

Application #	750	2040r	148
	CU#	SFO	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

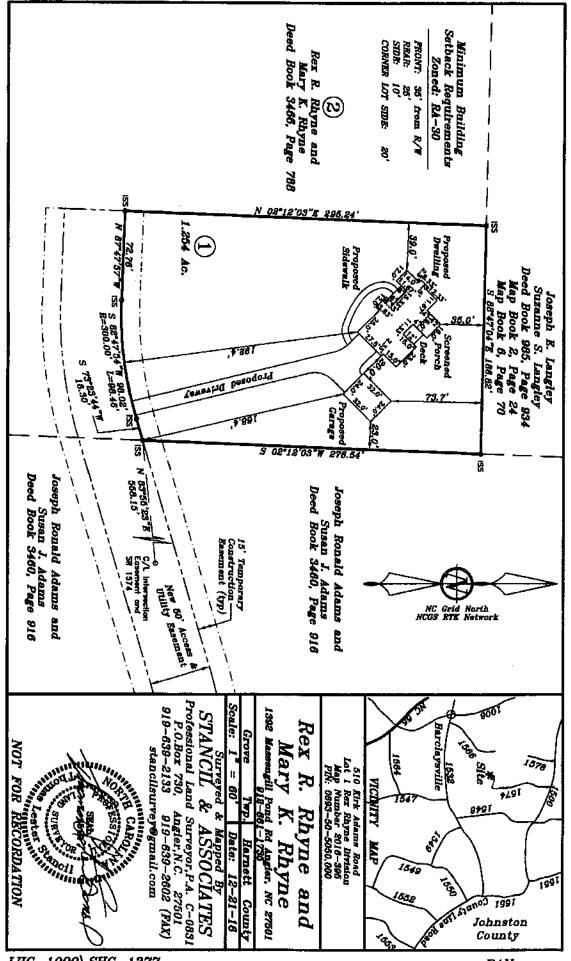
108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamett.org/parmits

					QUIRED WHEN SUBMITTING A LAND Massengill Pond Road	
	ax & Mary Rhyne		l	Mailing Address:	lassengili Pond Road	
City: Angler		State: NC Zip	: <u>27501</u> Conf	tact No:	Email:	
APPLICANT*. Sta	ıncil Builders Inc.		Mailing Address	466 Stancil Road		
City: Angier		State: NC Zio	.27501 Com	9196392073	Email: wendydorma	n@embarqmail.co ∧
*Please fill out applic	ant information if differen	State zip ant than landowner		idel No.	Lindii.	
CONTACT NAME	APPLYING IN OFF	ICE: Bruce Harper			Phone #	
PROPERTY LOCA	ATION: Subdivision:	Not in Subdivision			Lot#:	Lot Size: 1.254 acr€
State Road # 1574	4 State	Road Name: Kirk A	dams Road		Map Book & Pagi	a: 2016/395
Garagh 04069301	10301			0693505050.000		
7-12-12-12-12-12-12-12-12-12-12-12-12-12-) Flord Zoon X	Manage A	A Dood Book	8 Bana: 2446 1 7	96 Power Company*: Duke	Energy Progress
*New structures w	ith Progress Energy	as service provider n	eed to supply pr	emise number	from P	ragress Energy.
PROPOSED US	E:					
of sent/size 6	0.10 58.8 /# Badu	oome: 3 # Baths: 2	Rasement/w/\	wo hath): Garage:	Deck: Crawl Space:	Monolithic Slab: Slab:
2 3) D. (3)26 _					() no (if yes add in with # be	
☐ Mod: (Size _					Site Built Deck; On Fradditions? () yes () no	rame Off Frame
☐ Manufactured	d Home:SW	_DWTW (Size_	×)	# Bedrooms: Gara	ige:(site built?) Deck:	(site built?)
□ Duplex: (Size)x) No.	Buildings:	No. Bed	rooms Per Unit:		
☐ Home Occup	ation: # Rooms:	Use:		Hours of Operation	on:	_#Employees:
☐ Addition/Acce	essory/Other: (Size	x) Use:			Closets in add	dition? () yes () n
Water Supply:	County	Existing Well	New Well (# of	dwellings using well) *Must have operable v	water before final
					lete Checklist) County S	
					et (500') of tract listed above? (
				ıd (<u></u>) yes (<u></u> ✓) no		
	•	te family dwellings:			Other (speci	fv)·
Subcures (existin	g or proposed). Sing	ne laitiny dwellings				
Required Reside	ntial Property Lin	e Setbacks:	Comments:_	10+#	<u>175004074</u>	<u> </u>
Front Minimu	.m. <u>35</u> Acti	135+			Det Gare	ege
Rear	25	35				0
Closest Side	10	39			<u>-</u>	
Sidestreet/corner	iot					
	,					
Nearest Building on same lot			-			

