Initial Application Date: 3/21/17

Application #_	175005	10973
	CU#	

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: Atkins Village, LLC State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmox/ey@royaloakshomes.com 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 CONTACT NAME APPLYING IN OFFICE: John Moxley ______Phone # 919-233-3886 / 321 PROPERTY LOCATION: Subdivision: Atkin's Village

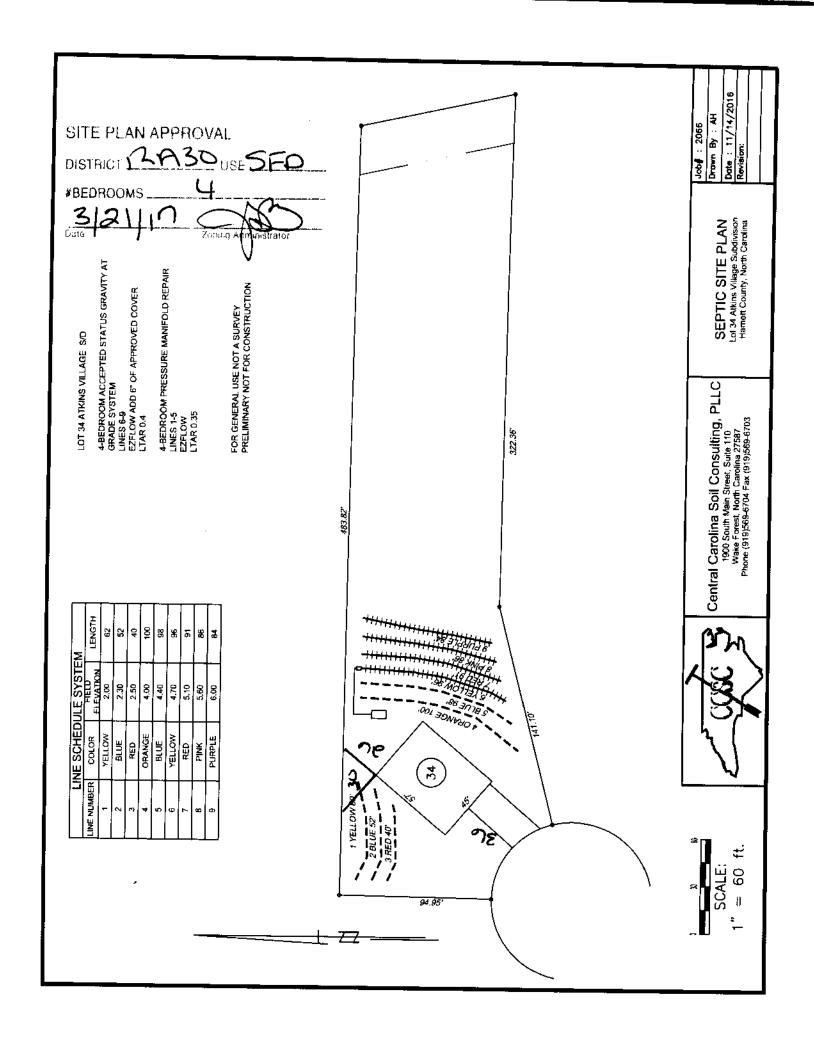
State Road # 32 State Road Name: After Court _____Lot #: 34 Lot Size: 1.154 ______Map Book & Page: <u>2</u>017 / Parcel: 040664 0020 36 PIN: 0664-77-4503.000 Zoning: RA30 Flood Zone: N/A Watershed: N/A Deed Book & Page: 3298 / 570 Power Company*: South River *New structures with Progress Energy as service provider need to supply premise number __ PROPOSED USE: SFD: (Size 45' x 67') # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: 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: \Box 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):_ Required Residential Property Line Setbacks: Comments: 35' Front Minimum 25' Read 10" Closest Side 20' Sidestreet/corner lot

