

Initial Application Date: 5-22-17

Application # 1750041453

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: Southern Built, LLC Mailing Address: PO Box 1112
City: Clinton State: NC Zip: 28329 Contact No: 919-868-2515 Email: julieraynor@embargmail.com

APPLICANT: Same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

CONTACT NAME APPLYING IN OFFICE: Julie Raynor Phone # 919-868-2515

PROPERTY LOCATION: Subdivision: not in subdivision Lot #: 2 Lot Size: 1.1388

State Road # 1551 State Road Name: Johnston County Road Map Book & Page: 2017/ 128

Parcel: 071603 0030 03 PIN: 1603-30-9748

Zoning: RA-40 Flood Zone: NO Watershed: NO Deed Book & Page: 3493, 576 Power Company*: Duke Progress

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size 81 x 46 # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): 2 Garage: 1 Deck: Crawl Space Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

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 (X) no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>36</u>	<u>53</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>87'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 Hwy to Angier (R) at stoplight on Hwy 55, turn (L) at McIver Street - this becomes Johnston County Road - travel out 6 miles property on (R) in curve -

address for lot 2

3159 Johnston County Road
Angier

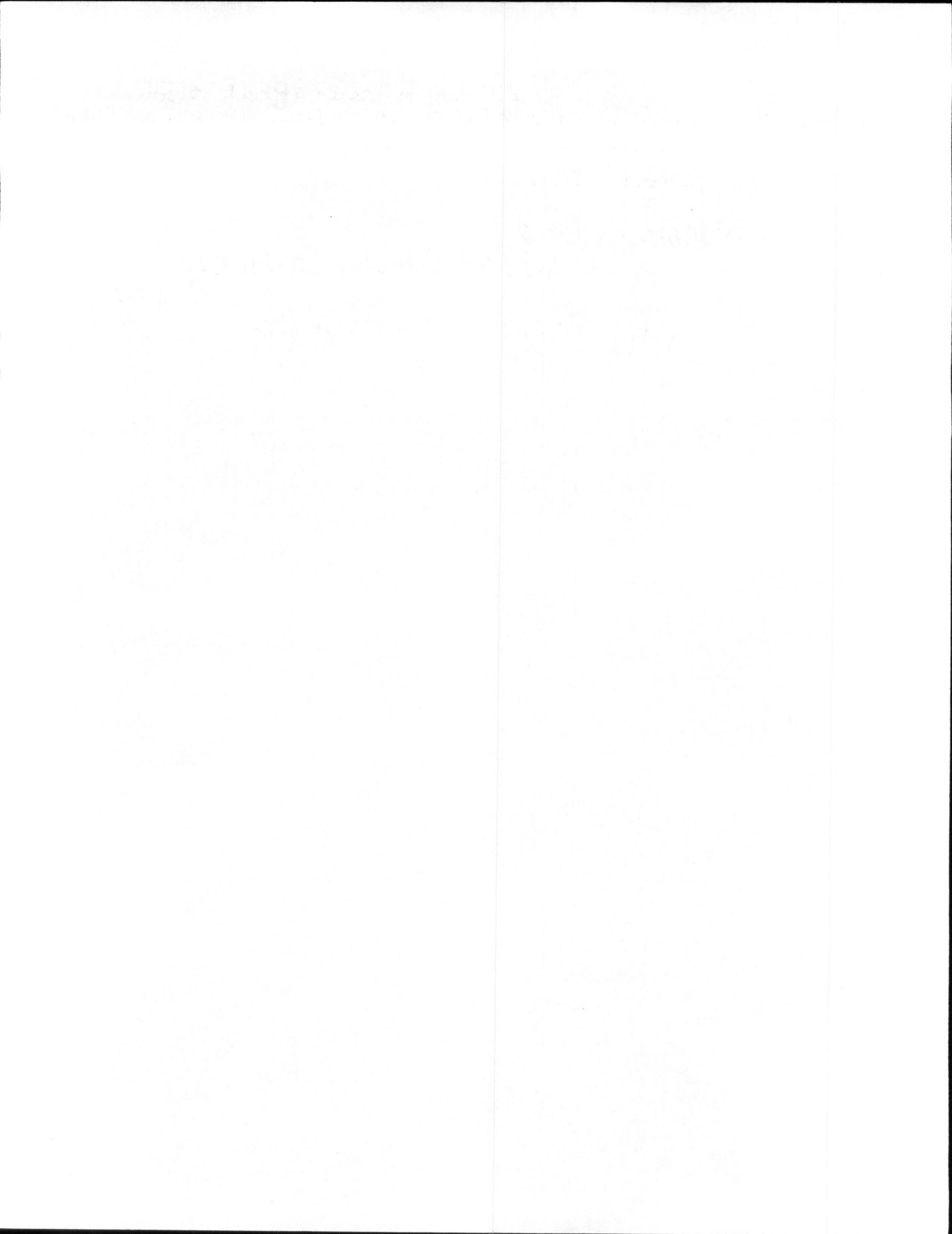
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

