Initial Application Date:	191	1991	
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Application #		0	55
	CU#		

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION set, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

108 E. Front Street, Lillington, NC 27546

ANDOWNER: Stancil Builders Inc.		Mailing Address:	Road	
City: Angier	State: NCZip: 27501	_ Contact No: 9196392073	Email: wendydo	rman@embarqmail.co r
Stancil Builders Inc		466 Stancil Road		
Applicant":	NC 27501	9196392073	wendydo	rman@embarqmail.co r
APPLICANT*:	State: Zip: t than landowner	_ Contact No:	Email:	
CONTACT NAME APPLYING IN OFFIC			hone # <u>9194226134</u>	
PROPERTY LOCATION: Subdivision:	Hunters Point		Lot #: 9	Lot Size: .596
State Road #State F	Road Name: Silas Hayes Ro	oad	Map Book & l	Page: 2006 / 1128
070691002308		PIN: 0691-68-2157.000		
Parcel: 070691002308 Zoning: 2630 lood Zone: X	_Watershed: \(\sum_{\text{P}} \) Deed	Book & Page: 3444 / 809	_Power Company*: _	Ouke Energy Progress
New structures with Progress Energy a				om Progress Energy.
Mod: (Sizex) # Bedro (Is the se	cond floor finished? () yes	() no Any other site built addition	ons? () yes () no	
			_(0.10 22	k:(site built?)
Duplex: (Sizex) No. E	uildings:No	o. Bedrooms Per Unit:		k:(site built?)
Duplex: (Sizex) No. E Home Occupation: # Rooms:		o. Bedrooms Per Unit:		
•	Use:	o. Bedrooms Per Unit: Hours of Operation:		#Employees:
Home Occupation: # Rooms: Addition/Accessory/Other: (Size _	Use:) Use:	o. Bedrooms Per Unit: Hours of Operation:	Closets ir	#Employees:
Home Occupation: # Rooms: Addition/Accessory/Other: (Size Water Supply: County E		D. Bedrooms Per Unit: Hours of Operation: Hours of Operation:	Closets ir *Must have opera	#Employees:n addition? () yes () to ble water before final
Home Occupation: # Rooms: Addition/Accessory/Other: (Size Water Supply: County E Sewage Supply: New Septic Tar		D. Bedrooms Per Unit: Hours of Operation: If (# of dwellings using well Existing Septic Tank (Complete C	Closets ir _) *Must have operal hecklist)Coul	#Employees: n addition? () yes () ble water before final nty Sewer
Home Occupation: # Rooms: Addition/Accessory/Other: (Size Water Supply: County E Sewage Supply: New Septic Tar Does owner of this tract of land, own land	Use: xisting Well New Well k (Complete Checklist) and that contains a manufactur	D. Bedrooms Per Unit: Hours of Operation: If (# of dwellings using well Existing Septic Tank (Complete Complete	Closets ir _) *Must have operal hecklist)Coul	#Employees: n addition? () yes () ble water before final nty Sewer
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on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Hwy 210 to Angler, Right on 55 towards Coats, Left on Silas Hayes,
S/D down on Right.	
I hereby state that foregoing statements are accurate and correct to the	f the State of North Carolina regulating such work and the specifications of plans submitted ne best of my knowledge. Permit subject to revocation if false information is provided.
Signature of Owner or Owner's Ag	<u>اک - کا -</u>
প্রীgnature of Owner or Owner's Ag	gent 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.

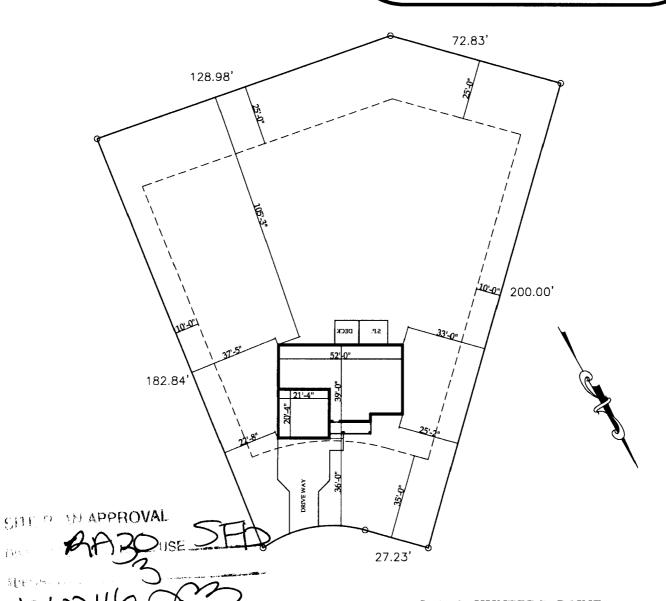
This application expires 6 months from the initial date if permits have not been issued

IMPERVIOUS CALCULATIONS

LOT = 25947 SF PROPOSED HOUSE - 1981 SF PROPOSED DRIVE - 683 SF PROPOSED TOTAL - 2664 SF IMPERVIOUS PERCENTAGE = 10%



STANCIL BUILDERS, INC.



