Initial Application Date: 2/02/11

on same lot

Residential Land Use Application

AU-42

Application # _	1250	040	786
	CH#	_	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
et, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

108 E. Front Street, Lillington, NC 27546 Central Permitting

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

Mailing Address: 1210 Trinity Road, Suite 102

State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmoxley@royaloakshomes.com LANDOWNER: Royal Oaks Building Group, LLC City: Raleigh APPLICANT\*: Royal Oaks Building Group

Mailing Address: 1210 Trinity Road

City: Raleigh State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmoxley@royaloakshomes.com

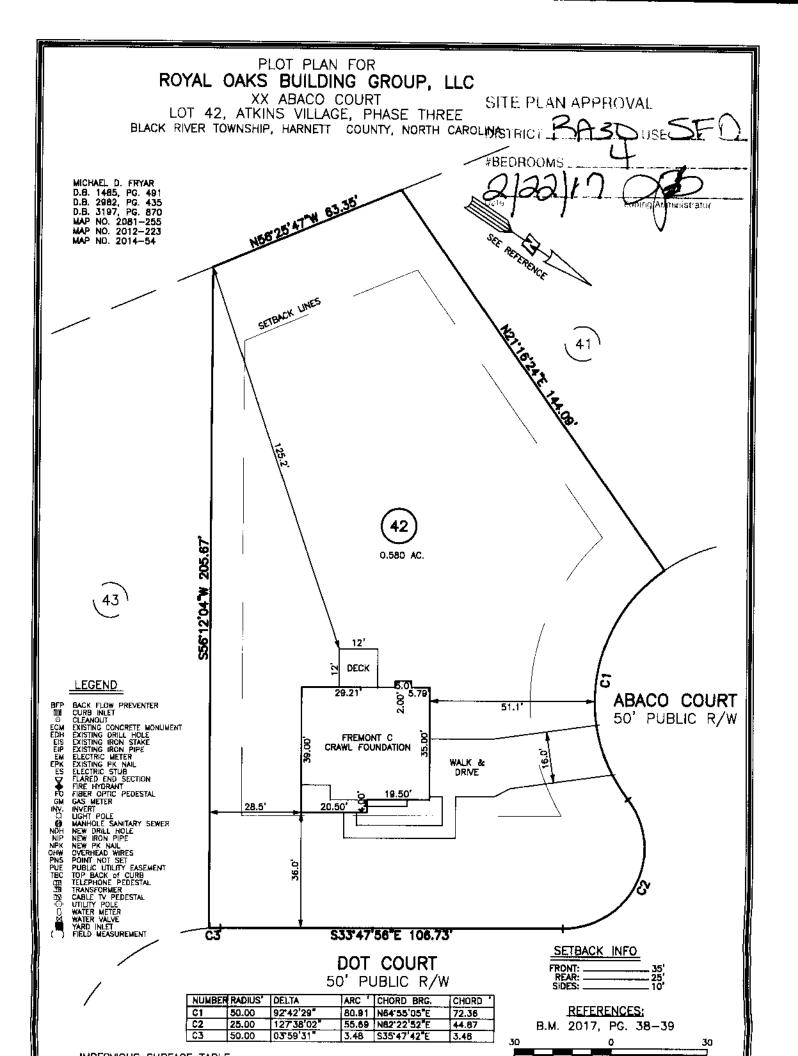
\*Please fill out applicant information if different than landowner Phone # 919-233-3886 / 321 CONTACT NAME APPLYING IN OFFICE: John Moxley PROPERTY LOCATION: Subdivision: Atkin's Village Lot #:\_42 Lot Size<u>:</u> .58 \_\_\_\_\_ State Road Name: Abaco Court Parcel: 040664 0020 44 PIN: 0664-76-0952.000

Zoning: RA30 Flood Zone: N/A Watershed: N/A Deed Book & Page: 3480 / 196 Power Company\*: South River \*New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: SFD: (Size 51' x 40') # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): Garage: V Deck: V Crawl Space: V Slab: 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: New Home Manufactured Homes:\_\_\_\_ Other (specify): Comments:\_\_\_\_ Required Residential Property Line Setbacks: 35' Front Minimum 25' 125.21 Rear 10' 28.5 Closest Side 20' 51.1' Sidestreet/corner lot Nearest Building

left onto Atkins Village Court		
		<del> </del>
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina I hereby state that foregoing statements are accurate and correct to the best of my knowledge. P	a regulating such work and the sp Permit subject to revocation if fals	pecifications of plans submitted e information is provided.
Signature of Change of Change is Agent	2/20/2017	
Signature of Owner's Agent	Date	