	PROPERTY FROM LILLINGTO dams Road property on the l		or, Right on NC 55, Left of	n McIver Street turns into	
					
					•
ermits are granted I agree to co	nform to all ordinances and law	s of the State of North 0	Carolina regulating such work	cand the specifications of pla	ans submit
reby state that foregoing staten	nents are accurate and correct t	to the best of my knowle	dge. Permit subject to revoc	cation if false information is p	rovided.
_/Nene	ghature of Owner or Owner's	Agent		<u> </u>	

^{***}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 Sone.

AP	PLICATION #:	

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 Coatle Coates Coate	000	

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 <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

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

- 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 authoriza	tion to construct please ind	licate desired system type(s):	can be ranked in order of preference, must choose one.
{}} Acc		-	{ ∠ } Conventional	{}} Any
{}} Alte	rnative	{}} Other		
			nent upon submittal of this a	application if any of the following apply to the property in GOCUMENTATION:
_}YES	{ <u>⊬</u> } NO	Does the site contain a	nny Jurisdictional Wetlands?	
}YES	{ <u>⊁</u> } NO	Do you plan to have a	n <u>irrigation system</u> now or ir	the future?
}YES	0N <u>{ x</u> }	Does or will the buildi	ing contain any drains? Plea	se explain
YES	(<u>¥</u>) NO	Are there any existing	wells, springs, waterlines or	r Wastewater Systems on this property?
}YES	{ <u>*</u> } NO	Is any wastewater going	ng to be generated on the site	e other than domestic sewage?
}YES	{ <u>≭</u> } NO	Is the site subject to ap	proval by any other Public	Agency?
YES	{ X } NO	Are there any Easeme	nts or Right of Ways on this	property?
{}}YES	{ X } NO	Does the site contain a	any existing water, cable, ph	one or underground electric lines?
		If yes please call No	Cuts at 800-632-4949 to loca	ate the lines. This is a free service.
Have Rea	d This Applica	ation And Certify That Th	e Information Provided Here	in 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

