

Initial Application Date: 9-30-16

Application # 1650039860
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: Stancil Builders Inc. Mailing Address: 466 Stancil Road
City: Angier State: NC Zip: 27501 Contact No: 919-639-2073 Email: wendydorman@embarqmail.com

APPLICANT*: Stancil Builders Inc. Mailing Address: 466 Stancil Road
City: Angier State: NC Zip: 27501 Contact No: 919-639-2073 Email: wendydorman@embarqmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Bruce Harper Phone # 919-422-6134

PROPERTY LOCATION: Subdivision: Hadden Pointe PH III Lot #: 43 Lot Size: 32,765 sqft ^{0.77 Acres}

State Road # 1437 State Road Name: Ballard Road / 1345 Oxfordshire Dr. Map Book & Page: 2015 / 241

Parcel: 080652009752 PIN: 0652342644.000

Zoning: RA-20M Flood Zone: X Watershed: - Deed Book & Page: 3429 / 238 Power Company*: Duke Energy Progress

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

PROPOSED USE:

SFD: (Size 49.4 x 38) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Monolithic 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: Proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 36'
Rear 25 25'
Closest Side 10 14'
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 401 North towards Fuquay Varina, Right on Ballard Road, S/D

Down on Left.

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.

Wendy S Dorman

Signature of Owner or Owner's Agent

9-27-16

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: Stancil Builders Inc.

APPLICATION #: 39860

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.