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

<sup>\*\*\*</sup>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.\*\*\*



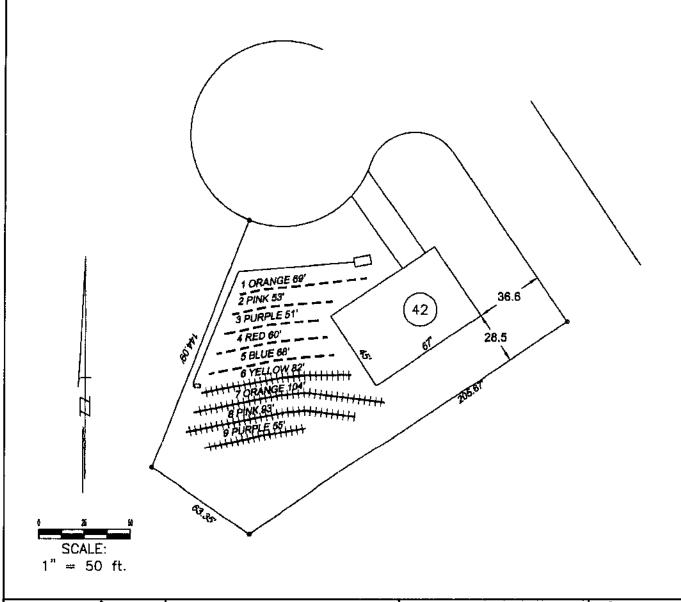
LINE SCHEDULE SYSTEM				
LINE NUMBER	COLOR	FIELD 1	LENGTH	
1	PURPLE	4.10	70	
2	PINK	4.30	ß5	
3	YELLOW	4.40	105	
4	ORANGE	4.60	125	
5	BLUE	4.60	145	
6	RED	5.00	70	
7	PINK	5.20	75	
6	PURPLE	5.40	75	

LOT 42 ATKINS VILLAGE S/D

4-BEDROOM GRAVITY TO SERIAL DIST SYSTEM LINES 6-9 EZFLOW LTAR 0.4

4-BEDROOM GRAVITY TO SERIAL DIST REPAIR LINES 1-5 EZFLOW LTAR 0.4

FOR GENERAL USE NOT A SURVEY PRELIMINARY NOT FOR CONSTRUCTION





Central Carolina Soil Consulting, PLLC 1900 South Main Street, Suite 110 Wake Forest, North Carolina 27587 Phone (919)568-6704 Fax (919)568-6703

SEPTIC SITE PLAN Lot 42 ATKINS VILLAGE Subdivision HARNETT County, North Carolina Job#: 2068 Drawn By: AH Date: 11/14/2016 Revision: PIN: 0664-76-0952.000 PARIEL: 040664 0020 44

