| Initial Application Date: 22 | 1-1 |
|------------------------------|----------|
| Initial Application Date: 2 | <u> </u> |

| Application # | 1750041000 "av |
|---------------|----------------|
| | CH# |

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

| | | | Mailing Address: 4008 Abat | | |
|---|-----------------------------------|--|--|---|---|
| hty: Angier | State: <u>NC</u> | 27501 Cont | act No: | Email: | |
| PPLICANT*: Stancil Builders Inc. | 1 | Mailing Address | 466 Stancil Road | | |
| ity: Angier Please fill out applicant information if differe | State NC Zin | 27501 | 919-639-2073 | Email, wendydorman | @embarqmail.co. |
| Please fill out applicant information if differe | State: Zip: int than landowner | Cont | act No. | email: | <u>- </u> |
| ONTACT NAME APPLYING IN OFFI | CE: Richard Dennir | ng | | Phone # | |
| ROPERTY LOCATION: Subdivision: | Austin Place | Phs. | | Lot #: 2 Lot #: 2 | ot Size: .96acre |
| tate Road #State | Road Name: Abbato | oir Road | | Map Book & Page: | F 172 |
| arcel: 071602001004 | | P | IN: 1602-52-0831,000 | | |
| oning: A Social Zone: V | Watershed: N | A Deed Book | & Page: //9/ / 456 | Power Company*: Duke E | Energy Progress |
| New structures with Progress Energy | • | | | | |
| . | | | | | |
| ROPOSED USE: | | | | | |
| ' SFD: (Size <u>49.4 x 38</u>) # Bedro | 3 # Baths 2 | Basement/w/w | n hath): Garage: 🗴 | Deck: ★ Crawl Snace: ★ | Monolithi Slah: Slah: |
| | | | |) no (if yes add in with # bed | |
| | | | | | |
| (Is the se | | | o Any other site built addi # Bedrooms: Garage: | · · · · · · - · · | (cita huilt?) |
| | _ ` _ | | | | take punt |
| Duplex: (Size x) No. E | Buildinas: | No. Bedro | ooms Per Unit: | | (and built) |
| | | | | | |
| | | | | | |
| Home Occupation: # Rooms: | Use: | | Hours of Operation: | | #Employees: |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size | | | Hours of Operation: | Closets in additi | #Employees: on? () yes () |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size fater Supply: County E | | New Well (# of c | Hours of Operation: | Closets in additi) *Must have operable wa | #Employees: on? () yes () ter before final |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size ster Supply: County E swage Supply: New Septic Tar | Use: | New Well (# of c | Hours of Operation: wellings using well ing Septic Tank (Complete | Closets in additi) *Must have operable wa Checklist)County Sev | #Employees: on? () yes () ter before final wer |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size fater Supply: County E ewage Supply: New Septic Tar oes owner of this tract of land, own land | Use: | New Well (# of o | Hours of Operation: twellings using well ing Septic Tank (Complete e within five hundred feet (5 | Closets in additi) *Must have operable wa Checklist)County Sev | #Employees: on? () yes () ter before final wer |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size fater Supply: County E swage Supply: New Septic Tar pes owner of this tract of land, own lai pes the property contain any easement | Use: | New Well (# of cost) Exist | Hours of Operation: Iwellings using well ing Septic Tank (Complete e within five hundred feet (5 | Closets in additi) *Must have operable wa Checklist)County Sev (00') of tract listed above? (| #Employees: on? () yes () ter before final wer .) yes (<u></u>) no |
