Initial Application Date: 3 21 10

on same lot

Residential Land Use Application

Application # 17500409710	٥
CU#	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

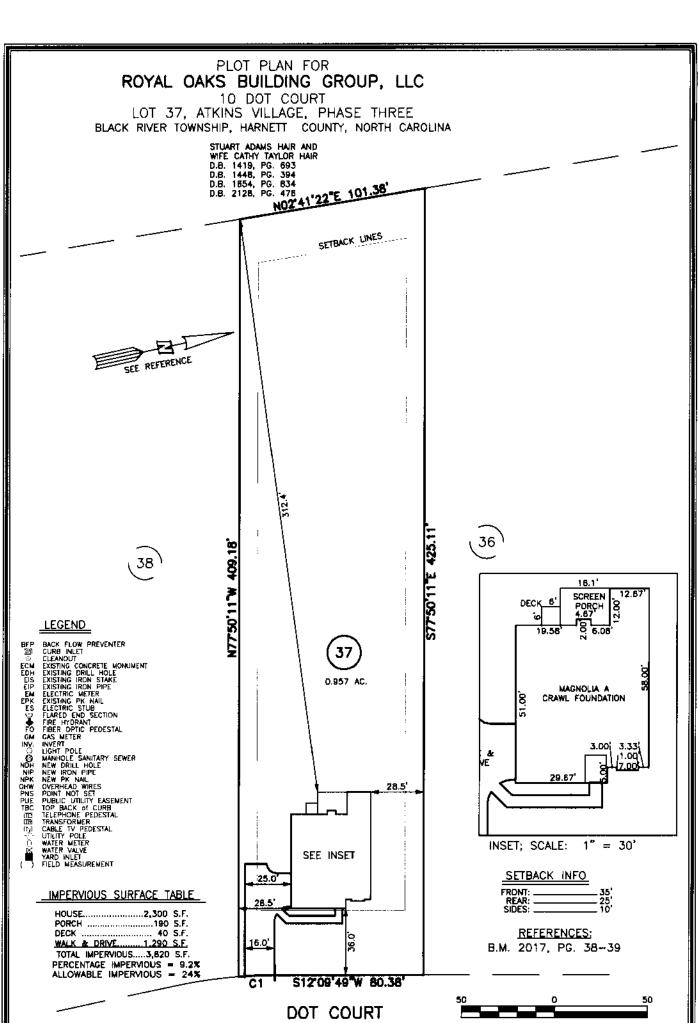
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

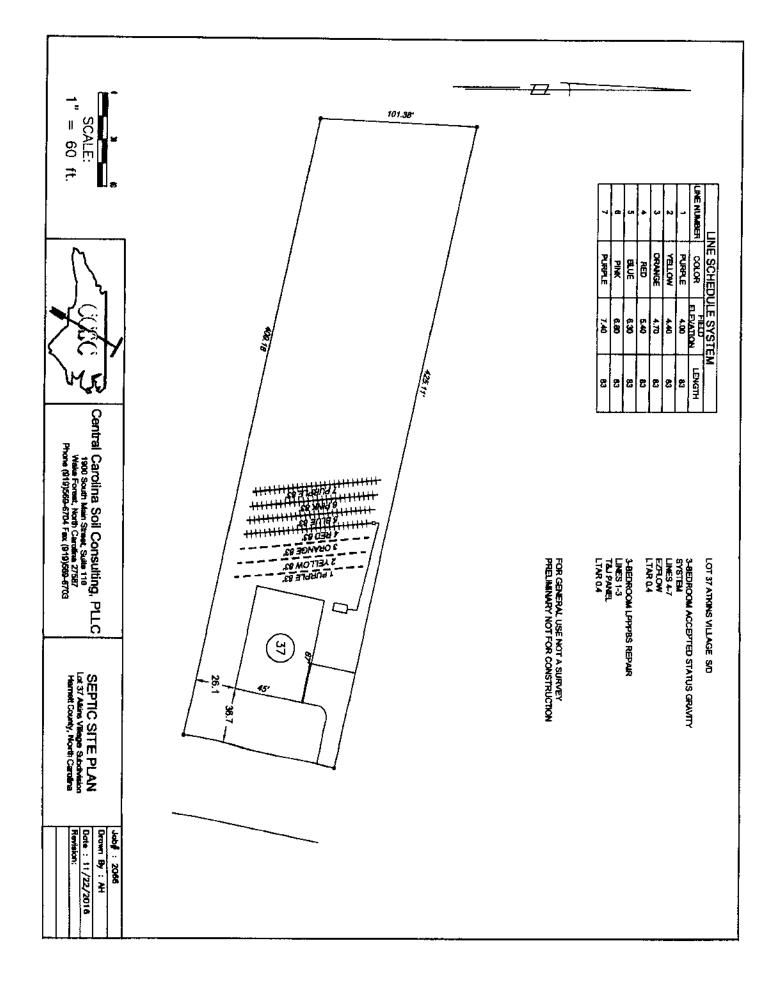
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: Atkins Village, LLC \_\_\_\_ Mailing Address: 1210 Trinity Road, Suite 102 State: NC Zip: 27607 Contact No: 919-233-3886 City: Raleigh Email: jmoxley@royaloakshomes.com 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 Lot #: 37 Lot Size: . 96 ac State Road Name: Dot Count Map Book & Page: 2017 / PIN: 0664-67-8375. 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 from Progress Energy. PROPOSED USE: SFD: (Size 45' x 67') # Bedrooms: 4 # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla 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 ( 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' Actual 3 Front Minimum 25' Rear 10" Closest Side 201 Sidestreet/corner lot Nearest Building