NAME: <u>LOT 42</u>	, ATKINS VIJIAGE		APPLICATION #:	·
County Health I IF THE INFORMATION PERMIT OR AUTHORIZ depending upon document 910-893-7525  Environmental h All property lines must be Place "orange out buildings, Place orange If property is t evaluation to l All lots to be for failure to After preparin 800 (after sele confirmation n Use Click2Go	dealth New Septic System Code irons must be made visible. Clearly flagged approximately est house corner flags" at each conswirming pools, etc. Place flag Environmental Health card in lot thickly wooded, Environmental I be performed. Inspectors should addressed within 10 businessed uncover outlet lid, mark house go proposed site call the voice performed of recording to recording the proposed site call the voice performed of recording to recording the proposed site call the voice performed. Inspection or IVR to verify results. Once the performance of the proposed site of the proposed site call the voice performed in the proposed site call the voice performed in the performance of the perfo	t when applying for a  Improvement Per  ED, CHANGED, OR THE  ECOME INVALID. The  60 menths; Complete place  e 800  Place "pink property very 50 feet between rner of the proposed gs per site plan deve cation that is easily vereable to walk free s days after confirm e corners and proper ermitting system at 9 ple permits exist) for for proof of request approved, proceed to s Code 800	rmit and/or Authorizate SITE IS ALTERED, THEN To permit is valid for either 60 monate without expiration)  CONFIRMATION #	tion to Construct THE IMPROVEMENT In this or without expiration  on of lot. All property ways, garages, decks, tting. in locating property, rowth to allow the soil ade property. I fee may be incurred confirmed ready. Chedule and use code spection. Please note
<ul> <li>Follow above</li> </ul>	instructions for placing flags and	d card on property.		
possible) and • DO NOT LEAV	spection by removing soil over then put lid back in place. (Un E LIDS OFF OF SEPTIC TANK	less inspection is for	a septic tank in a mobile t	nome park)
if multiple per given at end o	ng <b>outlet end</b> call the voice per mits, then use code <b>800</b> for E of recording for proof of request. In or IVR to hear results. Once a	nvironmental Health	inspection. Please note	confirmation number
<u>SEPTIC</u>	ion to construct please indicate desire		_	•
{}} Accepted		Conventional {		
{}} Alternative	•			
The applicant shall notify	y the local health department upon s "yes", applicant MUST ATTAC	submittal of this applic	eation if any of the following	apply to the property in
{}}YES	Does the site contain any Jurisdic	ctional Wetlands?		
()YES ( <b>_</b> _) NO	Do you plan to have an irrigation	system now or in the	future?	
{ <u>✓</u> YES {_}} NO	Does or will the building contain	any drains? Please exp	plain. FOUNDATION D	RAINS
YES	Are there any existing wells, spri			•
{_}}YES	Is any wastewater going to be ge		•	-
{}}YES - { <b>_∕</b> } NO	Is the site subject to approval by			
YES   <u></u>  NO	Are there any Easements or Righ	t of Ways on this prop	erty?	
{_}}YES	Does the site contain any existing	g water, cable, phone o	r underground electric lines?	
	If yes please call No Cuts at 800			
I Have Read This Applica	tion And Certify That The Informati			
	d Right Of Entry To Conduct Necess			•
Understand That I Am S	olely Responsible For The Proper Id	entification And Labeli	ng 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 REPRE	SENTATIVE SIGNA	THRE (REQUIDED)	DATE
The state of the s	O ILLE DIAME REFRE	OMITALITE SIUNA	TORE (REQUIRED)	DAIL

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

# <u>Application for Residential Building and Trades Permit</u>

Owners Name Royal Oaks Building Group	Date		
Site Address Abaco Court	Phone _919-233-3886		
Directions to job site from Lillington North on 401; Right onto Rawls			
left onto Atkins Village Court			
Subdivision Atkins Village	Lot42		
Description of Proposed Work Single Family Home			
Heated SF 2342 Unheated SF 1413 Finished Bonus Room?			
General Contractor Informa	tion		
Royal Oaks Building Group, LLC	919-233-3886		
Building Contractor's Company Name	Telephone		
1210 Trinity Road, Suite 102 Raleigh, NC 27607	cobrien@royaloaksbg.com		
Address	Email Address		
49775			
License #			
Electrical Contractor Information and Pinal Contractor Services	ition		
Description of Work Electrical Rough in and Final Service Size			
Imperial Electric	<u>919-363-7474</u>		
Electrical Contractor's Company Name	Telephone		
PO Box 162, Apex, NC 27502	F		
Address	Email Address		
19850			
License #  Mechanical/HVAC Contractor Info	ormation		
Description of Work Install HVAC and duct system			
Stewart's Heating and Air	919-362-0387 Telephone		
Mechanical Contractor's Company Name	releptione		
2430 Reliance Ave, Apex, NC 27539			
Address	Email Address		
<u>09308</u>			
License # Plumbing Contractor Informa	ation		
	# Baths 2.5		
Description of Work Plumb single Family home			
Barbour & Pourron	919-533-4455		
Plumbing Contractor's Company Name	Telephone		
PO Box 934, Clayton, NC 27528	Email Address		
Address	Email Address		
27132 License #			
Insulation Contractor Information	ation		
Tatum Insulation II	919-661-0999		
Insulation Contractor's Company Name & Address	Telephone		
manuscrip and manuscrip and minimal statement and service and	·		

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. 2/20/2017 Signature of Owner/Contractor/Officer(s) of Corporation 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 X 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

Plans Coordinator Date 2/20/207

Company or Name Royal Oaks Building Group

Sign w/Title 4

# LIEN AGENT INFORMATION

## Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, inspections offices are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below.

