Initial Application Dates

Application # _	1750040788	>
	CUM	

COUNTY OF HARNETT 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

Central Permitting

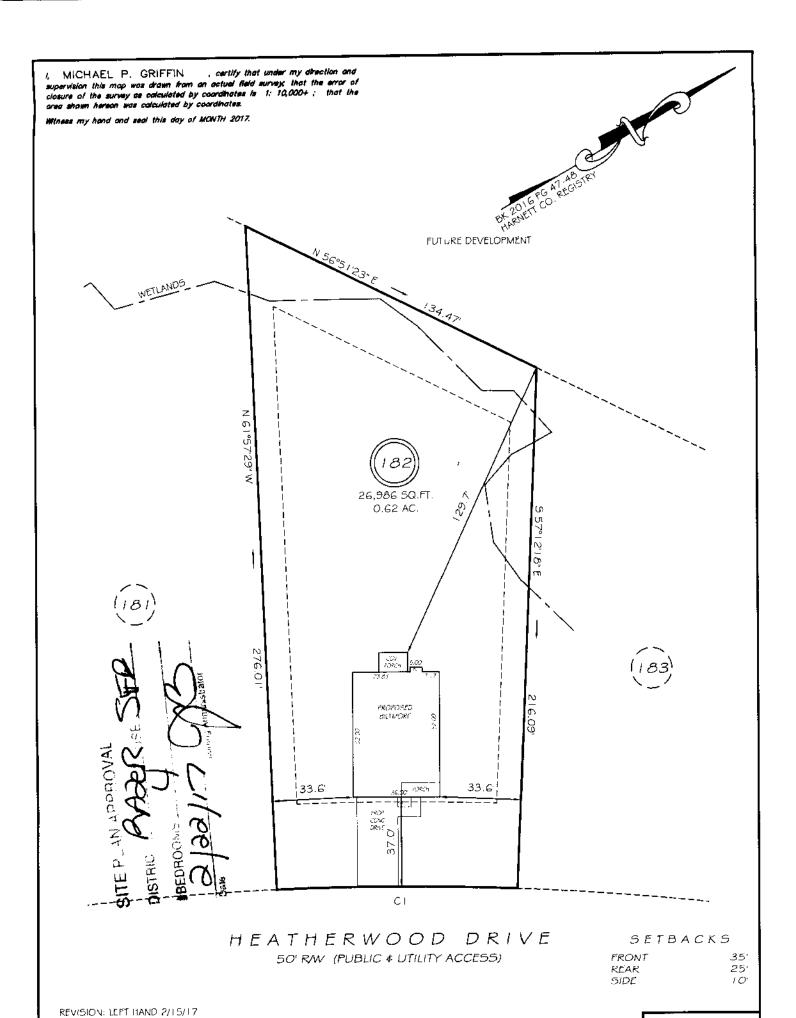
"A RECORDED SURVEY	/ MAP, RECORDED DEED (OR OFFEI	R TO PURCHASE) & SITE PLAN ARE REQUIR	ED WHEN SUBMITTING A LAND USE APPLICATION"
ANDOWNER. H&H Construc	ctors of Fayetteville, LLC.	Mailing Address: 2919 Bree	zewood Avenue, Ste. 400
City: Fayetteville	State: NC Zip: 28	303 Contact No: 910-486-4864	Email: leannahair@hhhomes.com
	· · · · · · · · · · · · · · · · · · ·	2010 Breezewood Aver	oue Ste 400
Favetteville	State: NC Zin: 28	303 Contact No. 910-486-4864	Email: leannahair@hhhomes.com
Sity: 'Please fill out applicant information	if different than landowner		
			_Phone #
PROPERTY LOCATION: Subd	livision: Oakmont		Lot # 182 Lot Size: 162aC
	D D	ام.	- 1001/n. U.1
1295-8901	1021 14	PIN: 0507-44	-1 <i>aa</i> a
Zoning: RA-20R Flood Zone	Watershed A	Deed Book & Pages 3 9745	Map Book & Page 2010// TI
*New structures with Progress	Energy as service provider need	to supply premise number	from Progress Energy.
PROPOSED USE:)	Deel 1 25		Deck: Parish Crawl Space: Slab: Slab: Slab:
2 SFD: (Size 30 x 102)	# Bedrooms: 4 # Baths: B	asement(w/wo bath): Garage: <u>Y</u>	Deck: P Crawl Space: Y Slab: Slab:
(is the bonus room finished? () yes () no_w/ a closet? () yes (_) no (if yes add in with # bedrooms)
□ Mod: (Sizex)	# Bedrooms # Baths B	asement (w/wo bath) Garage: _) yes () no	Site Built Deck: On Frame Off Frame litions? () yes () no
☐ Manufactured Home:	_SWDWTW (Size	x) # Bedrooms: Garage:	(site built?) Deck:(site built?)
□ Duplex: (Sizex_) No. Buildings:	No. Bedrooms Per Unit:	
☐ Home Occupation: # Roo	ms: Use:	Hours of Operation:	#Employees:
☐ Addition/Accessory/Other	:: (Sizex) Use:		Closets in addition? () yes () no
Water Supply: ✓ County	Existing Well Ne	w Well (# of dwellings using well) *Must have operable water before final
Sewane Supply: ✓ New S	Septic Tank (Complete Checklist)	Existing Septic Tank (Complete	Checklist) County Sewer
			(500') of tract listed above? () yes (✓) no
		d or overhead () yes (V)no	
	ed): Single family dwellings: Prop		Other (specify):
, - , ,			
Required Residential Prope	rty Line Setbacks: Q	Comments:	
Front Minimum 35	_ Actual		
Rear <u>25</u>	<u> </u>		
Closest Side 5/10	33.6' _		
Sidestreet/corner lot 20			
Nearest Buildingon same lot			03/11

