2006
Initial Application Date: 3-1-17 Application # 1750040855
CU#CU#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.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: SANGER RAY HONTHONE Mailing Address: 319 Lasater Rd
City: BUNN LEVE   State: NC Zip: 2832 Contact No: Email:
APPLICANT*: MM DRAVE KAMES Mailing Address: PO Bux 175
City: WILLOW SPANS State: NC Zip: 2759Z Contact No: 9196008988 Email: Twe blood vake homesnc. con *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: TTAV IS WAS Phone # 919600898 6
PROPERTY LOCATION: Subdivision: Lot Size: 10.03
State Road # State Road Name: Cumming Rd Map Book & Page 2009, 47
Parcel: 130021 0116 11 PIN: 0621-24-4915.000
Zoning: [A30] Flood Zone: Watershed: Deed Book & Page: 2609, 909 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number
PROPOSED USE:
SFD: (Size 71 x 54 ) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sl
☐ Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) 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

Required Residential Property Line Setbacks:

Front Minimum Actual 70

Rear 201

Closest Side 101

Comments:

Does the property contain any easements whether underground or overhead (\_\_\_) yes (\_X) no

Sidestreet/corner lot\_\_\_\_\_

Nearest Building on same lot

Residential Land Use Application

Structures (existing or proposed): Single family dwellings:\_

Manufactured Homes:\_\_\_\_\_ Other (specify):\_

			110	1 N	toward	Jan	Tud
SPECIFIC DIRECTI	IONS TO THE PROPERTY	FROM LILLING	STON:				
Make	Right	0	Raven			00	Braun
Rd-	Right	00	Cumm	inas x	ed - Jok	on	Right
	7			0_			0
3.5							
If permits are grante I hereby state that for	ed I agree to conform to all oregoing statements are ac	ordinances and l curate and corre	laws of the State of I ect to the best of my	North Carolina regu knowledge. Permit	lating such work and the subject to revocation if f	e specifications of alse information	f plans submitted. is provided.
	Signature of	Owner or Owner	er's Agent		Date		

<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\*\*

	v			
				111455
NAME:	·		APPLICATION #:_	4000
	*This application to be	filled out when applying fo	r a septic system inspe	ction.*
County Health				norization to Construct
IF THE INFORMATION	IN THIS APPLICATION IS I	FALSIFIED, CHANGED, OR	THE SITE IS ALTERED,	THEN THE IMPROVEMENT
PERMIT OR AUTHORIZ	ZATION TO CONSTRUCT S	HALL BECOME INVALID. 7	The permit is valid for either	er 60 months or without expiration
depending upon documen	tation submitted. (Complete s	ite plan = 60 months; Complete	plat = without expiration)	0208100-1B
910-893-752	option i	OI 000	CONFIRMATION #	2117
Environmental I	Health New Septic Systemics and the made	<u>em</u> Code 800	orty flogo" on cook or	orner iron of lot. All property
		nately every 50 feet betwe		orner from or lot. All property
				g driveways, garages, decks,
out buildings	swimming pools, etc. P	lace flags per site plan de	eveloped at/for Centra	Permitting.
				assist in locating property.
				indergrowth to allow the soil
evaluation to	be performed. Inspector	rs should be able to walk	freely around site. <b>Do</b>	not grade property.
				urn trip fee may be incurred
		rk house corners and pr		
800 (after se	lecting notification permi	t if multiple permits exist)	for Environmental He	n 1 to schedule and use code ealth inspection. Please note
confirmation	number given at end of r	ecording for proof of requ	est.	
		. Once approved, procee	ed to Central Permittin	g for permits.
	Health Existing Tank Ins			
		lags and card on property		
				ites, and lift lid straight up (if
	then put lid back in pla	ce. (Unless inspection is	for a septic tank in a i	mobile nome park)
ACANONAL PROPERTY AND ACANONICAL PROPERTY AND ACADOMIC ACADOMIC AND ACADOMIC ACADOMICA ACA	\$200\$200\$MAX \$200\$ \$100 \$100 \$100 \$100 \$10 \$10 \$10 \$10	3394/A39300000000000000000000000000000000000	910-893-7525 ontion	1 & select notification permit
				se note confirmation number
	of recording for proof of i		ann mopostiom <u>r toat</u>	50 110to 00111111111111111111111111111111
		Once approved, proceed	to Central Permitting	for remaining permits.
SEPTIC				
If applying for authorization	ation to construct please indi-	cate desired system type(s): c	an be ranked in order of	preference, must choose one.
		{  ✓ Conventional		
{}} Alternative	{}} Other			
The applicant shall not question. If the answer	fy the local health departments "yes", applicant MUST	ent upon submittal of this ap ATTACH SUPPORTING	pplication if any of the for DOCUMENTATION	ollowing apply to the property in :
{}}YES	Does the site contain ar	y Jurisdictional Wetlands?		
{_}}YES {\_^} NO	Do you plan to have an	irrigation system now or in	the future?	