Date

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.

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



NAME: Southern Built, LLC

APPLICATION #: _____

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 Health New Septic System Code 800

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

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- { } Accepted { } Innovative { } Conventional { } Any
 { } Alternative { } Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } YES { } NO Does the site contain any Jurisdictional Wetlands?
 { } YES { } NO Do you plan to have an irrigation system now or in the future?
 { } YES { } NO Does or will the building contain any drains? Please explain. _____
 { } YES { } 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 { } 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?

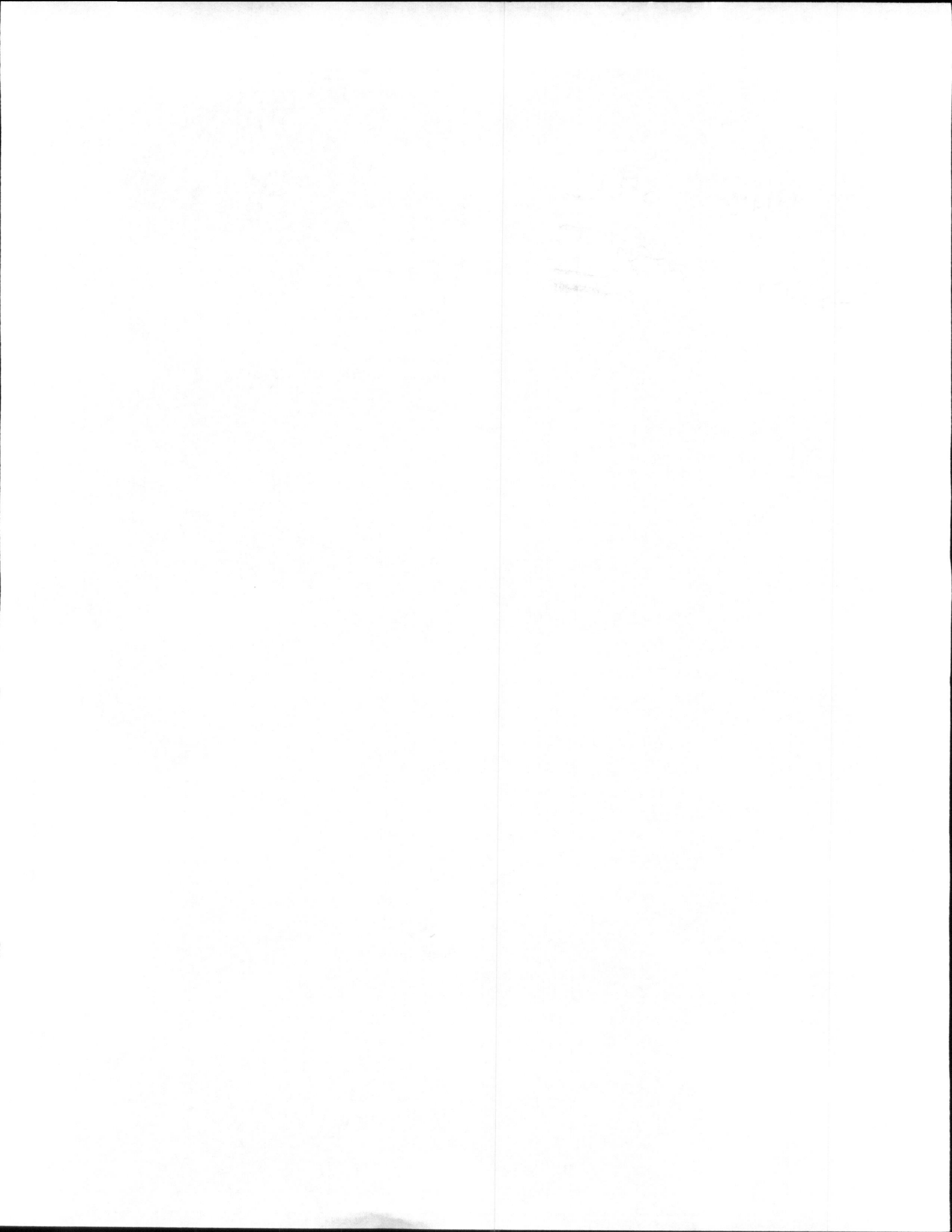
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/18/17
DATE



