

Initial Application Date: 10/31/16

Application # 1650040044

CU# \_\_\_\_\_

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Owner: Investment Choices

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

Buyer:

LANDOWNER: Signature Home Builders Mailing Address: 1209 N. Main St  
City: Lillington State: NC Zip: 27546 Contact No: 910-892-9299 Email: csherrad-shb@gmail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Johnson Farms Lot #: 30 Lot Size: .40  
State Road # 101 State Road Name: Derby Ln Map Book & Page 2007, 6602  
Parcel: 11 0001 010064 PIN: 0651-80-4702.000  
Zoning: RABD Flood Zone: X Watershed: NA Deed Book & Page: 2170, 583 Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number 53761164 from Progress Energy.

PROPOSED USE:

SFD: (Size 51 x 43) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath):  Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab:  Stemwall  
(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: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

Front Minimum 35' Actual 36'  
Rear 25' 109.6'  
Closest Side 10' 20.7'  
Sidestreet/corner lot 20'  
Nearest Building on same lot \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: <sup>Main St.</sup> Turn right out onto ~~the~~ towards  
Angier. Subdivision is on left.

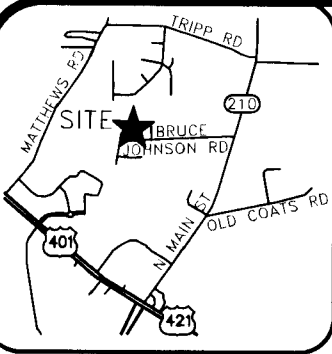
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
Signature of Owner or Owner's Agent

10/28/16  
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\*\*



VICINITY MAP (NTS)

- LEGEND**
- AC=AIR CONDITIONING UNIT
  - BOC=BACK OF CURB
  - DW=CONC DRIVEWAY
  - EB=ELECTRIC BOX
  - EOP=EDGE OF PAVEMENT
  - P=PATIO
  - PO=PORCH
  - SCO=CLEANOUT
  - SW=SIDEWALK
  - TP=TELEPHONE PEDESTAL
  - WM=WATER METER
  - IRON PIPE FOUND
  - ⊙ IRON PIPE SET
  - NAIL SET

**IMPERVIOUS AREA**

|              |                     |
|--------------|---------------------|
| HOUSE        | 1,941 SQ.FT.        |
| DRIVE        | 660 SQ.FT.          |
| WALK         | 85 SQ.FT.           |
| <b>TOTAL</b> | <b>2,686 SQ.FT.</b> |

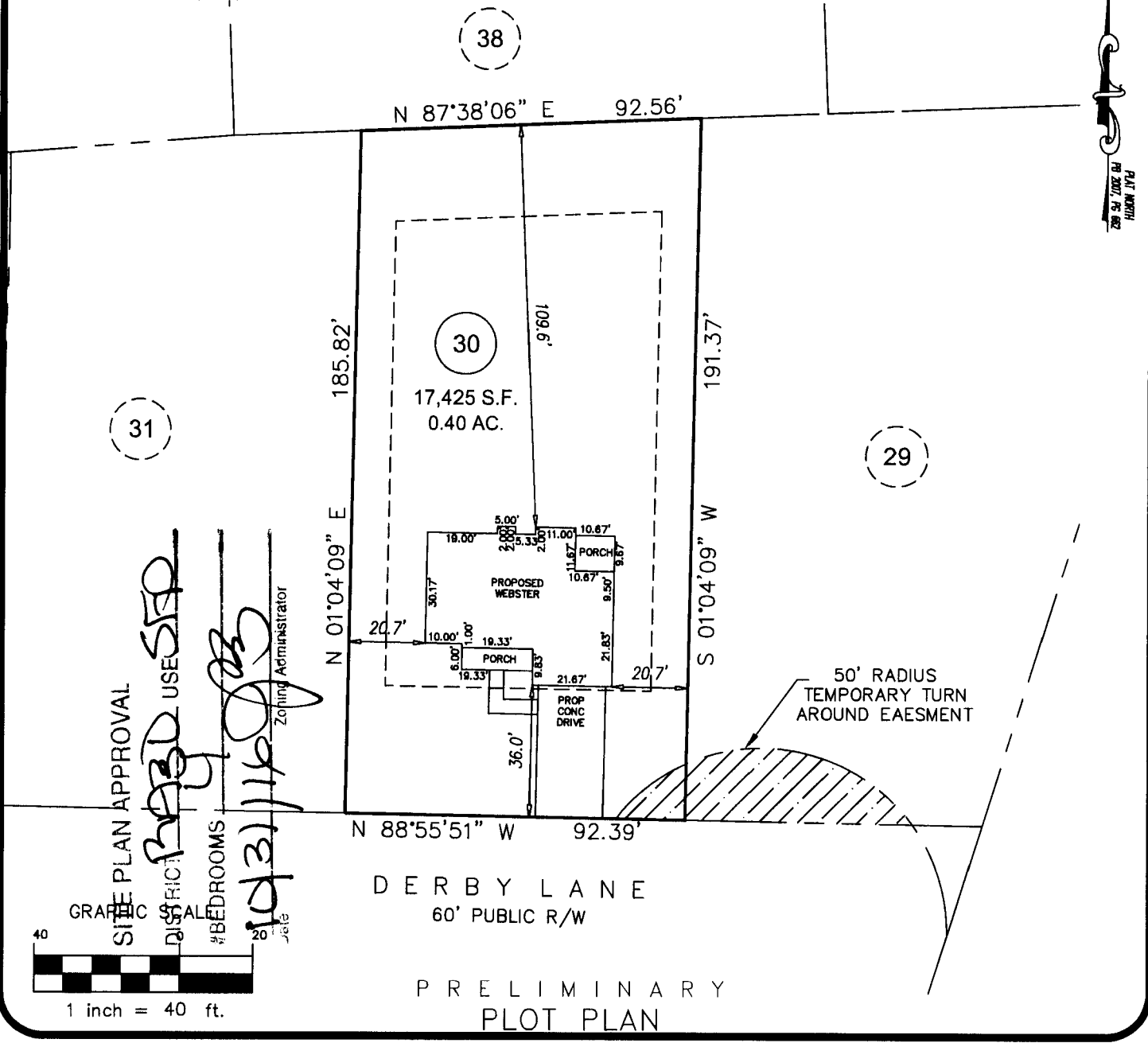
THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