| Addition/Accessory/Other: (Size | Use: | New Well (# of cost) Exist | Hours of Operation: Iwellings using well ing Septic Tank (Complete e within five hundred feet (5 | Closets in additi) *Must have operable wa Checklist)County Sev | #Employees: on? () yes () ter before final wer .) yes (<u>~</u>) no |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size fater Supply: County E ewage Supply: New Septic Tar oes owner of this tract of land, own lai oes the property contain any easement tructures (existing or proposed): Single | Use: | New Well (# of cast) Let Exist Exist Control of the control of th | Hours of Operation: wellings using well ing Septic Tank (Complete e within five hundred feet (5 () yes () no Manufactured Homes: | Closets in additi) *Must have operable wa Checklist)County Sev 500') of tract listed above? (| #Employees: on? () yes () ter before final wer .) yes (<u></u> ') no |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size fater Supply: County E ewage Supply: New Septic Tar oes owner of this tract of land, own land oes the property contain any easement tructures (existing or proposed): Single equired Residential Property Line | Use: | New Well (# of cast) Let Exist Exist Control of the control of th | Hours of Operation: wellings using well ing Septic Tank (Complete e within five hundred feet (5 () yes () no Manufactured Homes: | Closets in additi) *Must have operable wa Checklist)County Sev (00') of tract listed above? (| #Employees: on? () yes () ter before final wer .) yes (<u></u> ') no |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size fater Supply: County E ewage Supply: New Septic Tar oes owner of this tract of land, own la oes the property contain any easement tructures (existing or proposed): Single equired Residential Property Line cont Minimum 35 Actual | Use: | New Well (# of cast) Let Exist Exist Control of the control of th | Hours of Operation: wellings using well ing Septic Tank (Complete e within five hundred feet (5 () yes () no Manufactured Homes: | Closets in additi) *Must have operable wa Checklist)County Sev 500') of tract listed above? (| #Employees: on? () yes () ter before final wer .) yes (<u></u> ') no |
| Home Occupation: # Rooms: Addition/Accessory/Other: (Size /ater Supply: County E ewage Supply: New Septic Tar ces owner of this tract of land, own lat ces the property contain any easement ructures (existing or proposed): Single equired Residential Property Line ront Minimum 35 Actual ear | Use: | New Well (# of cast) Let Exist Exist Control of the control of th | Hours of Operation: wellings using well ing Septic Tank (Complete e within five hundred feet (5 () yes () no Manufactured Homes: | Closets in additi) *Must have operable wa Checklist)County Sev 500') of tract listed above? (| #Employees: on? () yes () ter before final wer .) yes (<u></u> ') no |
| Addition/Accessory/Other: (Size | Use: | New Well (# of cast) Let Exist Exist Control of the control of th | Hours of Operation: wellings using well ing Septic Tank (Complete e within five hundred feet (5 () yes () no Manufactured Homes: | Closets in additi) *Must have operable wa Checklist)County Sev 500') of tract listed above? (| #Employees: on? () yes () ter before final wer .) yes ('\(\nabla\) no |
| ear 25 | Use: | New Well (# of cast) Let Exist Exist Control of the control of th | Hours of Operation: wellings using well ing Septic Tank (Complete e within five hundred feet (5 () yes () no Manufactured Homes: | Closets in additi) *Must have operable wa Checklist)County Sev 500') of tract listed above? (| #Employees: on? () yes () ter before final wer .) yes ('\(\nabla\) no |