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

Owner's Name Southern Built, LLC Date 5/17/17
Site Address 3159 Johnston County Rd Phone 9198682515
Directions to job site from Lillington Hwy 210 to Angier - (R) on Hwy 55
Don McIner - property is 6 miles on (R) in
Curve
Subdivision not in subdivision Lot 2
Description of Proposed Work _____ # of Bedrooms 3
Heated SF 1307 Unheated SF 0 Finished Bonus Room? NO Crawl Space Slab _____

General Contractor Information

Southern Built, LLC 919-214-2227
Building Contractor's Company Name Telephone
PO. Box 1112 Clinton NC 28329 julie.raynor@embargmail.com
Address Email Address
77897
License # _____

Electrical Contractor Information

Description of Work SFD Service Size 200 Amps T-Pole Yes No
SNO electrical 919-427-6952
Electrical Contractor's Company Name Telephone
19655 NC 210 Hwy Angier
Address Email Address
13075-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work SFD
Stephenson Heat + Air 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr. Garner NC
Address Email Address
18644 HBI
License # _____

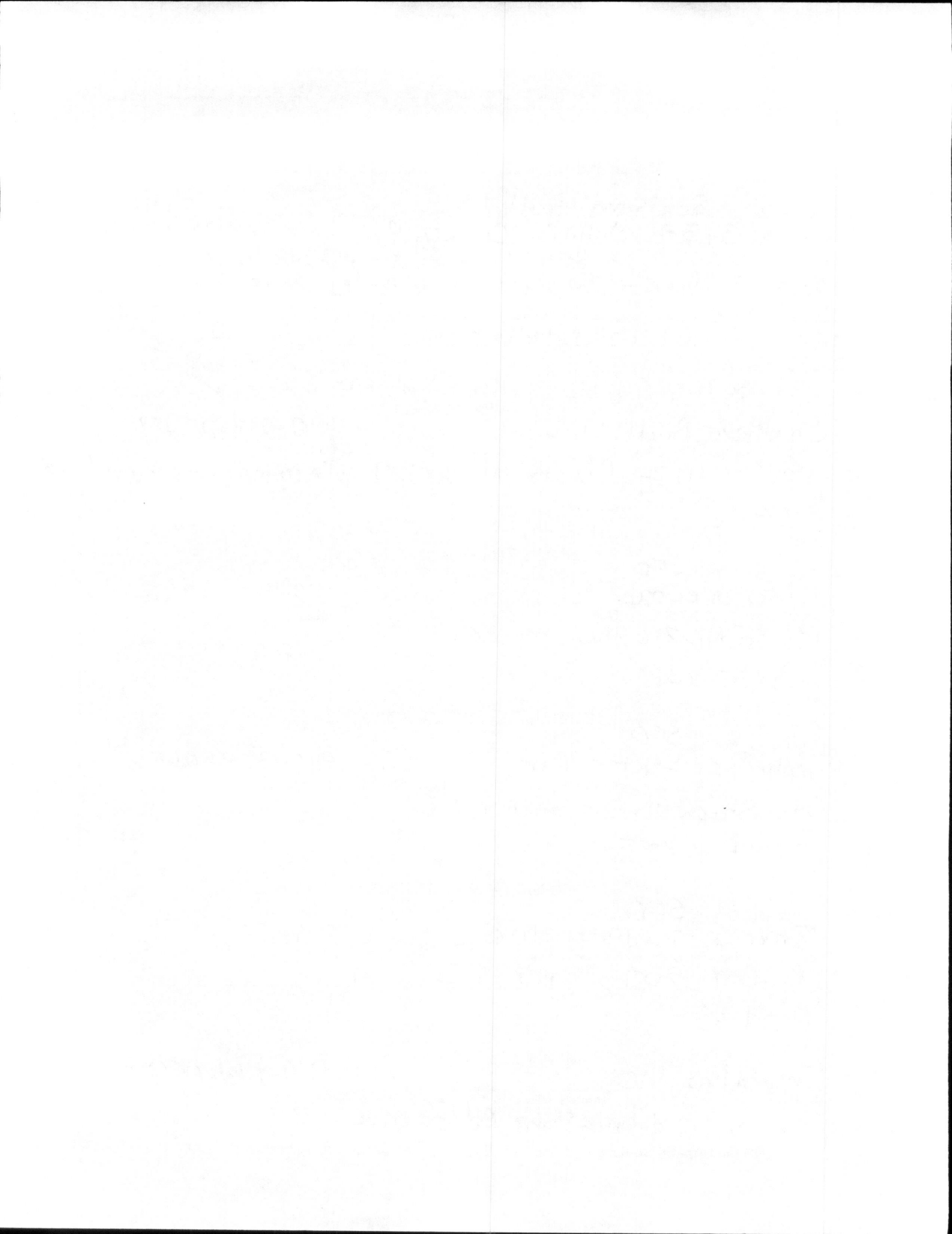
Plumbing Contractor Information

Description of Work SFD # Baths 3
Barnes Plumbing, Inc 919-639-0935
Plumbing Contractor's Company Name Telephone
PO. Box 1207, Angier NC
Address Email Address
P17735
License # _____

Insulation Contractor Information

Insulating Inc 919-661-0999
Insulation Contractor's Company Name & Address Telephone
519 Old Drug Store Rd Garner 27529

*NOTE General Contractor must fill out and sign the second page of this application



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

Julia Stye
Signature of Owner/Contractor/Officer(s) of Corporation

5/18/17
Date

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

Has three (3) or more employees and has obtained workers compensation insurance to cover them

