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
() Accepted	[_] Innovative [_] Conventional [_] Any
{}} Alternative	(
The applicant shall notify	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
(_)YES (_NO	Does the site contain any Jurisdictional Wetlands?
O/الــا	Do you plan to have an irrigation system now or in the future?
(_)YES INO	Does or will the building contain any drains? Please explain
{}}YES	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 {1NO	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 Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Grantee	l Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Understand That I Am S	olery Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
	t A Complete Site Evaluation Can Be Performed. 8/29/16
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



CRIERIN LAND CHRUCKING INC

PLOT PLAN





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PROJECT NO.

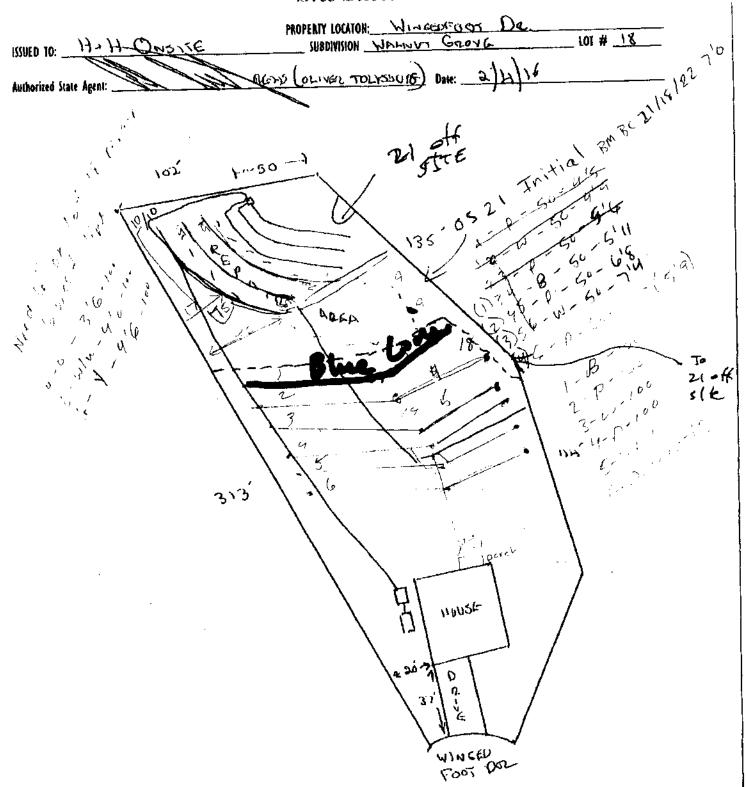
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HTE# 15-5-3764)

Permit # 28645

Harnett County Department of Public Health Site Sketch



Application #

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

·		<u>,</u>
Owner's Name	onsite Homes LLC	Date 5-34-17
Site Address 166 Sa	w Goss CT Bunkerel	Phone 910 4864 864
Directions to job site from I	Lillington 27w, left on autr	yRd, left on norcington Rd.
Left on Darro	in 7d, rt of 1st cross s	grd, left on norington Rd, freet on to 2105, left
on Lasater 7	2d, left onto som &	ass ct.
Subdivision walnu	et Goove	Lot <u>OQ (</u>
Description of Proposed W	rork Single family Dwelling	# of Bedrooms <u>03</u>
Heated SF 2200 Unhea	ated SF 780 Finished Bonus Room? Seneral Contractor Information	<u>Ye_s:</u> Crawl Space ★ Slab
, unsite H	romes Lic	910.745.0001
		Telephone
	pany Name ood Ave STE400 Fay NC 28303	travinatore @ hhhomes.com
Address		Email Address
73671 - U. License #		
	Electrical Contractor Information Service Size iou Electrical pany Name	700 Amon T Balo V Van Na
Description of Work	Service Size	Amps 1-role v Yes No
Flectrical Contractor's Con	npany Name	Talonham
370 Signor	ERCL. MT. Olive S	Email Address
Address		Email Address
24726		
License #	Mechanical/HVAC Contractor Inform	nation
Description of Work _ HV		
	fort Air Inc.	9195502463
Mechanical Contractor s C	òmpany Name	Telephone <u>releação</u> Carolina Comfort Air. com
	ed Dunn NC 28334	repeated Carolina comment
Address 29077		Email Address
License #		
	Plumbing Contractor Information	<u>on</u>
Description of Work Plu	mbina tor SFD	_# Baths
ance Johnson	Plumbing	_ 910 · 424 · 671 <u>2</u>
Plumbing Contractor s Cor	noany Name	1 Common of Service of Landing - Con
3242 mid Pine	Ka Photory IR LX NOTO	Email Address
07756P1		
License #	Insulation Contractor Information	on o
Trichy In	sulation	910 486 88 55
Insulation Contractor's Con		Telephone

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

5-24-17

aignature of Owner/Contractor/Orncer(s) of Corporation 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 OSITE HOORS/LC
Sign: Orget Thank Date 5-24-17
d

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 658099

Filed on: 05/24/2017 Initially filed by: travina1

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com http://www.herrips.com/

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

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

Email: support@liensnc.com a anto sognite homosysmo

Property Type

HARNETT County

WALNUT GROVE LOT 021 166 SAW GRASS CT

BUNNLEVEL, NC 28323

1-2 Family Dwelling

10/20/2015

Owner Information

Date of First Furnishing

Onsite Homes LLC 2919 Breezewood Ave Ste 300 Fayetteville, NC 28303

United States

Email: travinalove@onsitehomesnc.com

Phone: 910-745-0001

Project Property 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