Lot 9 HUNTERS POINT 100 HUNTERS POINT CT. ANGIER, NC 27501 Pin 0691-68-2157.000 Deed Book 3464 Page 809 Book of Maps 2006 Page 1128

LOT 9 HUNTERS POINT

SCALE 1" = 40'-0"

APPLICATION #:

This application to be filled out when applying for a septic system inspection.

County Health Department April: 41 a 7		
County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED CHANGED, OR THE OWNER,		
The three property of the first Application for improvement	ent Permit and/or Authorization to Construct	
IF THE INFORMATION IN THIS APPLICATION IS FAI SIFIED CHANGED	OP THE COMPAGE AS A STATE OF THE CONSTRUCT	
PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVAL depending upon documentation submitted. (Complete site plan = 60 months: Construct Shall become inval dependent of the construct of the construction of the c	OR THE SITE IS ALTERED, THEN THE IMPROVEMENT	
depending an analysis of the Construct Shall Become Inval	ID. The permit is valid for either 60 months ar with	
depending upon documentation submitted. (Complete site plan = 60 months; Complete site plan =	aplete plate solid	
910-893-7525 option 1	ipicic plat = without expiration)	
/ 510 055-7525 Option 1	CONFIRMATION #	
☑ Environmental Health New Sentic SystemCode 200	COMMINIMATION #	

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 fallure 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.

<u>SEPTIC</u>		permits.
If applying	for authorizat	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{_}} Acc	epted	Innovative {\(\neglightarrow\) Conventional \(\left(\) Any
{}} Alte	rnative	{}} Other
The applica question. It	int shall notify f the answer is	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	(<u>∠</u>) NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	(<u>√</u>) NO	Do you plan to have an irrigation system now or in the future?
{}}YES	{ <u>✓</u> } NO	Does or will the building contain any drains? Please explain.
{}}YES	(<u>~</u>) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	(<u>✓</u>) 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?
	{ <u></u> } 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.
Have Read	This Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And

cation 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.

A Complete Site Evaluation Can Be Performed.
Wendly S. Worman
OPERT OWNERS OF OWNERS YES
OPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)
(III goings)

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

Owners Name Stancil Builders Inc.	Date
Site Address 100 Hunters Point Ct. Angier 275	01 Phone 919-639-2013
Directions to job site from Lillington Hwy 210 +0 Arg:er, Rigi	ht as 55 towards Code
Left Silas Hayes, STD on Right	m ph se reading Cans,
Subdivision Hunters Point	Lot 9
Description of Proposed Work Single Family Dwelling	
Heated SF 1340 Unheated SF Finished Bonus Room?	# of Bedrooms 3
General Contractor Informatic	
Stare: Brilders Inc. Building Contractor's Company Name	919-439-2013
Building Contractor's Company Name	Telephone
466 Stancil R.L. Angier 27501	wendydsoman@embargmail.com
Address	Email Address
34533 License #	
Electrical Contractor Information	n=
Description of Work Single Family Dwelling Service Size	200 Amps T-Pole X Yes No.
SNO Electrical	919-427-6952
Electrical Contractor's Company Name	Telephone
19655 NC 210 HWY Angier 27501	
Address	Email Address
13025-L License #	
Mechanical/HVAC Contractor Inform	mation
Description of Work SFD	
	919-329-0686
Stephenson Heating : Air Inc. Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Garner 27529	• * * * * * * * * * * * * * * * * * * *
Address	Email Address
186 44	
License # Plumbing Contractor Information	
Description of Work SFD	
Bornes Plumbing Too	_# Baths_ <u>2</u> 919-422-2133
Barnes Plumbing Inc. Plumbing Contractor's Company Name	
239 Millwood Ln. Angier 27501	Telephone
Address	Email Address
<u>P17735</u>	
License #	
Insulation Contractor Information	
Totum Insulation II Inc. 519 Old Drug Store Rd. Insulation Contractor's Company Name & Address Garner 27529	919-661-0999
Tallie a Madress Garner 27527	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

Wends & Derman	12-20-16
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compo	ensation N C G S 87-14
General Contractor Owner Owner	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person set forth in the permit	on(s) firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	workers compensation insurance to cover them
Has one (1) or more subcontractors(s) and has obta	ined workers compensation insurance to cover
Has one (1) or more subcontractors(s) who has their covering themselves	r own policy of workers compensation insurance
Has no more than two (2) employees and no subcon	ntractors
While working on the project for which this permit is sought Department issuing the permit may require certificates of co to issuance of the permit and at any time during the permitticarrying out the work	Werade of workers compensation incurred
Company or Name Stancil Builders Inc.	
Sign w/Title Wendy S. Dorne	Date 12-20-16

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 578170

Filed on: 12/22/2016

Initially filed by: StancilBuildersing

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com der word

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

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

Email: support@liensnc.com.p. margarette.com

Owner Information

Stancil Builders Inc. 466 Stancil Road Angier, NC 27501 United States Email: bgoldston@embarqmail.com Phone: 919-639-2073

Project Property

Lot 9 Hunters Point Book of Maps 2006 Page 1128 Deed Book 3464 Page 809 100 Hunters Point Court Angier, NC 27501 North Carolina County

Property Type

1-2 Family Dwelling

Date of First Furnishing

01/16/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384

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.