on same lot

| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 210 Angier, Keep straight th | ru Angier to Right on Chisenhall Rd., |
|--|--|
| turns into Chisemhall Rd., Slight left onto Piney Rd., take 1st left to stay on Piney Grove Rd., Tu | ırn Right to stay on Piney Grove Rd., |
| Slight left onto County Line Road, Turn Right onto Abattoir Road property down on the Left, | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| f permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subjectively state that foregoing statements are accurate and correct to the best of my knowledge. Permit subjectively state that foregoing statements are accurate and correct to the best of my knowledge. | such work and the specifications of plans submitted. ct to revocation if false information is provided. 2/-/7 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.***



STANCIL BUILDERS, INC.

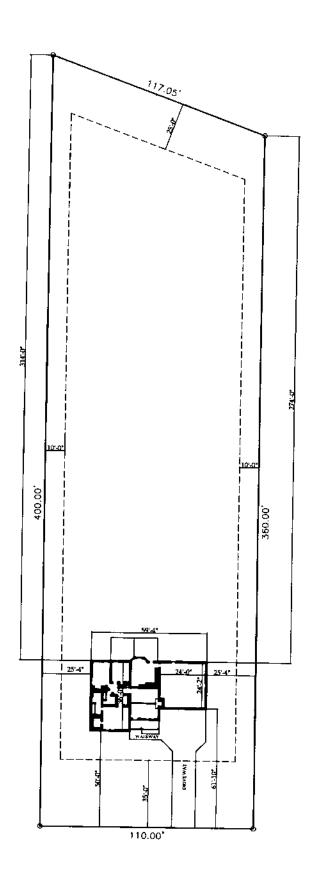
IMPERVIOUS CALCULATIONS
LOT = 41,800 SQ.FT.
PROPOSED HOUSE - 1983 SF
PROPOSED DRIVE - 1028 SF
PROPOSED TOTAL - 3011 SF / 7.2%

DISTRICT LASC USE SFD.
#BEDROOMS_S

2.22. T JUNE ADMINISTRATOR.



Lot 2 Austin Place 3878 Abattoir Road Angier, NC 27526 PIN# 1602-52-0831.000 Plat Cabinet E Page 334 Deed Book 1191 Page 456



Lot 2 Austin Place
SCALE 1" = 50'-0"

NAME: Stoneil Buildus Dre.

| | 111666 |
|----------------|--------|
| APPLICATION #: | 41000 |

| WANTE: BUILD | APPLICATION#: CFTCCC |
|---|--|
| IF THE INFORMATION | *This application to be filled out when applying for a septic system inspection.* h Department Application for Improvement Permit and/or Authorization to Construct DN IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT |
| PERMIT OR AUTHOR depending upon docum | RIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration lentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) |
| 910-893-73 | 525 option 1 CONFIRMATION # |
| | Il Health New Septic System Code 800 |
| lines must | ty irons must be made visible. Place "pink property flags" on each corner iron of lot. All property be clearly flagged approximately every 50 feet between corners. |
| out building | nge house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks as, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. |
| Place oran If property | ge Environmental Health card in location that is easily viewed from road to assist in locating property. |
| evaluation | is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soi 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 fallure | to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. |
| After prepa 800 (after steps) | ring proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note |
| contirmatio | n number given at end of recording for proof of request. |
| □ Environmenta | Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. I Health Existing Tank Inspections Code 800 |
| | ve instructions for placing flags and card on property. |
| Prepare for | r inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (ii |
| possible) ai | nd then put lid back in place . (Unless inspection is for a septic tank in a mobile home park) AVE LIDS OFF OF SEPTIC TANK |
| | rering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit |
| it multiple given at en | permits, then use code 800 for Environmental Health inspection. <u>Please note confirmation number</u> d of recording for proof of request. |
| Use Click26 | Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. |
| <u>SEPTIC</u> | |
| | zation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. |
| - | {} Innovative {\overline{\black}} Conventional {} Any |
| | {}} Other |
| The applicant shall no question. If the answ | otify the local health department upon submittal of this application if any of the following apply to the property in er is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: |
| {}}YES | · · · · · · · · · · · · · · · · · · · |
| {_}}YES { _ / > } NO | |
| {_}}YES { X } NO | |
| YES NO | - jooning on this property. |
| $\{_\}$ YES $\{X\}$ NO | . D b b man and man do made to mage. |
| $\{_\}$ YES $\{\frac{Y}{Y}\}$ NO $\{_\}$ YES $\{\frac{Y}{Y}\}$ NO | |
| | - , , , , |
| (_}YES { <u></u> } NO | |
| | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. |
| | ication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And |
| | nted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. |
| | m Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making |
| ne Site Accessible So | That A Complete Site Evaluation Can Be Performed. |

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 574422

initially file

Filed on: 12/14/2016

Initially filed by: StancilBuildersing

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.ljensne.com date was because come

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

NC 27601

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

Email: support@liensnc.com panha aggon/channa comp

Project Property

Lot 2 Austin Place Deed Book 1191 Page 456 Map Plat Cabinet F Slide 727-D 3878 Abbatoir Road Angier, NC 27501 North Carolina County

Property Type

1-2 Family Dwelling

Date of First Furnishing

12/14/2016

Owner Information

Hank A Barnes 4008 Abbatoir Road Angier, NC 27501 United States Email: bgoldston@embarqmail.com

Phone: 919-639-2073

View Comments (0)

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.

