Initial Application Date: 3	20	1	

Application # 1750040787
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## COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546

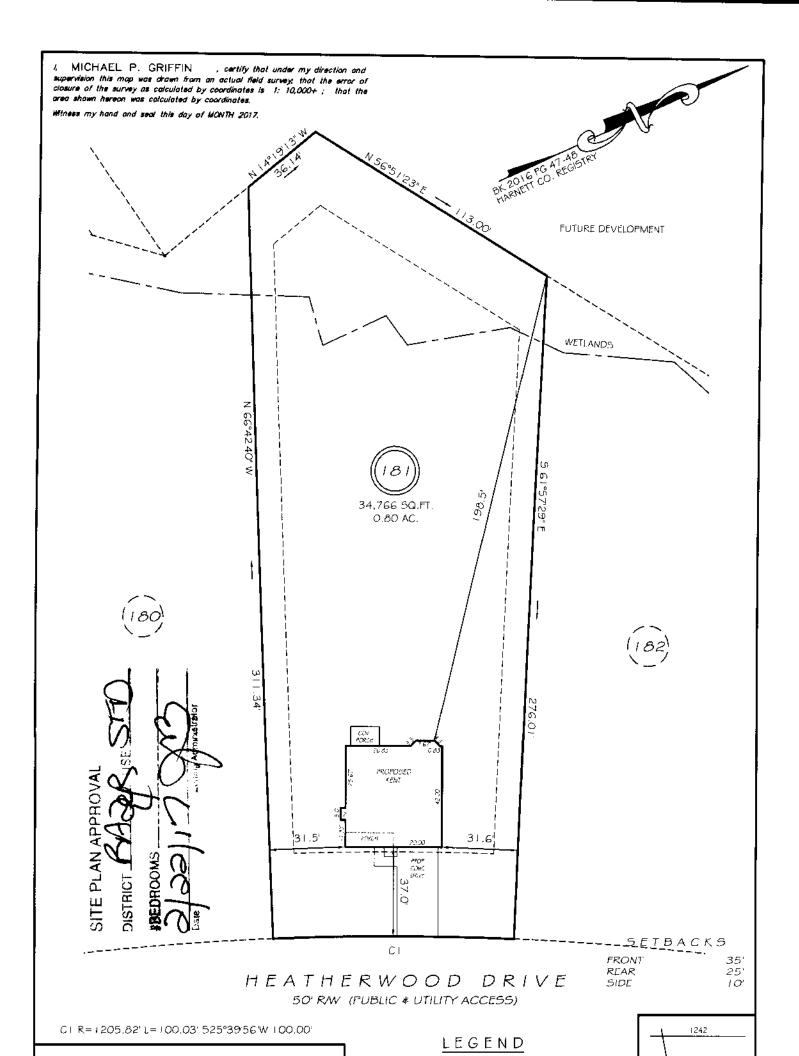
Phone: (910) 893-7525 ext;2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: H&H Constructors of Fayetteville, LLC. \_\_\_\_ Mailing Address: 2919 Breezewood Avenue, Ste. 400 State: NC Zip: 28303 Contact No: 910-486-4864 Fayetteville APPLICANT\*: H&H Constructors of Fayetteville, LLC. Mailing Address: 2919 Breezewood Avenue, Ste. 400 City: \_\_\_\_Fayetteville State: NC Zip: 28303 Contact No: 910-486-4864 Email: leannahair@hhhomes.com Please fill out applicant information if different that CONTACT NAME APPLYING IN OFFICE: Leanna Hair PROPERTY LOCATION: Subdivision: Oakmont State Road Name: Docs Road Zoning: RA-20R Flood Zone: Deed Book & Page 34 Sopower Company. Central Elec. \*New structures with Progress Energy as service provider need to supply premise number \_ PROPOSED USE: , , SFD: (Size 4 x 504) # Bedrooms: 4 # Baths 5 Basement(w/wo bath): Garage: Deck: O Crav (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:\_\_\_\_\_\_\_#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 \_\_(V) no Structures (existing or proposed): Single family dwellings: Proposed Manufactured Homes:\_\_\_\_\_ Other (specify): Required Residential Property Line Setbacks: Comments: Minimum\_<sup>35</sup> Front Rear 5/10 Closest Side Sidestreet/corner lot **Nearest Building** 

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Take Hwy. 27 to Docs Road, turn left, go about 1.5, turn let into
subdivision.	
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.
. Horizon state that loregoling statements are accurate and confect to thi	e best of my knowledge. Permit subject to revocation if false information is provided.
Signature of Owner or Owner's Age	<u> </u>
September of Carles of Carles & Age	ent / Datel

