| Initial Application Date:_ | 1   | 131 | ШΩ |
|----------------------------|-----|-----|----|
|                            | - 1 |     |    |

Sidestreet/corner lot

Residential Land Use Application

Nearest Building on same lot

| Application # 1750040058 | <u>040658</u> |
|--------------------------|---------------|
| <b>~</b>                 |               |

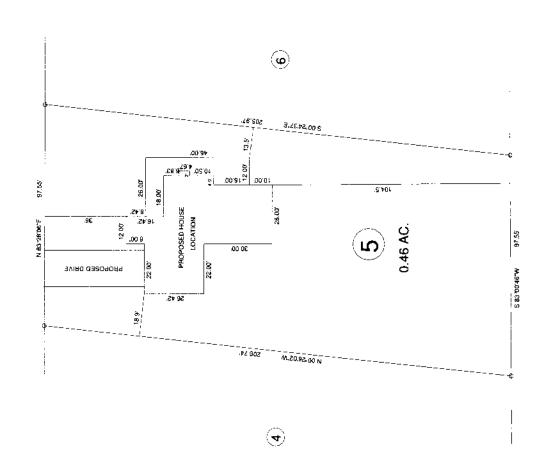
| •  | •   |                      |   |                         | CU#            |                         |
|--|---|----------------------|---|-------------------------|----------------|-------------------------|
| Central Permitting 108                     | COUNTY OF<br>8 E. Front Street, Lillington, I                         |                      | IDENTIAL LAND USE<br>ione: (910) 893-7525 e | —                       | 893-2793       | www.harnett.org/permits |
| "A RECORDED SURVEY                         | MAP_RECORDED DEED_OR O  | OFFER TO PURCHA      | SE) & SITE PLAN ARE RE                      | QUIRED WHEN SUB!        | MITTING A LAN  | D USE APPLICATION**     |
| LANDOWNER: Make                            | Place Bui   | - 1 111              | Aaling Address: 317<br>act No: 910 1872     | 2N. Ma                  | 1~3            | P R T                   |
| City: Hope Yrei                            | State: / CZip   | (Z:0.)7 Cont         | act No: <u>IIC IO /</u>                     | <u> </u>                | TWARELL        | Committee &             |
| APPLICANT*: Marke                          |   | court.               | 3102 N                                      |                         | <u>.</u> 34    | चित्रच।                 |
| City: Hope / (c)                           | State <u>VC</u> Zig   | 2848 <sub>Cont</sub> | act No: <u>910 9 8</u>                      | 7 <b>2900</b> Emr       | Market         | Mace Bus Ne             |
| CONTACT NAME APPLYING I                    | 11:   | Rob                  | ests  | Phone #                 | @ G1<br>10 98  | 72900                   |
| PROPERTY LOCATION: Subdi                   | •   | Tace                 |   | Lot                     |                | Lot Size: 205 X         |
| State Road # 128                           | _ State Road Name:5-  | tock M               | aket Do                                     | Ma <sub>l</sub>         | p Book & Pag   | <u> 2014, 199</u>       |
| Parcel: <u>63</u> 9597                     | 6656 04   | PI                   | N: 9597-                                    | 10-68                   |                |                         |
| Zoning: <mark>[[A26][2]</mark> Flood Zone: | Watershed:  | Deed Book            | & Page: <b>3239</b> /                       | 729 Power Con           | mpany*:        |                         |
| New structures with Progress E             | Energy as service provider n  | eed to supply pre    | emise number                                |                         | from l         | Progress Energy.        |
| 22000000 HOE                               |   |                      |   |                         |                |                         |
| PROPOSED USE:                              | .,  |                      |   | _                       |                | Monolithic              |
| SFD: (Size 44 x 60)                        | # Bedrooms: <u>1</u> # Baths <u>2</u><br>s the bonus room finished? ( |                      |   |                         |                |                         |
| (12  | s the bonds room imished? (   | yes                  | o w/a doset/ (≝) ye                         | s () no (ir yesai       | aa in with # D | edrooms)                |
|  | # Bedrooms # Baths<br>s the second floor finished?                    |                      |   |                         |                | rame Off Frame          |
| Manufactured Home:5                        | SWDWTW (Size_   | x)#                  | Bedrooms: Gar                               | age:(site built?        | )              | (site built?)           |
| □ Duplex: (Sizex                           | _) No. Buildings:   | No. Bedro            | ooms Per Unit:                              |                         |                |                         |
| ☐ Home Occupation: # Room                  | ns:Use:   |                      | Hours of Operati                            | on:                     |                | _#Employees:            |
| ☐ Addition/Accessory/Other:                | (Sizex) Use:  |                      |   |                         | Closets in ad- | dition? () yes () no    |
| Water Supply:County _                      | Existing Well   | New Well (# of d     | wellings using well                         | ) *Must hav             | ve operable v  | water before final      |
| Sewage Supply:New Se                       | ptic Tank (Complete Checkl  | list)Exist           | ing Septic Tank ( <i>Comp</i>               | olete Checklist)        | County \$      | Sewer                   |
| Does owner of this tract of land,          | own land that contains a ma   | anufactured home     | e within five hundred fo                    | eet (500") of tract lis | sted above? (  | ) yes (                 |
| Does the property contain any e            | asements whether undergro   | ound or overhead     | () yes (no                                  |                         |                |                         |
| Structures (existing or proposed           | ): Single family dwellings:   |                      | Manufactured Homes                          |                         | Other (speci   | fy):                    |
| Required Residential Propert               | y Line Setbacks:  | Comments:            | would.                                      | Like                    | Fut            | w.C                     |
| Front Minimum 35                           | Actual 36   | -Poc!                | I~ B  | ack                     |                |                         |
| Rear <u>25</u>                             | 104.5   | <del> </del>         |   |                         |                | <u></u>                 |
| Closest Side                               | 13.5  | <del></del>          |   |                         |                |                         |
|  |   |                      |   |                         |                |                         |

