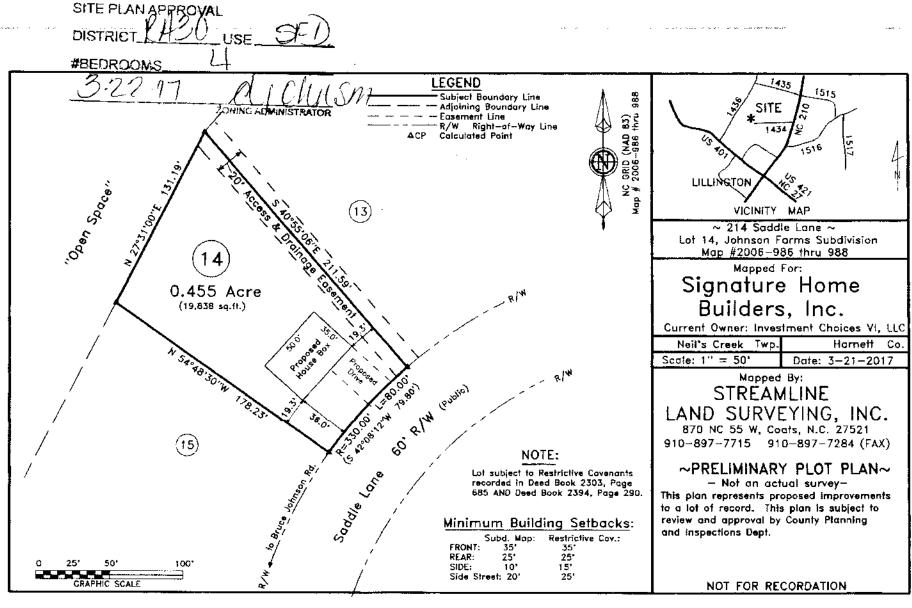
	Application #
County of Harnett Residential Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)	CU#
(O) / A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE P	LAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: Signature Home Builders Mailing Addr	ess: 1209 Ni Main St.
City: Lilling fon State: NC Zip: 27546 Contact No: 9	10-892-9299 Email: <u>CSherrod, Shhagmal.</u> com
City: State: 1 20 Contact No:	1 1204 2806 1
*Please fill out applicant information if different than landowner 27650	Email:
CONTACT NAME APPLYING IN OFFICE:	Phone #
47 J (27)	Lot #: 14 Lot Size: . 455  (111(SN)   Map Book & Page: 2006   966 -71-9359.000  DU 10988 Power Company*: Duke Progress
*New structures with Progress Energy as service provider need to supply premise numb	er 267/9840 from Progress Energy
PROPOSED USE:	
SFD: (Size 50 x 32 ) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): (Is the bonus room finished? () yes () no w/ a close	
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath)	Garage: Site Built Deck: On Frame Off Frame
(Is the second floor finished? () yes () no Any othe  ☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms:	
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms:	Garage:(site built?) Deck:(site built?)
Manufactured Home:SWDWTW (Sizex) # Bedrooms:  Duplex: (Sizex) No. Buildings:No. Bedrooms Per Un	Garage:(site built?) Deck:(site built?) it:
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: ☐ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Un ☐ Home Occupation: # Rooms: Use: Hours	Garage:(site built?) Deck:(site built?) it: of Operation: #Employees:
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□ Manufactured Home:SWDWTW (Sizex) # Bedrooms:         □ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Un         □ Home Occupation: # Rooms:Use:Hours         □ Addition/Accessory/Other: (Sizex) Use:	Garage:(site built?) Deck:(site built?) it: of Operation:#Employees:  Closets in addition? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms:  Duplex: (Sizex) No. Buildings:No. Bedrooms Per Un	Garage:(site built?) Deck:(site built?)  it:  of Operation: #Employees:  Closets in addition? () yes () no  g well) *Must have operable water before final  nk (Complete Checklist) County Sewer
□ Manufactured Home:SWDWTW (Sizex) # Bedrooms:         □ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Un         □ Home Occupation: # Rooms:Use:	Garage:(site built?) Deck:(site built?)  it:  of Operation:#Employees:  Closets in addition? () yes () no  g well) *Must have operable water before final  nk (Complete Checklist) County Sewer  nundred feet (500') of tract listed above? () yes no
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BPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:		:
f permits are granted t agree to conform to all ordinances and laws of the State of North hereby state that foregoing statements are accurate and correct to the best of my know Signature of Owner or Owner's Agent	n Carolina regulating such work and the speci yledge. Permit subject to revocation if false in 3-22-17	fications of plans submitted formation is provided.