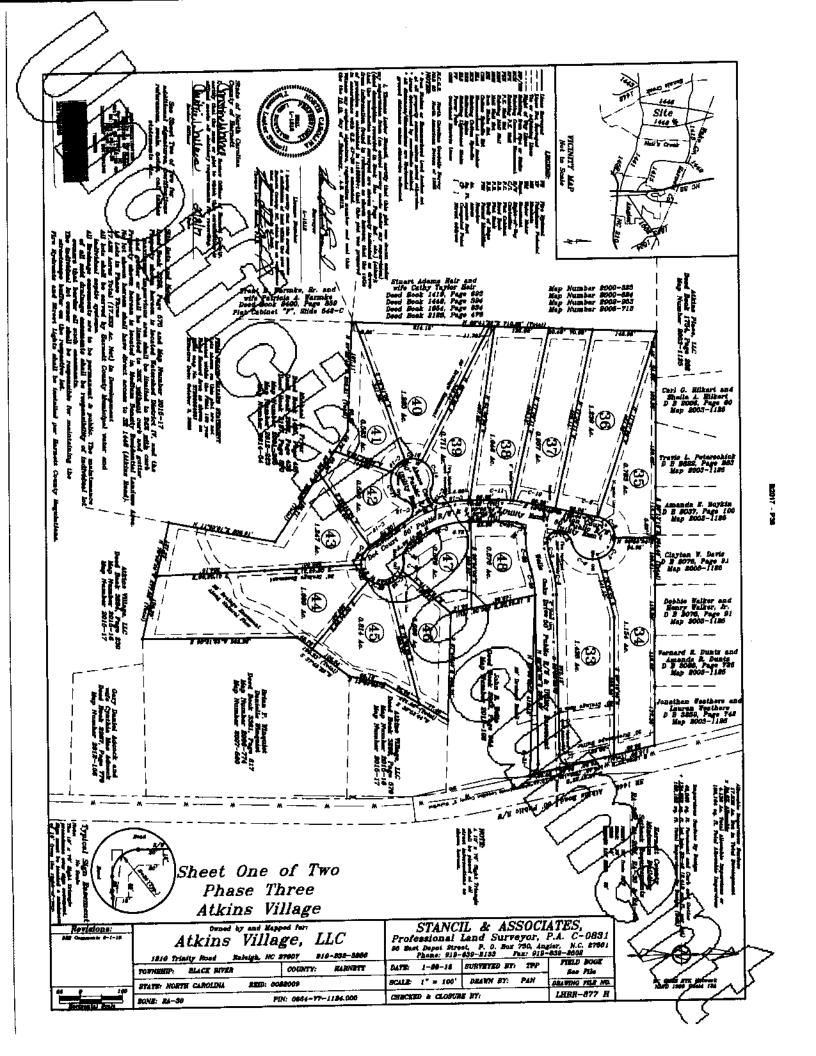
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	North on 401; Right onto Rawls Church Road; Right onto Atkins road		
Left onto Wells Oak Drive			
If permits are granted I agree to conform to all ordinances and laws of I hereby state that foregoing statements are accurate and correct to th	f the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