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/10

2-7-17

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Applicant/Owner 466 Stancil Road Argier NC 27501 Street Address, City, State, Zip Code The Applicant must submit a Site Plan. The Site Plan is a map/drawing of 1. existing and/or proposed property lines and easements with dimensions; 2. the location of the facility and appurtenance; 3. the location for the proposed well;	(919) 639-2013 Phone Number the property and must show:
Applicant/Owner 466 Stancil Road Angier NC 27501 Street Address, City, State, Zip Code The Applicant must submit a Site Plan. The Site Plan is a map/drawing of 1. existing and/or proposed property lines and casements with dimensions; 2. the location of the facility and appurtenance; 3. the location for the proposed well;	
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of a existing and/or proposed property lines and easements with dimensions; 2. the location of the facility and appurtenance; 3. the location for the proposed well;	the property and must show:
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of a sexisting and/or proposed property lines and easements with dimensions; 2, the location of the facility and appurtenance; 3, the location for the proposed well;	the property and must show:
 existing and/or proposed property lines and easements with dimensions; the location of the facility and appurtenance; the location for the proposed well; 	the property and must show:
 4. the location of existing or proposed sewer lines and/or sewage disposal system 5. the location of any existing wells within 100 feet of the property; surface wate 6. above ground and/or underground storage tanks; 7. and any other known sources of contamination within 100 feet of the propose 	er bodies;
The Applicant shall notify the Harnett County Health Director through or Division of Environmental Health if any of the following occur prior to well 1, there is a relocation of the proposed facility; 2, there is a change in the intended use of the facility; 3, there is a need for installing the waste water system in an area other than indic 4, there are landscape changed that affect site drainage. Contact information: Environmental Health Division - 9 PROPERTY INFORMATION	construction: cated on the well permit; or 010-893-7547
Proposed use of well	Business [] Irrigation []
Single-Family Multifamily Church □ Restaurant □	Business Imigation
Street Address 510 Kirk Adams Road Subdivisio	n/Lot# 1 Notin Subdivisi
Parcel # 040693010301 PIN # 0	693505050.000
Directions to the Site	Material Land
	- 1110 11102 TE DANAGE
Directions to the Site Hwy 210 to Angier. Right on NC 55, Left a Benson Rd., Right on Kirk Adams Rd. proper	a down and a make

1. January and a secondary

making the site accessible so that a will can be properly constructed according to the permit.

state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and

Property Owner's Owner's Legal Representative Signature Required

2-7-17 Date Each section below to be filled out by whomever performing work Must be owner or itcensed 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

	
Owner's Name Ker; Mary Khyne	Date
Site Address 510 Kink adams Rd. Angier 27501	Phone
Directions to job site from Lillington Hwy 210 to angin, Ru	At an NC55, Lest
on Mc Ives St. becomes Binson Rd., Right on	Kirk adams load
property down on the right.	
Subdivision Not in Suladipinion	Lot
Description of Proposed Work Single Family Owelling	# of Bedrooms <u>3</u>
Heated SF _2097 Unheated SF Finished Bonus Room? V	Crawl Space 🔀 Slab
General Contractor Information	
Stancil Ruilders Sre.	919-639-2013
Building Contractor's Company Name	Telephone
466 Stancil Rd. Anger 22501	wendy dorman Cembargonail.com
Address	Email Address
<u>34533</u>	
License # <u>Electrical Contractor Information</u>	•
	200 Amps T-Pole Yes No
In a Cleatical	919-427-6952
Electrical Contractor s Company Name	Telephone
19655 NC 210 HWY Angie 27501	r
Address	Email Address
13075-L	
License #	***
Mechanical/HVAC Contractor Inform	ation
Description of Work	
Stephenson Hereine au Inc.	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Dr. Sarner 27529	
Address	Email Address
18644	
License # Plumbing Contractor Information	n
Description of Work SFD	# Baths 2
Barnes Plumbers Inc.	919-422-2133
Plumbing Contractor's Company Name	Telephone
239 Millwood Lane angier 27501	1 Signification
Address	Email Address
P19935	
License #	
Insulation Contractor Information	-
Satur Insulation I Inc.	919-661-0999
Insulation Contractor's Company Name & Address 519 Old Drug Store Rol. Barner 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 2-7-17 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 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 _ Name! Builders Anc.

Sign w/Title Dendy Darman Date 2-7-17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 599621

Filed on: 02/07/2017

Initially filed by: StancilBuildersinc

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.lienanc.com our was home con-

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

NC 27601

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

Email: support@liensnc.com (maile account home you)

Owner Information

Rex & Mary Rhyne 1392 Massengill Pond Road Angier, NC 27501 United States

Email: bgoldston@embarqmail.com

Phone: 919-639-2073

Project Property

Lot 1 1.254 AC Rex R Rhyne Map 2016 Page 395 Deed Book 3466 Page 788 510 Kirk Adams Road Angier, NC 27501 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

02/20/2017

View Comments (0)

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.

Technical Support Hotline: (888) 690-7384