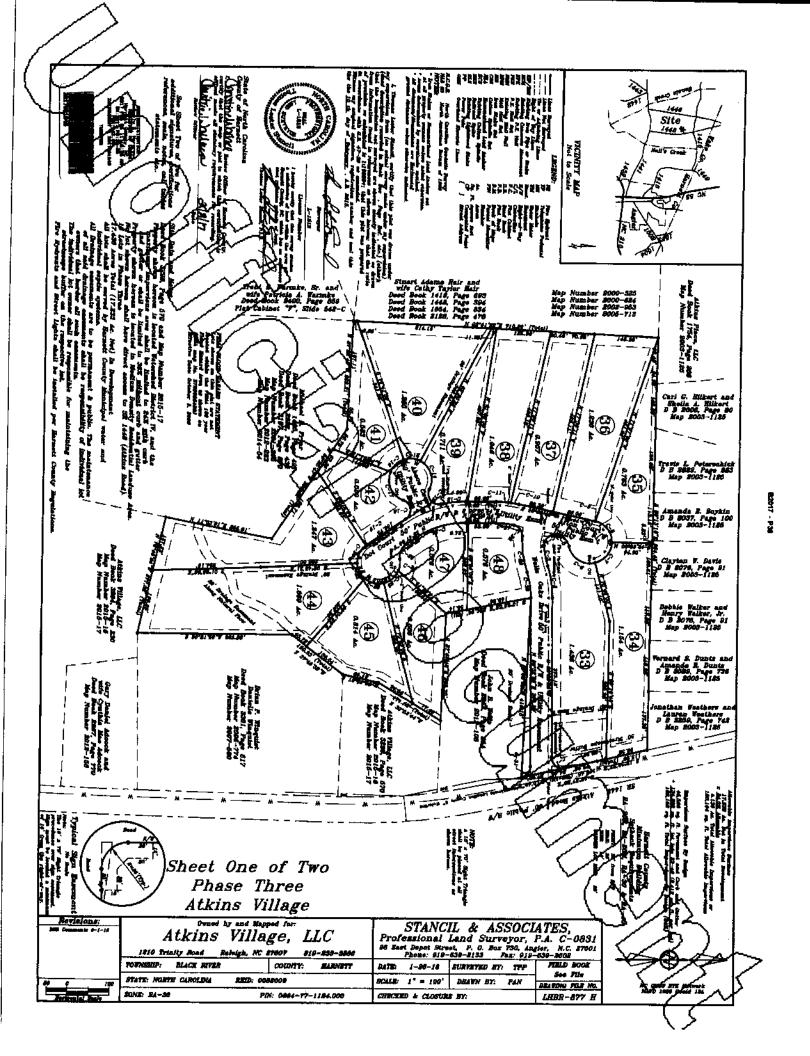
Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	North on 401; Right onto Rawls Church Road; Right onto Atkins road
Left onto Wells Oak Drive	
If permits are granted I agree to conform to all ordinances and laws of hereby state that foregoing statements are accurate and correct to the	f the State of North Carolina regulating such work and the specifications of plans submitted, se best of my knowledge. Permit subject to revocation if false information is provided.
Jahn Woll	3/6/2017
Signature of Owner of Owner's Ag	ent Date
•	

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

^{***}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.***





NAME: SZ AFTON

COURT	APPLICATION #:		APPLICATION #:
s application to be filled		_	

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 #

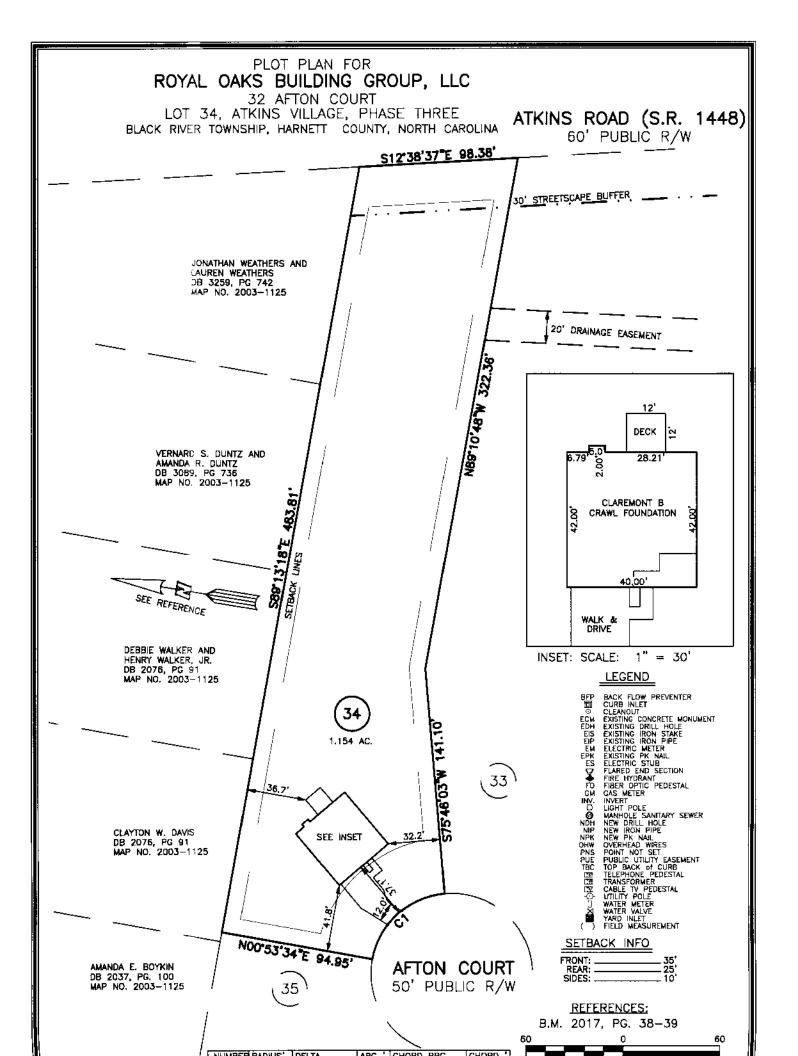
Environmental () U.	44	
<u> </u>	New Septic SystemCode	000
	TO DEPLIE OF STEMPOOR	- OUU