NAME:	ot Lourt		APPLICATION #:	
	*This application to b	e filled out when applying for	a septic system inspection *	
County Healt	ih Department Annlica	ation for Improvement P	Parmit and/on Authoriant	on to Construct
THE DAY OF MANY LIVERS	ON IN TRIS APPLICATION IS	NEALNIEIDH CHANCEN OD T	THE SITE IS ALTERIAN TRIPLY OF	IF D INDOLES ON
TERMIT ON AUTHO	MANTON TO CONSTRUCT	MMALL RECOME INVALID. TH	he permit is valid for sithing 60	ths or without expiration
askanging about distant	525 option 1	site plan = 60 months; Complete	plat = without expiration)	
	al Health New Septic Sys	stemCode 800	CONFIRMATION #	
<ul> <li>All proper</li> </ul>	rty irons must be made	visible. Place "pink proper	rty flags" on each corner iron	a of lot. All proport
inco musi	ne clearly liagged approxi	imately every 50 feet betwee	en corners	
<ul> <li>Place "oral</li> </ul>	nge house corner flags" at	t each corner of the propose	ed structure. Also flag drivew	ays, garages, decks
our pairaiti	ys, swimming pools, etc.	Place flags per site plan dev	/eloped at/for Central Permitti	ina
<ul> <li>If property</li> </ul>	is thickly wooded. Enviro	uaru in location that is easily nmental Health requires that	viewed from road to assist in t you clean out the <u>undergro</u>	locating property.
evaluation	to be penarmed. Inspect	ors should be able to walk fr	eely around site. <b>Do not are</b> ,	do oronartu
- <u>All lots to</u>	<u>pe adaressea within 10</u>	DUSINESS davs after confir	rmation \$25.00 return tein t	laa may ba ina
<u>ivi iailui e</u>	<u>io uncover ounet na, ma</u>	ark nouse corners and pro	Derty lines etc. once lot co	ofirmed ready
800 (after s	uring proposed site call the selecting notification perm	P voice permitting system at	910-893-7525 option 1 to set or Environmental Health insc	hedula and uso cod
<ul> <li>Use Click2</li> </ul>	Gov or IVR to verify result	s. Once approved, proceed	to Central Permitting for perm	mits.
u <u>Environmenta</u>	i Health Existing Tank In	ispections Code 800		
Follow abo      Prepare for	ve instructions for placing	flags and card on property.		
possible) a	nd then put lid back in pl AVE LIDS OFF OF SEPTIC	l <b>ace</b> . (Unless inspection is fo	k as diagram indicates, and or a septic tank in a mobile ho	lift lid straight up (/ ome park)
<ul> <li>After uncovided if multiple in the second control of the second control of</li></ul>	rering <b>outlet end</b> call the spermits, then use code <b>8</b>	voice permitting system at 9 300 for Environmental Heali	110-893-7525 option 1 & sele th inspection. <u>Please note c</u>	ct notification permi
<u>given at en</u>	a of recording for proof of	request.		
SEPTIC SEPTIC	agy or IVH to near results	. Once approved, proceed to	o Central Permitting for remai	ning permits.
	zation to construct please indi	cate desired system type(s): can	be ranked in order of preference,	must choose one.
		{}} Conventional		
{}} Alternative	{}} Other			
The applicant shall no question. If the answer	otify the local health departmer is "yes", applicant MUST	ent upon submittal of this appli ATTACH SUPPORTING D	ication if any of the following ap OCUMENTATION:	pply to the property in
{}}YES	Does the site contain ar	ty Jurisdictional Wetlands?		
{_}}YES	Do you plan to have an	irrigation system now or in the	future?	
( <b>∠</b> )YES (_) NO	Does or will the building	ng contain any <u>drains</u> ? Please ex	xplain. FOUNDATION	·
YES	Are there any existing v	wells, springs, waterlines or Wa	astewater Systems on this proper	rty?
{}YES - {. NO	Is any wastewater going	g to be generated on the site oth	ner than domestic sewage?	
()YES () NO	Is the site subject to app	proval by any other Public Ager	ncy?	
{_}}YES	Are there any Easement	ts or Right of Ways on this prop	perty?	
{}}YES	Does the site contain an	ny existing water, cable, phone	or underground electric lines?	
	If yes please call No Ca	uts at 800-632-4949 to locate th	ne lines. This is a free service.	
I Have Read This Appli	ication And Certify That The	Information Provided Herein Is	True, Complete And Correct. A	othorized County And
State Officials Are Gra	nted Right Of Entry To Cond	uct Necessary Inspections To De	termine Compliance With Applic	able Laws And Rules.
			ling Of All Property Lines And C	orners And Making
The Site Accessible So	That A Complete ofte Evaluati	ion Can Be Performed.		11.
BRODEPAN OF	- / way			2/20/17
PROPERTY OWNE	K5 OK OW <b>JYJK</b> S LEGAL	REPRESENTATIVE SIGNA	ATURE (REQUIRED)	′ DAŤE

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 10 Dot Court	Phone 919-233-3886	
Directions to job site from Lillington North on 401; Right onto Rawl		
left onto Atkins Village Court		
Subdivision Atkins Village	Lot37	
Description of Proposed Work Single Family Home		
Heated SF 2772 Unheated SF 843 Finished Bonus Room	2 Crawl Space X Slah	
General Contractor Informa	ation Space Siab	
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 #		
Description of Work Electrical Rough in and Final Service S	ation	
Imperial Electric Electrical Contractor's Company Name	<u>919-363-7474</u>	
• •	Telephone	
PO Box 162, Apex, NC 27502	Front Address	
19850	Email Address	
License #		
Mechanical/HVAC Contractor Inf	ormation	
Description of Work Install HVAC and duct system	<del></del>	
Enhanced Heating & Air	919-467-6464	
Mechanical Contractor's Company Name	Telephone	
5813 Lease Lane Raleigh, NC 27617		
Address	Email Address	
31660		
License #		
Plumbing Contractor Inform	ation	
Description of Work Plumb single Family home	# Baths3	
Barbour & Pourron	919-533-4455	
Plumbing Contractor's Company Name Telephone		
PO Box 934, Clayton, NC 27528	•	
Address	Email Address	
27132		
License #		
Insulation Contractor Inform	<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 Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Χ 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 them Has one (1) or more subcontractors(s) who has their own policy of workers, compensation insurance

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 assuance 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

Has no more than two (2) employees and no subcontractors

Sign w/Title

covering themselves

Plans Coordinator Date 3/13/17

# 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
	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	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."