Residential Land Use Application

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 that foregoing statements are accurate and correct to the state of	f the State of North Carolina regulating such work and the specifications of plans submitted. he best of my knowledge. Permit subject to ravocation if false information is provided. Date 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



C1 R=1205.82 L=100.03 530 25 06 W 100.00

LEGEND

1242

NAME: HEH COOST VOCTORS OF FOUL . LUC . APPLICATION #:				
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 Septic System Code 800				
 Alt property Irons must be made visible. Place "pink property flags" on each corner iron of lot. All proper 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, deck 				
out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.				
 Place grange 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 to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to be addressed within 10 business days after confirmation.				
 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 confirmation notification permit if multiple permits exist) for Environmental Health inspection. Please not 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 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 permits 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 authorization 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 applicant shall notify the local health department upon submittal of this application if any of the following apply to the property question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:				
{ 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 (X) NO Does or will the building contain any drains? Please explain				
{}}YES {				
{}}YES {}} 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 Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County Ar				
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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Harnett County Central Permitting

PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

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

Application for Residential Building and Trades Permit

& phone must match	Application to residential palitical and) · · ·
Ourses Name HET	1 Constructors of Fayetter	111e.UC. Bate 2/20/17
Site Address	A Heatherward Drive	Phone 910-486-4864
Directions to job este fro	om Lillington Take Hwy 27+	to Docs Road turn
Dilections to longite up	bout 15 miles. Turn	r left into
	.	
Subdivis		Et 180
Subdivision Only	d Work New Single Family [
Description of Propose	d Work NEW STIFFE FUTTING I	Crawl Space Slab
*Heated SEVAUVI Ur	nheated SF U Finished Bonus Room? General Contractor Informati	on Crawl Space V Slab : 7
HEH Constru	octors of Fayetteville LLC.	910-486-4864
Building Contractor's C	company Name	Telephone
2919 Breezen	wood Ave Ste 400 Fay. NC 283	03 <u>Leannathin Ethhbom</u> es com
Address	,	Email Address
44128	_	
License #	Electrical Contractor Informat	tion AC
Description of Work	Service Size	e <u>2000</u> Amps T-Pole <u>V</u> YesNo
Sandy Rid	lge Electric. Inc.	<u>910-323-2458</u>
Electrical Contractor s	Company Name	Diane Sandy Ridge Electric COM
454 Whiter	read Road Fay. NC 28312	Email Address
Address 08700- L		
License #	e.	
	Mechanical/HVAC Contractor Info	rmation
Description of Work		919-934-1060
Carolina Con	ntort Air, Inc.	Telephone
Mechanical Contractor	A Company Name	CarolinoComfortAirlyectos, com
Address	OBUS Clayton, NC 27520	Email Address
29077 H-3	<u>,-1</u>	
License #	- '	
	Plumbing Contractor Informa	
Description of Work	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	#Baths 0.0
Dell Haire 1	Tumbing	Telenhone
Plumbing Contractor's	620 Gillespie St. Fay. NC	DellHairePlumbingPhotmail.com
Address	28 30G	Email Address
3288100-1		
License #		.
	Insulation Contractor Informa	910-486-8855
Tricity Insulation	tion Tinc. 418 Person St. Fay NC Company Name & Address 28301	Telephone
CONTRACTOR LANGUAGION S	I CANTALOGUE I TOUTHOU OF CHANGE OF THE CONTRACTOR OF THE CONTRACT	· · · · · · · · · · · · · · · · · · ·

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

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
company of Name HEH Constructors of Fayetteville, LLC.
Eign with Scamadan Permitting Coordinator Date 2/20 17

DO NOT REMOVE

Details: Appointment of Lien Agent

Entry #: 606457

Filed on: 02/20/2017

Initially filed by: meaganbradshaw

Designated Lien Agent

First American Title Insurance Company

Online: www.henshc.com a.c. you should be

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

27601

Phone: 888-690-7384

Owner Information

Fax: 913-489-5231

Empil: support a hensactions was supported as

Harnett County

Project Property

OKM182 Lot 182 Oakmont

209 HEATHERWOOD DRIVE Lillington, NC 27546

Property Type

1-2 Family Dwelling

02/01/2017

Date of First Furnishing

H&H Constructors, Inc. 2919 Breezewood Avenue Ste 400 Fayetteville, NC 28303 United States

Email: leannahair@hhhomes.com

Phone: 910-486-4864

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

View Comments (0)

Technical Support Hotline: (888) 690-7384