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Initial Application Date:	50-l	O

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Application #	1450039855
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#### 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

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* \_\_\_ Mailing Address: 466 Stancil Road LANDOWNER: Stancil Builders Inc. Email: wendydorman@embarqmail.co city: Angier State: NC Zip: 27501 Contact No: 919-639-2073 \_\_\_\_ Mailing Address: 466 Stancil Road \_\_\_\_ State: NC \_\_ Zip: 27501 \_\_ Contact No: 919-639-2073 APPLICANT\*: Stancil Builders Inc. \_\_\_\_\_ Email: wendydorman@embarqmail.co**n** CONTACT NAME APPLYING IN OFFICE: Bruce Harper Subdivision: Hadden Pointe PH III

State Road Name: Ballard Road / 271 OX Ford Shire Or, Map Book & Page: 2015 / 241 PROPERTY LOCATION: Subdivision: Hadden Pointe PH III Parcel: 080652002441 Watershed: \_\_\_\_\_ Deed Book & Page: 3429 / 0238 Power Company\*: Duke Energy Progress New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: Monolithic SFD: (Size 52 x 39) # Bedrooms: 3 # 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) \_\_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: \_\_\_\_\_ \_ Closets in addition? (\_\_\_) yes (\_\_\_) no Addition/Accessory/Other: (Size x\_\_\_\_) Use:\_\_\_\_\_ 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 ( 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: Comments: Minimum Front

Rear

Closest Side

Sidestreet/corner lot Nearest Building on same lot

on the left.		
nits are granted I agree to conform to all ordinances and laws of the State of N		
by state that foregoing statements are accurate and correct to the best of my killing the state of the best of the	nowledge. Permit subject to revocatio 8-24-16	n if false information is provided
Signature of Owner or Owner's Agent	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\*\*

APPLICATION #:

39855

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	Cour		*This application to be filled out when applying for a septic system inspection.* epartment Application for Improvement Permit and/or Authorization	on to Construct
IF T	HE IN	FORMATION IN	N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN TH	E IMPROVEMENT
PER	MIT C	R AUTHORIZA	TION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 mont	hs or without expiration
depe		upon documentat 10-893-7525	tion submitted. (Complete site plan = 60 months; Complete plat = without expiration) option 1  CONFIRMATION #	
VI			ealth New Septic SystemCode 800	
7	• 4	All property i	rons must be made visible. Place "pink property flags" on each corner iron	of lot. All property
			clearly flagged approximately every 50 feet between corners.	aua aasaa daala
	• F	lace "orange"	house corner flags" at each corner of the proposed structure. Also flag drivew swimming pools, etc. Place flags per site plan developed at/for Central Permitt	ays, garages, decks,
	• F	Place orange E	Environmental Health card in location that is easily viewed from road to assist in	locating property.
	• 1	f property is th	nickly wooded, Environmental Health requires that you clean out the undergro	wth to allow the soil
	e	evaluation to b	e performed. Inspectors should be able to walk freely around site. <b>Do not gra</b> addressed within 10 business days after confirmation. \$25.00 return trip	de property. tee may be incurred
	• 4	or failure to u	incover outlet lid, mark house corners and property lines, etc. once lot co	onfirmed ready.
	• 7	After preparing	proposed site call the voice permitting system at 910-893-7525 option 1 to sc	hedule and use code
			cting notification permit if multiple permits exist) for Environmental Health inspections at and of recording for proof of request	pection. Please note
	• L	lse Click2Gov	umber given at end of recording for proof of request.  or IVR to verify results. Once approved, proceed to Central Permitting for per	mits.
			ealth Existing Tank Inspections Code 800	
			nstructions for placing flags and card on property.	
			spection by removing soil over <b>outlet end</b> of tank as diagram indicates, and then <b>put lid back in place</b> . (Unless inspection is for a septic tank in a mobile h	
	• [	O NOT LEAVE	E LIDS OFF OF SEPTIC TANK	
	• /	After uncoveri	ng outlet end call the voice permitting system at 910-893-7525 option 1 & sele	ect notification permit
			mits, then use code <b>800</b> for Environmental Health inspection. Please note frecording for proof of request.	confirmation number
			or IVR to hear results. Once approved, proceed to Central Permitting for remaining for	ining permits.
SE	PTIC			
			ion to construct please indicate desired system type(s): can be ranked in order of preference	, must choose one.
		cepted	$\{\_\}$ Innovative $\{\underline{\checkmark}\}$ Conventional $\{\_\}$ Any	
			{}} Other	
The que	appli stion.	cant shall notify If the answer i	y the local health department upon submittal of this application if any of the following s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	apply to the property in
{	}YES	{ <b>⊁</b> } NO	Does the site contain any Jurisdictional Wetlands?	
{	}YES	{ <u>\text{\tint{\text{\tin}\exitit{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tin}\exitit{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tilit{\text{\text{\text{\text{\text{\text{\text{\text{\tilit{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}}}}}}}}}}}} \times{\text{\text{\text{\text{\text{\text{\text{\tinit}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}}}}}}}}}}}}} \eximiniminiminiminimin}}}}}}}}}}}}}}}}}}}</u>	Do you plan to have an <u>irrigation system</u> now or in the future?	
{	}YES	{ <u></u> ¥} NO	Does or will the building contain any drains? Please explain	
{	_}YES	{ <u>X</u> } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this prop	erty?
{	}YES	{ <b>X</b> } NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{	}YES	{ <u>✗</u> } NO	Is the site subject to approval by any other Public Agency?	
{	}YES	$\{\underline{X}\}$ NO	Are there any Easements or Right of Ways on this property?	
{	}YES	ON $\{X\}$	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	
ΙH	ave Re	ead This Applica	tion And Certify That The Information Provided Herein Is True, Complete And Correct.	<b>Authorized County And</b>
Sta	te Offi	cials Are Grant	ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With App	licable Laws And Rules.
IU	nderst	and That I Am S	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And	Corners And Making
The			at A Complete Site Evaluation Can Be Performed.	8-24-16
DD.	OPE	TV OUTED	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE
1 14	OFE	TI OWNER	OR OTHERD LEGAL RESERVATION EDUCATION (REQUIRED)	