Wendy S. Norman
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

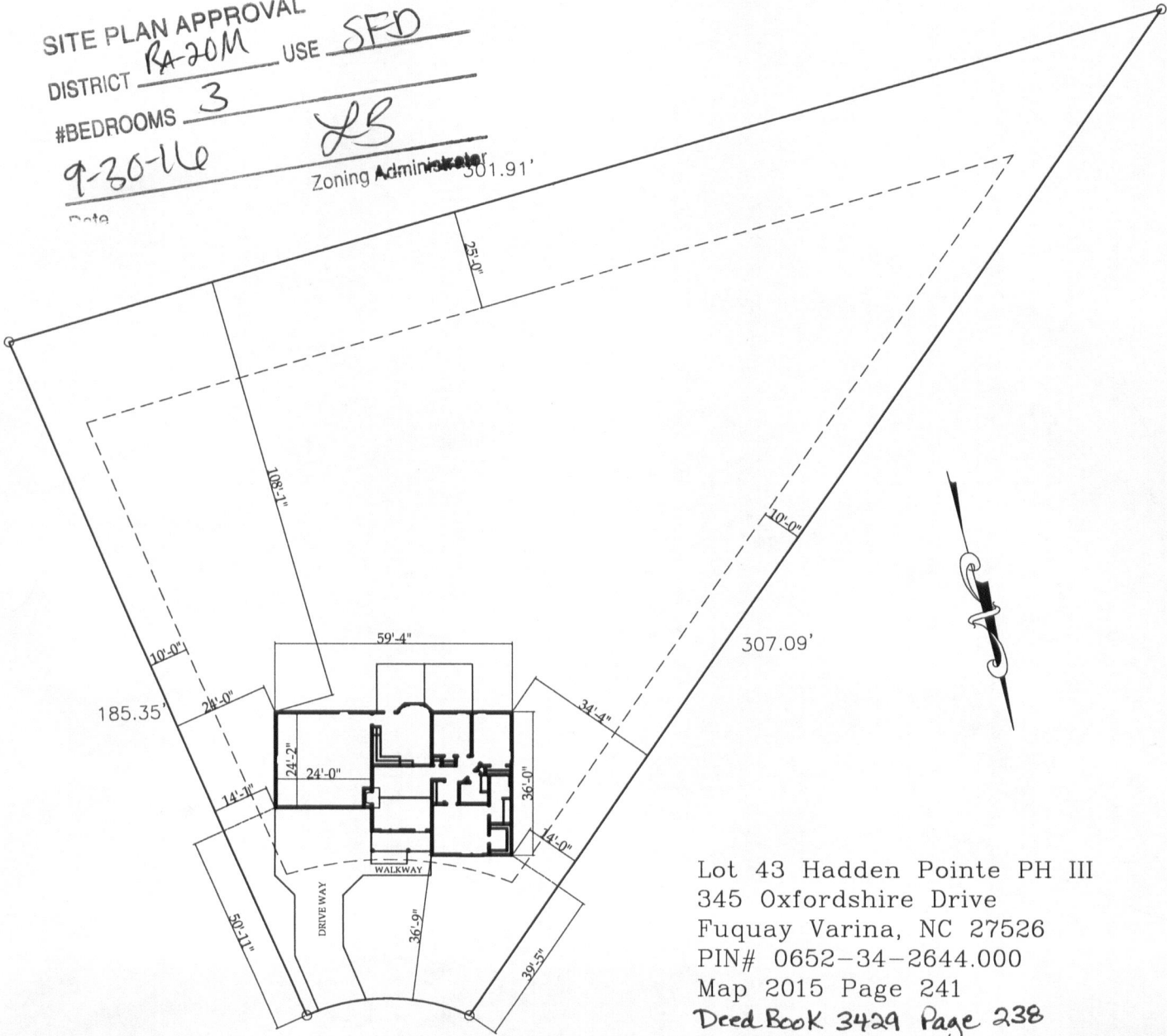
9-27-16
DATE



STANCIL BUILDERS, INC.

IMPERVIOUS CALCULATIONS
LOT = 32,745 SQ.FT.
PROPOSED HOUSE - 2125 SF
PROPOSED DRIVE - 902 SF
PROPOSED TOTAL - 3027 SF
ALLOWABLE (36%) - 11,788 SF

SITE PLAN APPROVAL
DISTRICT RA-20M USE SFD
#BEDROOMS 3
9-30-16 Zoning Administrator JB
Date



Lot 43 Hadden Pointe PH III
345 Oxfordshire Drive
Fuquay Varina, NC 27526
PIN# 0652-34-2644.000
Map 2015 Page 241
Deed Book 3429 Page 238

09/09/11

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

Owner's Name Stancil Builders Inc. Date _____
Site Address 345 Oxfordshire Dr. Fuquay Varina 27526 Phone 919-639-2013
Directions to job site from Lillington Hwy 401 N towards Fuquay Varina, Right on Ballard Rd., subdivision down on left.

Subdivision Hadden Pointe PH III Lot 43
Description of Proposed Work Single Family Dwelling # of Bedrooms 3
Heated SF 1196 Unheated SF _____ Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

Stancil Builders Inc Building Contractor's Company Name Telephone (919) 639-2013
466 Stancil Road Angier NC 27501 Address Email Address wendydorman@embarqmail.com
34533 License # _____

Electrical Contractor Information

Description of Work Single Family Dwelling Service Size 200 Amps T-Pole Yes _____ No _____
SNO Electrical Electrical Contractor's Company Name Telephone (919) 427-6952
19655 NC 210 Hwy Angier NC 27501 Address Email Address _____
13075-L License # _____

Mechanical/HVAC Contractor Information

Description of Work SFD
Stephenson Heating & Air Inc. Mechanical Contractor's Company Name Telephone (919) 329-0686
343 Shipwash Dr. Garner NC 27529 Address Email Address _____
18644 License # _____

Plumbing Contractor Information

Description of Work SFD # Baths 2
Barnes Plumbing Inc. Plumbing Contractor's Company Name Telephone (919) 422-2133
239 Millwood Lane Angier NC 27501 Address Email Address _____
P17735 License # _____

Insulation Contractor Information

Tatum Insulation II Inc Insulation Contractor's Company Name & Address Telephone (919) 661-0999
519 Old Drug Store Rd Garner 27529

*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

Wendy S Dorman
Signature of Owner/Contractor/Officer(s) of Corporation

9-27-16
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 Stancil Builders Inc.

Sign w/Title Wendy S Dorman

Date 9-27-16

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 536887

Filed on: 09/28/2016

Initially filed by: StencilBuildersInc

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>)

Project Property

Lot 43 Hadden Pointe PH III Map Book 2015
Page 241 Deed Book 3429 Page 238
345 Oxfordshire Drive
Fuquay Varina, NC 27526
North Carolina County

Property Type

1-2 Family Dwelling

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.

Owner Information

Stencil Builders Inc

466 Stencil Road

Angier, NC 27501

United States

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384