SHAWN T. RUMBERGER, PLS L-4909 DATE

**SETBACKS**

|             |     |
|-------------|-----|
| FRONT       | 35' |
| SIDE        | 10' |
| REAR        | 25' |
| SIDE STREET | 20' |

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.



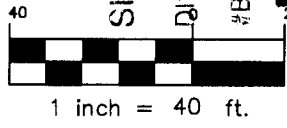
31

38

29

30  
17,425 S.F.  
0.40 AC.

SITE PLAN APPROVAL  
 DUSTIC PARD USE SFP  
 #BEDROOMS  
 10/31/16  
 Zoning Administrator



DERBY LANE  
60' PUBLIC R/W

PRELIMINARY  
PLOT PLAN

|              |                  |          |
|--------------|------------------|----------|
| <b>STAGE</b> | <b>PROJECT:</b>  | 14-004   |
|              | <b>DRAWN BY:</b> | APS      |
|              | <b>SCALE:</b>    | 1"=40'   |
|              | <b>DATE:</b>     | 10-27-16 |

FOR  
SIGNATURE HOMES BUILDERS  
101 DERBY LANE  
LOT 30 JOHNSON FARMS SUBDIVISION  
NEILL'S CREEK TWP., HARNETT CO., NC  
P.B. 2007, PG. 662

**ECLS GLOBAL**  
 U.S. VETERAN-OWNED  
 19 N MCKINLEY ST  
 COATS, NC 27521  
 910.897.3257 ECLSINC.COM  
 910.897.2329 (FAX) CO#C-4175

NAME: \_\_\_\_\_

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)

10/29/16  
DATE

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 Signature Home Builders Date 10/27/10  
Site Address 101 Derby Lane Phone \_\_\_\_\_  
Directions to job site from Lillington \_\_\_\_\_

Subdivision Johnson Farms Lot 30  
Description of Proposed Work New Construction # of Bedrooms \_\_\_\_\_  
Heated SF 2016 Unheated SF 903 Finished Bonus Room? Yes Crawl Space  Slab

**General Contractor Information**

Signature Home Builders 910-892-9299  
Building Contractor's Company Name Telephone  
1209 N Main St Lillington NC 27546 csherrad.shb@gmail.com  
Address Email Address  
49431  
License #

**Electrical Contractor Information**

Description of Work Electrical Service Size 200 Amps T-Pole  Yes  No  
R.A. Jackson Electric 919-894-5367  
Electrical Contractor's Company Name Telephone  
9261 Raleigh Rd. Benson, NC 27504  
Address Email Address  
21144  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC  
Custom Heating + Air 910-892-8827  
Mechanical Contractor's Company Name Telephone  
1001 Denim Drive Erwin, NC 28339  
Address Email Address  
12195  
License #

**Plumbing Contractor Information**

Description of Work Plumbing # Baths 2.5  
L.R. Glover Plumbing, Inc. 919-820-0026  
Plumbing Contractor's Company Name Telephone  
P.O. Box 764 Benson, NC 27504  
Address Email Address  
7958  
License #

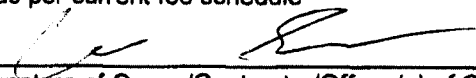
**Insulation Contractor Information**

Tatum Insulation II 919-661-0999  
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

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

10/28/16  
\_\_\_\_\_  
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 Signature Home Builders

Sign w/Title Christy D. Sand, Project Manager Date 10/28/16

09/09/11

Application #

16-50040044

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 Signature Home Builders Date 11/18/16  
Site Address 101 Derby Lane Phone 910-892-9299  
Directions to job site from Lillington \_\_\_\_\_

Subdivision Johnson Farms Lot 30  
Description of Proposed Work New Construction # of Bedrooms 3  
Heated SF 2016 Unheated SF 903 Finished Bonus Room?  Crawl Space  Slab \_\_\_\_\_

**General Contractor Information**

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Building Contractor's Company Name Telephone  
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Address Email Address  
49431  
License #

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Description of Work Electrical Service Size 200 Amps T-Pole  Yes  No  
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[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

11/18/16  
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

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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 Signature Home Builders Inc.

Sign w/Title [Signature] Date 11/18/16



**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 563022

Filed on: 11/18/2016

Initially filed by: larrydaughtry02152

**Designated Lien Agent**

Investors Title Insurance Company

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**

101 Derby Lane  
Lillington, NC 27546  
Harnett County

**Property Type**

1-2 Family Dwelling

**Date of First Furnishing**

11/30/2016

**Owner Information**

Signature Home Builders

1209 N. Main St.

Lillington, NC 27546

United States

Email: [csherrod.shb@gmail.com](mailto:csherrod.shb@gmail.com)

Phone: 910-892-9299

**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