IMPERVIOUS CALCULATIONS LOT = 42,612 SQ.FT.PROPOSED HOUSE - 2081 SF PROPOSED DRIVE - 685 SF **CUSTOM HOME DESIGNS** ALLOWABLE (36%) - 15,340 SF SITE PLAN APPROVAL SITE PLAN APPROVAL PROPOSED TOTAL - 2766 SF STANCIL BUILDERS, INC. Zoning Administra 226.00' ,66 52'-0" 10'-9" 66.66 Lot 12R Hadden Pointe PH III 271 Oxfordshire drive Fuquay Varina, NC 27526 PIN# 0652-34-7832.000 Map 2015 Page 241 LOT 12R HADDEN POINT III Deed BK 3429 Pg 0238 SCALE 1" = 40'-0"

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

Application #

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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

Owners Name Stancil Builders Inc.	Date
Site Address 271 Dx fordshire Drive Fugury Varina	27526 Phone 919-639-2023
Directions to job site from Lillington HWY 401 N towards F	Tuguay Varina, left on
Ballard Rd., SD down on Left.	. , , ,
	Lot 12R
Description of Proposed Work Single Family Dwelling	# of Bedrooms 3
Heated SF <u>1340</u> Unheated SF Finished Bonus Room? General Contractor Information	Crawl Space 🗶 Slab
Stancil Builders Inc	(919) 639-2013
Building Contractor's Company Name	Telephone
466 Stancil Road Angier NC 27501	wendydorman Cem bargmail.
Address	Email Address
34533	
License # Electrical Contractor Information	n
Description of Work Single Family Dwelling Service Size	200 Amps T-Pole Y Yes No
SNO Electrical	(919) 427-6952
Electrical Contractor's Company Name	Telephone
19655 NC 210 HWY Angier NC 27501	
Address	Email Address
13075-L License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work 5FD	
	(919) 329-0686
Stephenson Heating i Air Inc.  Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner NC 27529	
Address	Email Address
18644	
License # Plumbing Contractor Information	n
Description of Work SFD	# Baths 2
	(919) 422-2133
Barnes Plumbing Inc. Plumbing Contractor's Company Name	Telephone
239 Millwood Lane Angier NC 27501	
Address	Email Address
<u>P17735</u>	
License # Insulation Contractor Information	an .
Tatum Insulation II Inc 519 Old Drug Store Pol	(919) 461-0999
Insulation Contractor's Company Name & Address Garner 27529	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

8-24-16

Wendy & Dorman

Signature of Owner/Contractor/Officer(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 Stancil Builders Inc.		
Sign w/Title Windy & Dorman Date 8-24-16		

#### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 536780

Filed on: 09/28/2016

Initially filed by: StancilBuildersInc

#### Designated Lien Agent

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)

#### Property Type

**Project Property** 

271 Oxfordshire Drive Fuquay Varina, NC 27526

North Carolina County

Lot 12R Hadden Pointe PH III Map Book 2015 Page 241 Deed Book 3429 Page 238

1-2 Family Dwelling

#### Owner Information

Stancil Builders Inc 466 Stancil Road Angier, NC 27501 United States

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

### Date of First Furnishing

10/24/2016



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