\*\*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.\*\*\*



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. <u>Please note confirmation number given at end of recording for proof of request.</u>

Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

## Environmental Health Existing Tank Inspections Code 800

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

- 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 IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must cho	ose one.
{} Acce	pted	{}} Innovative {✓_} Conventional () Any	:
{_}} Alter	rnative	{}} Other	}
		the local health department upon submittal of this application if any of the following apply to the "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	e property in
{}}YES	INO NO	Does the site contain any Jurisdictional Wetlands?	
{]YES	I <u>M</u> NO	Do you plan to have an irrigation system now or in the future?	:
{}}YES	{ <u>₩</u> N0	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	{ <u>√</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?	;
{v∕YES	{}} NO	Is the site subject to approval by any other Public Agency?	:
{ <b>√</b>  YES	{}} NO	Are there any Easements or Right of Ways on this property?	
(V)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	l This Applicat	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized	l County And

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

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

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

## **Application for Residential Building and Trades Permit**

Owners Name Signature Home Builders	Date <u>4-5-17</u>
Site Address 214 Saddle Lane Lillington, NC 275	<u>46</u> Phone <u>910 - 892 - 92</u> 99
Directions to job site from Lillington	
Subdivision Johnson Farms	Lot <u>14</u>
Description of Proposed Work New Construction	# of Bedrooms <u>4 iF sep</u> tic allow
Heated SF 1960 Unheated SF 512 Finished Bonus Room? Y	<u>ℓ S</u> Crawl Space <u>√</u> Slab
General Contractor Information	1
Signature Home Builders	910-892-9299
Building Contractor's Company Name	relepnone
Building Contractor's Company Name  1209 N. Main St. Lillington NC 27546  Address	Email Address
49431	
License #	
Electrical Contractor Informatio	on A CO Amps T Pole Was No
Description of Work Electrical Service Size	ALCONINS 1-FOIC V 165 NO
R.A. Jackson Electrical	<u>910-894-5367</u> Telephone
Electrical Contractor's Company Name	releptione
9abl Raleigh Rd. Benson NC 27504	Email Address
Address	Elliali Address
21144	
License #  Mechanical/HVAC Contractor Inform	mation
Description of Work HVAC	
	910-892-8827
Mechanical Contractor's Company Name	Telephone
1001 Denim Dr. Erwin NC 28339	
Address	Email Address
12195	
License #	
Plumbing Contractor Information	<u>on</u>
Description of Work Plumbing	# Baths_ 2 . 5
L.R. Glover Plumbing	919-820-0026
L.R. Glover Plumbing Plumbing Contractor's Company Name	Telephone
P.O. Box 764 Benson NC 27504	
Address	Email Address
<u> 1958                                     </u>	
License #	00
Insulation Contractor Informati	910-484-7118
Cumberland Unsulation	Telephone
Insulation Contractor's Company Name & Address	I gighting

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 Officer/Agent of the Contractor or Owner 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 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

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance

Chris Shernd Company or Name

Oh & Project Manager Date 4-5-17 Sign w/Title

covering themselves

## DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 631056

Filed on: 04/05/2017

Initially filed by: larrydaughtry02152

### Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (http://www.liensuc.com)

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

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

Email: support@liensnc.com (medico supporti

## Owner Information

Signature Home Builders 1209 N. Main St Lillington, NC 27546 United States

Email: csherrod.shb@gmail.com

Phone: 910-892-9299

## **Project Property**

Johnson Farms Lot 14 214 Saddle Lane Lillington, NC 27546 Harnett County

## Property Type

1-2 Family Dwelling

### Date of First Furnishing

04/17/2017

## Print & Post



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