{\_\_}YES { X } NO Is the site subject to approval by any other Public Agency?
{\_\_\_}YES { X } NO Are there any Easements or Right of Ways on this property?
{\_\_\_}YES { X } 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 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 The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Is any wastewater going to be generated on the site other than domestic sewage?

Are there any existing wells, springs, waterlines or Wastewater Systems on this property?

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Does or will the building contain any drains? Please explain.

{\_}}YES

{\_\_\_}}YES

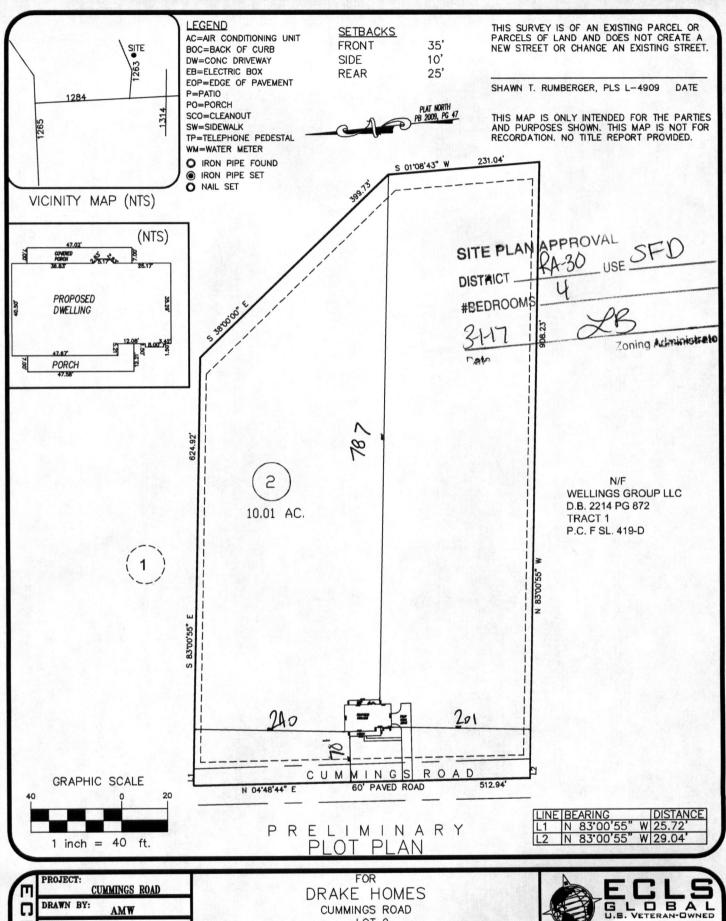
{\_\_}}YES

{<u>×</u>} NO

{<u>入</u>} NO

 $\{\times\}$  NO

DATE



SCALE: 1"=140' DATE: 02-28-17

LOT 2 UPPER LITTLE RIVER TWP., HARNETT CO., NC P.B. 2009 PG. 47



Application #

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

1750040855

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** 

Owner's Name	Gandra Kay Henthone	Date 3 6 7
Site Address	Cummings Rd	Phone
Directions to job site t	from Lillington Take AZI Towards S	anfrd
	Ron Raven Rock	
	Lon Brown	
Subdivision	Ron Cummines	Lot
Description of Propos	sed Work New SFO	# of Bedrooms 4
Heated SF 3429	Unheated SF 1252 Finished Bonus Room General Contractor Informa	? Crawl Space Slab <u>X</u> ation
Drake Ho	mes Kerth Brown	914 600 8488
<b>Building Contractors</b>	Company Name	Telephone
PO BOX 175	Willow Springs NC 27592	
Address		Email Address
51713		
License #	Electrical Contractor Inform	ation
Description of Work _	New SKO Service S	ation ize <u>7∕00</u> Amps T-Pole <u>✓</u> YesNo
Alpha Omead		919 669 3418
Electrical Contractor	s Company Name	Telephone
	ail Creedmon MC	
Address		Email Address
B 24820		
License #	Machania I/II/AC Contractor In	formation
	Mechanical/HVAC Contractor In	<u>iormation</u>
	New STO	
CCA		919 550 7711
	or s Company Name	Telephone
9212 Hary	10 W clay for NC	Email Address
Address		Email Address
29077		
License #	Plumbing Contractor Inform	nation
Description of Work	M1.11.0/ -	#Baths 3
Description of Work	, . ,	919 550 48 33