Technical Support Hotline: (888) 690-7384

Application #

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 & phone must match

<u>Application for Residential Building and Trades Permit</u>

| Owner's Name Hank Austin Barrays | Date |
|---|--------------------------------|
| Site Address 3878 abattain Rd. Oncin | Phone |
| Directions to job site from Lillington New 210 angus, Kup str | |
| Right on Chisenhall turns into Chisemball, slight light | Din Od the 1st 1. 1st 1 |
| stay on Penery ld. Rightto stay on Penery Street left County | fine Rd. Right on aportain Rd. |
| Subdivision Custin Place | Lot 2 |
| Description of Proposed Work Lingh Jany Jurilley | # of Bedrooms |
| | Crawl Space Slab |
| General Contractor Information | <u>1</u> |
| Street Budes Dre. | 919-639-2013 |
| Building Contractor's Company Name | Telephone |
| 466 Stancil Rd. argin 27501 | wendydorman Cembargmail.com |
| Address 0 34533 | Email Address |
| License # | |
| Electrical Contractor Information | n |
| Description of Work SFD Service Size | 200 Amps T-Pole <u>×</u> YesNo |
| Ino Chetrical | 919-421-6952 |
| Electrical Contractor's Company Name | Telephone |
| 19655 NC 210 HWY angles 27501 | |
| Address | Email Address |
| 13045 - L | |
| License # Mechanical/HVAC Contractor Inform | ation |
| Description of Work SFD | <u> </u> |
| St. Amon Heating & Die An | 919-329-0686 |
| Mechanical Contractor's Company Name | Telephone |
| 343 Shipuboh Mr. Barner 27529 | Total |
| Address | Email Address |
| 18644 | |
| License # | |
| Plumbing Contractor Information | <u>n</u> |
| Description of Work SFD | _# Baths |
| Barnes Plumberg Some. | 919-422-2133 |
| Plumbing Contractor's Company Name | Telephone |
| 239 millwood Lane angue 27501 | |
| Address 0 | Email Address |
| License # | |
| Insulation Contractor Information | n |
| Istum Insulation II be. 519 Bld June Stanfel. | 919-661-0999 |
| Insulation Contractor's Company Name & Address | Telephone |
| Lymer - 13-1 | • |

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-issues as per current fee schedule | ue fee is \$150 00 After 2 years re-issue fee | |
|--|--|--|
| Winds Downar | 3-21-17 | |
| Signature of Owner/Contractor/Officer(s) of Corporation | Date | |
| Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the | | |
| General Contractor Owner Offi | cer/Agent of the Contractor or Owner | |
| Do hereby confirm under penalties of perjury that the person(set forth in the permit | s) firm(s) or corporation(s) performing the work | |
| Has three (3) or more employees and has obtained wo | rkers compensation insurance to cover them | |
| Has one (1) or more subcontractors(s) and has obtained them | d workers compensation insurance to cover | |
| Has one (1) or more subcontractors(s) who has their or covering themselves | wn policy of workers compensation insurance | |
| Has no more than two (2) employees and no subcontra | octors | |
| While working on the project for which this permit is sought it is Department issuing the permit may require certificates of cove to issuance of the permit and at any time during the permitted carrying out the work | rage of worker's compensation insurance prior | |
| Company or Name Stancil Builders Ine. | | |
| Company or Name Stancil Builders Ine. Sign w/Title Wenel Dorma | Date 3-21-/7 | |

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: DJOHNSON Type: CP Drawer: 1
Date: 3/22/17 54 Receipt no: 291701

Year Number 2017 50041000 3878 ABATTOIR RD ANGIER, MC 27501 B4 BP - ENV HEALTH FEES Amount

\$750.60

NEW

Tender detail CK CHECK PAYMEN Total tendered \$750.00 \$750.00 \$750.00 23988 Total payment

Time: 10:39:15 Trans date: 3/22/17

** THANK YOU FOR YOUR PAYMENT **