<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.\*\*\*

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



NAME: HEHC	ODSTructors of Fay. UC. APPLICATION#:			
PERMIT OR AUTHOR depending upon docume 910-893-75  Environmental All propert lines must be Place "oran out building. Place orange of property is evaluation to the for fallure to the property of the property	*This application to be filled out when applying for a septic system inspection.*  In Department Application for Improvement Permit and/or Authorization to Construct in In This Application is falsified, Changed, or the Site is altered, then the improvement extraction to construct shall become invalid for either 60 months or without expiration extration submitted. (Complete site plan = 60 months; Complete plat = without expiration)  In Confirmation #  In Health New Septic System Code 800  In It Is a property flags on each corner iron of lot. All property the clearly flagged approximately every 50 feet between corners.  In It Is a property flags on each corner iron of lot. All property flags flagged approximately every 50 feet between corners.  In It Is a property flags on each corner iron of lot. All property flags flagged approximately every 50 feet between corners.  In It Is a property flags on each corner iron of lot. All property flags flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners.  In It Is a property flagged approximately every 50 feet between corners and property flagged approximation.  In It Is a property flagged approximation for either 60 months or either			
After prepare 800 (after seconfirmation Use Click20 Environmental Follow abov Prepare for possible) an ONOT LEA After uncover if multiple possible and given at end	ing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code electing notification permit if multiple permits exist) for Environmental Health inspection. Please note number given at end of recording for proof of request. Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.  Health Existing Tank Inspections  Code 800  e instructions for placing flags and card on property.  inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if d then put fld back in place. (Unless inspection is for a septic tank in a mobile home park)  WE LIDS OFF OF SEPTIC TANK  Pring outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit ermits, then use code 800 for Environmental Health inspection. Please note confirmation number of recording for proof of request.			
If applying for authoriz	ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{} Accepted {} Alternative	() Innovative () Conventional () Any () Other			
The applicant shall not	ify the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
(_Y)YES NO	Does the site contain any Jurisdictional Wetlands?			
{_}}YES {_≯} NO	Do you plan to have an <u>irrigation system</u> now or in the future?			
{}}YES	Does or will the building contain any drains? Please explain.			
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{_}}YES { <b>\_</b> } 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 Applic	ation 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				
	hat A Complete Site Evaluation Can Be Performed.			

Stat I Un The PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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

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

name & phone must match	Application for Residential Building an	d Trades Permit
Owner's Name HEH	Constructors of Fayette	ville, UC. Bate 2/20/17
Site Address 1	teatherwood Drive	Phone 910-486-4810U
Directions to job site from	Lillington Take Hwy 27.	to Docs Road turn
left go ab	out 15 miles. Tur	
Subdivision		· · · · · · · · · · · · · · · · · · ·
Subdivision OKM	· · · · · · · · · · · · · · · · · · ·	Lot 181
Description of Proposed V	Work New Single Family	Dwelling # or Bedrooms 4
Heated SF 2000 Unh	eated SF 631 Finished Bonus Room?	Crawl Space Slab
Hell D. act.	General Contractor Information	tion
Building Contractor's Con	tors of Fayetteville LLC.	910-486-4864
2010 Rope and	and Are San UN Course of	Telephone
Address	OU AVE. SIE, TOU FLY, NE AN	303 <u>Leannathir Ethhom</u> es com
74158		Email Addiess
License #		
Description of Work	Electrical Contractor Informa	
	e Electric Inc.	10-393-3459
Electrical Contractor's Co	mpany Name	Telephone
454 Whiteher		Diane Sandy Ridge Electric com
Address	7	Email Address
08700 <u>- L</u>		
License #	Mochanical (UVAC Contractor Info	amant
Description of Work	Mechanical/HVAC Contractor Info	<u>tutation</u>
Cook of Coord	and Air Trac	919-934-1060
Mechanical Contractor s C	ort Air, Tr.C.	Telephone
	SUS Clayton, NC 27520	Carolina Contort Air Cyclos, con
Address	3011 - 101 -	Email Address
29077H-3-1		
License #	Discontinuo - Control to a to format	
December of Mode	Plumbing Contractor Information	<sup>400</sup> ★ 0 ⊆
Description of Work	1-1-0	#Baths 2.5
Plumbing Contractor's Cor	npany Name 0	Telenhone
	30 Gillespie St. Fav. INC	DellHairePlumbingenotmail, com
Address	28 300	Email Address
32886P-1		
License #	Inquistron Cont. 1. 1. 5	h
Tax day Tax walle	Insulation Contractor Informat	
Insulation Contractor's Cor	The 418 Person St. Fay INC mpany Name & Address 38301	910-486-8855 Telephone
manual compactor a CO	when the a trade on a control of the	i eiehtinila

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! 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

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 ionstructors of tai Permitting Coordinator Date S

## DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 606432

Filed on: 02/20/2017

initially filed by: meaganbradshaw

Designated Lien Agent

First American Title Insurance Company

Online: www.hensnc.com (2) (2010)

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

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

Property Type

Project Property

OKM181 Lot 181 Oakmont 189 HEATHERWOOD DRIVE

Lillington, NC 27546

Hameit County

1-2 Family Dwelling

Owner Information

Date of First Furnishing

Fayetteville, NC 28303

H&H Constructors, Inc. 2919 Breezewood Avenue Ste. 400

United States

Email leannahair@hhhomes.com

Phone 910-486-4864

02/01/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

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