Plumbing Contractor	s Company Name	Telephone
716 A VINSA		
Address		Email Address
Address /	79.1 < 7.	
License #		
Pitter Darking	Insulation Contractor Inform	nation
Tatum	Old Druss bre Rol Glainer NC	9196610999
Insulation Contractor	rs Company Name & Address	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 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Owner Officer/Agent of the Contractor or Owner General Contractor 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 or Name

### DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 621027

Filed on: 03/17/2017

Initially filed by: drakehomes

### Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com duror www.liensec.com

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

NC 27601

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

Email: support@liensnc.com (mailto-support@liensnc.com)

### **Project Property**

PIN #. 062126491500 Cummings Rd Lilllington, NC 27546 Harnett County

### **Property Type**

1-2 Family Dwelling

### Date of First Furnishing

03/20/2017

### Owner Information

Drake homes. PO Box 175

Willow Springs, NC 27592

United States

Email: Twebb@drakehomesnc.com

Phone: 919-600-8988

## 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

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: BPEIRICH Type: CP Drawer: 1
Date: 6/81/17 51 Receipt no: 365636

Year Number 2017 50648055 94289 \*UNASSIGNED LILLINGTON, NC 27546 B1 BP - PERMIT FEES

\$1350.00

Amount

TRAVIS WEBB

Tender detail CP CREDIT CARD fotal tendered Total payment \$1358.86 \$1358.86 \$1358.88

Trans date: 6/81/17 Time: 10:41:01

\*\* THANK YOU FOR YOUR PAYMENT \*\*

HARNETT COUNTY CASH RECEIPTS
R E P R I N T
\*\*\* CUSTOMER RECEIPT \*\*\*
Oper: LLUCAS Type: CP Drawer: 1
Date: 8/88/17 53 Receipt no: 43792

Customer Location Name Amount 198825 94289 DRAKE HONES LLC UT-WATER TAP FEES 198825 U9

94289 ARRKE HOMES LLC UT-WATER CAPACITY FEES 94289 DRAKE HOMES ELC UTILITY DEPOSIT 198825 UD WA

\$25,88

Tender detail CK CHECK PRYMEN Total tendered Total payment \$2025.00 \$2025.00 \$2025.00 3139

Frans date: 8/88/17 Time: 18:03:37

\*\* THANK YOU FOR YOUR PAYMENT \*\*