Name of Lien Agent	Chicago Title Company, LLC
Mailing address of Agent	19 W. Hargett Street, Suite 507
	Raleigh, NC 27601
Physical address of Agent	19 W. Hargett Street, Suite 507
•	Raleigh, NC 27607
Telephone 888-690-73	Fax 919-489-5231
Email support@liens:	ac.com

This information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the property.

#### Excerpt from North Carolina G.S. 153A-357:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued."

### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 624474

Designated Lien Agent

Chicago Title Company, LLC

Online: www.hensuc.com and woo tenso con-

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

NC 27601

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

Email: support@liensnc.com pands agong to necession

Owner Information

Royal Oaks Building Group, LLC 1210 Trinity Rd. suite 102 Raleigh, NC 27607 United States

Email: kbeyer@royaloakshomes.com

Phone: 919-233-3886

View Comments (0)

Project Property

42 AV 68 Dot Ct

Fuquay Varina, NC 27526

Harnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:

Please post this notice on the Job Site.

Filed on: 03/23/2017

Initially filed by: ROBG

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

```
P.O. BOX 65
     LILLINGTON, NC 27546
     For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
     Bldg Insp scheduled before 2pm available next business day.
    _ - -
                                           Date 4/10/17
   Application Number . . . . . 17-50040786
   Property Address . . . . . 42 DOT CT
   Property Zoning . . . . . . RES/AGRI DIST - RA-30
                               Contractor
   Owner
                               _______
   _____
   ROYAL OAKS BUILDING GROUP
1210 TRINITY RD SUITE 102
                              ROYAL OAKS BUILDING GROUP LLC
                              1210 TRINITY RD, SUITE 102
                              RALEIGH NC 27607
                 NC 27607
   RALEIGH
                               (919) 233-3886
   Applicant
   ______
   ROYAL OAKS BUILDING GROUP #42
   1210 TRINITY RD
   STE 102
                 NC 27607
   RALEIGH
   (919) 233-3886
--- Structure Information 000 000 51X40 4BDR CRAWL W/ GARAGE & DECK
   Flood Zone . . . . . . . FLOOD ZONE X
   Other struct info . . . . # BEDROOMS PROPOSED USE
                                           4000000.00
                                            SFD
                                           NEW TANK
COUNTY
                        SEPTIC - EXISTING?
                        WATER SUPPLY
_____
   Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT
   Additional desc . .
  Issue Date . . . . 4/10/17 Valuation . . . . Expiration Date . . . 4/10/18
   Phone Access Code . 1180280
______
   Special Notes and Comments
    T/S: 02/22/2017 11:25 AM JBROCK ----
    ATKINS VILLAGE #42
    PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
    INSULATION AND LAND USE.
    Work must conform and comply with the
    STATE BUILDING CODE and all other State
    and local laws, ordinances & regulations
```

HARNETT COUNTY CENTRAL PERMITTING

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

Date 4/10/17

Application Number . . . . . 17-50040786

Property Address . . . . . 42 DOT CT

Property Zoning . . . . . RES/AGRI DIST - RA-30

Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1180280 

# Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 10-30 20 30-999 30 40-50 40-60 40-60 40-60 50-60	101 814 103 105 104 129 425 125 325 225 429	Code B101 A814 B103 B105 B104 I129 R425 R125 R325 R429 R131	Description  R*BLDG FOOTING / TEMP SVC POLE ADDRESS CONFIRMATION R*BLDG FOUND & TEMP SVC POLE R*OPEN FLOOR R*FOUND & SETBACK VERIF SURVEY R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL	Initials	Date -/_/_/ -/_/ -/_/ -/_/ -/_/ -/_/ -/_/ -
50-60 50-60 50-60	131 329 229	R329 R229	THREE TRADE FINAL TWO TRADE FINAL		_',_',_ _',',_
50-60 999	209	E209 H824	R*ELEC TEMP POWER CERT ENVIR. OPERATIONS PERMIT		_/_/_