- 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 undergrowth 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. Please note 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 (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 IVB to hear results. Once a

		or IVH to near results. Once approved, proceed to Central Permitting for remaining permits.	
If applying	g for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
{ ∠ } Acc	repted	{} Innovative () Conventional {} Any	
{}} Alte	emative	{}} Other	
The applic question.	ant shall notify If the answer is	the local health department upon submittal of this application if any of the following apply to the property "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	ín
{}}YES	INO NO	Does the site contain any Jurisdictional Wetlands?	
{}}YES	1 NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{YES	{}} NO	Does or will the building contain any drains? Please explain.	
{}}YES	(<u>/-</u>) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
{ _}YES	(✓) NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{}YES	{ <u>√</u> } 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	
l Have Read	This Application	on And Certify That The Information Provided Herein Is True, Complete And Correct Authorized County Ass	d
State Officia	is Are Granted	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laura And Public	1
1 Understand	d That I Am Sol	ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making	
The Site Acc	essible \$6 Thu	A Complete Site Evaluation Can Be Performed.	
	(CMm 19		
PROPERT	W OWNERS (OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	



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

Application for Residential Building and Trades Permit

Owners Name Royal Oaks Building Group	Date
Site Address 32 Afton Ct	Phone 919-233-3886
Directions to job site from Lillington	
North on 401, Right onto Rawls Church Road, Right or	nto Atkins Road, Right on Dot Ct
Subdivision Atkins Village, Phase 3	Lot 34
Description of Proposed Work Single Family Home	# of Bedrooms 4
Heated SF 2628 Unheated SF 1398 Finished Bonus Room?	
General Contractor Information	
Royal Oaks Building Group, LLC	919-233-3886
Building Contractor's Company Name	Telephone
1210 Trinity Road, Suite 102 Raleigh, NC 27607	psquires@royaloakshomes.com
Address	Email Address
49775	
License #	
Description of Work Electrical Rough in and Final Service Size	ation
Ideal Electric	734-927-7440
Electrical Contractor's Company Name PO Box 969, Farmington, MI 48332	Telephone adamrkoppin@gmail.com
	Email Address
Address 27098-U	Email Adoress
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work Install HVAC and duct system	,
Carolina Air Conditioning Co	919-683-2421
Mechanical Contractor's Company Name	Telephone
105 International Drive, Morrisville, NC 27560	GGP@CarolinaAC.com
Address	Email Address
22084	
License #	
Plumbing Contractor Informa	<u>ation</u>
Description of Work Plumb single Family home	# Baths
Barbour & Pourron	919-533-4455
Plumbing Contractor's Company Name	Telephone
PO Box 934, Clayton, NC 27528	
Address	Email Address
27132	
License #	
Insulation Contractor Information	<u>ation</u>
Tatum Insulation II	919-661-0999
Insulation Contractor's 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 22-JUNE-17 Date 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 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

Company or Name Royal Oaks Building Group

Sign w/Title DIRECTOR OF OPERATIONS Date 22-JUNE-17

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	
J	Raleigh, NC 27601	
Physical address of Agent	19 W. Hargett Street, Suite 507	
	Raleigh, NC 27607	
Telephone 888-690-7	384 Fax 919-489-5231	
Emailsupport@liens	nc.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."