| mits are granted I agree to conform to all ordinances and law of the State of North Carolina regulate<br>by state that foregoing statements are accurate and correct to the best of my knowledge. Permit su | no such work and the specifications of plans subr |
|---|---|

\*\*\*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\*\*

"STOCK MARKET DRIVE" 50' R/W



MAPPRIL
MADOR USE SFD

MAP REFERENCE: MAP NO 2014-199

FRONT VARO ... 35
HEAR VARO ... 22
SJOC YARD ... 10
CORNELLED SIDE VARO PC

DRAWING NO

CHECKED & CLOSURE BY

SCALE 11.

JANUARY 25,2017

STATE, NORTH CAROUNA

¥ SIIE

COUNTY . DATE

FIELD BOOK

SURVEYED BY UHAWN BY

BENNETT SURVEYS 1662 CLARK RD, JILLINGTON N C 27546 1910) 899 5952

> PROPOSED PLOT PLAN - LOT - 5 MARKET PLACE S/D, SECTION ONE

SURVEY FOR

/g

MAP NO. 2014-199

NAME: Maket Place Inildes

| APPLICATION #:  |  |
|-----------------|--|
| ALL DICATION IN |  |

CONFIRMATION #

## \*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)

Environmental Health New Septic System Code 800

910-893-7525 option 1

- 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.

| <ul> <li>Use Click2Gov<br/>SEPTIC</li> </ul> | or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.  |
|--|--|
|  | on 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 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?   |
| {}YES  | Do you plan to have an <u>irrigation system</u> 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  1NO                                  | Is any wastewater going to be generated on the site other than domestic sewage?  |
| {_}}YES                                      | Is the site subject to approval by any other Public Agency?  |
| (_)YES  _NO                                  | Are there any Easements or Right of Ways on this property?   |
| (  | 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 Grante                   | d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.  |
|  | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making  |
| 1  | A Complete Site Evaluation Can Be Performed.   |
| PROPERTY OWNERS                              | OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE   |

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

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 Market Place Builders   | LLC Date 1-30-           |
|---|--------------------------|
| Site Address Stock Market Pr  | Phone _                  |
| Directions to job site from Lillington Trace Rd Tuca                      |                          |
| J   |                          |
| M. W. W.  |                          |
| Subdivision Maket Place   | Lot                      |
| Description of Proposed Work New Residential                              | # of Bedrooms            |
| Heated SF Unheated SF Finished Bonus Room? General Contractor Information |                          |
| Market Pice Buildes L.C.  | 00PE578POIP              |
| Building Contractor's Company Name  | Telephone, 101 7         |
| 3102 N. Main St Hope Mills 28848  |                          |
| Address   | Email Address Gmail      |
| License #   |                          |
| Description of Work New Residents on Service Size                         | MOAmps T-Pole Yes No     |
| Rinded Flectric   | 910237,5690              |
| Electrical Contractor s Company Name                                      | Telephone                |
| P.D. Box 65074 Fay 28306  |                          |
| Address   | Email Address            |
| License #   |                          |
| Mechanical/HVAC Contractor Inform   | ation                    |
| Description of Work New Residential                                       |                          |
| James Haves Heating & Dic   | 40/0247155               |
| Mechanical Contractor s Company Name                                      | Telephone                |
| 600 Fair St Fay 28306   |                          |
| Address /   | Email Address            |
| License #   |                          |
| Plumbing Contractor Informatio  | <u>n</u>                 |
| Description of Work New Residential                                       | _# Baths                 |
| Kevin Joses Physbines   | 210-978-3288             |
| Plumbing Contractor's Company Name  | Telephone                |
| 6814 Family St Fax 28514  |                          |
| Address P-1   | Email Address            |
| License #   |                          |
| Insulation Contractor Informatio  | n Our Vil                |
| Canbeland Ins. 4205 Clinter Rd  | 410 <del>4</del> 84-1118 |
| Insulation Contractor's Company Name & Address 28312                      | Telephone                |
| try doord   |                          |

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 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

Sign w/Title

### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 594889

Filed on: 01/30/2017

Initially filed by: CHRISROBERTS

### Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com//re-

Address: 19 W. Hargert St., Sunc 507 / Raleigh, NC

2760

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

Email: support@liensne.com. att. appet. https://me

Property Type

128 Stock Market Dr

Broadway , NC 27505 Harnett County

Project Property

LT#5 MarketPlace PHI MAP#2014-199

1-2 Family Dwelling

Owner Information

Date of First Furnishing

Marketplace Builders LLC 3102 N Main St Hope Mills, NC 28348

United States

Email. Marketplacebuilders@gmail.com

Phone: 910-987-2900

02/13/2017

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

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.