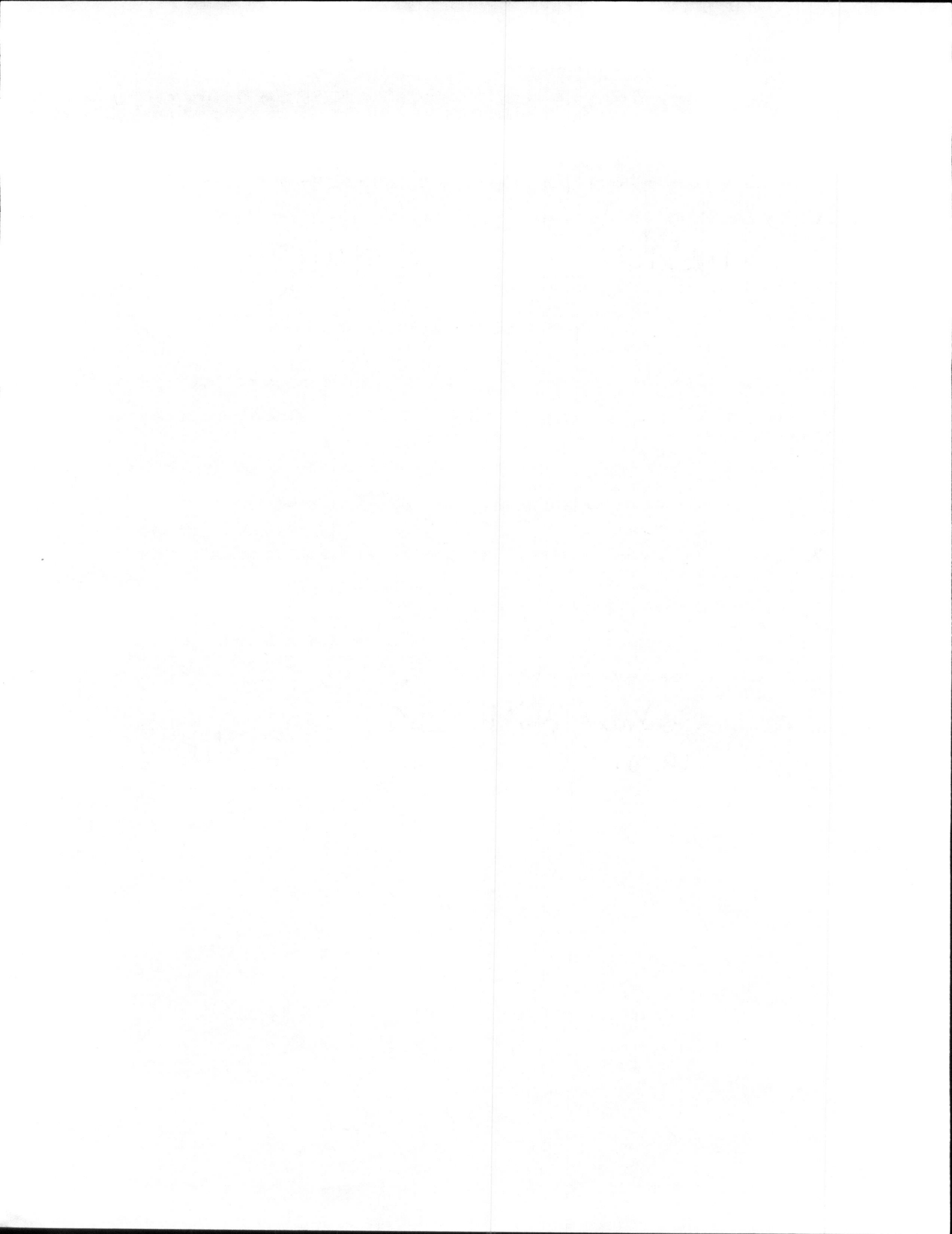
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 Southern Built, LLC
Sign w/Title Julia Stye Date 5/18/17



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 655371

Filed on: 05/18/2017

Initially filed by: SouthernBuilt

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com (mailto:www.liensnc.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

lot 2 Map 2017 page128 deed book 3493 page576
3159 johnston County road
Angier, NC 27501
NC County

Property Type

1-2 Family Dwelling

Owner Information

Southern Built, LLC
PO Box 1112
Clinton, NC 28329
United States
Email: julieraynor@embarqmail.com
Phone: 919-868-2515

Date of First Furnishing

05/18/2017

Print & Post



Contractors:

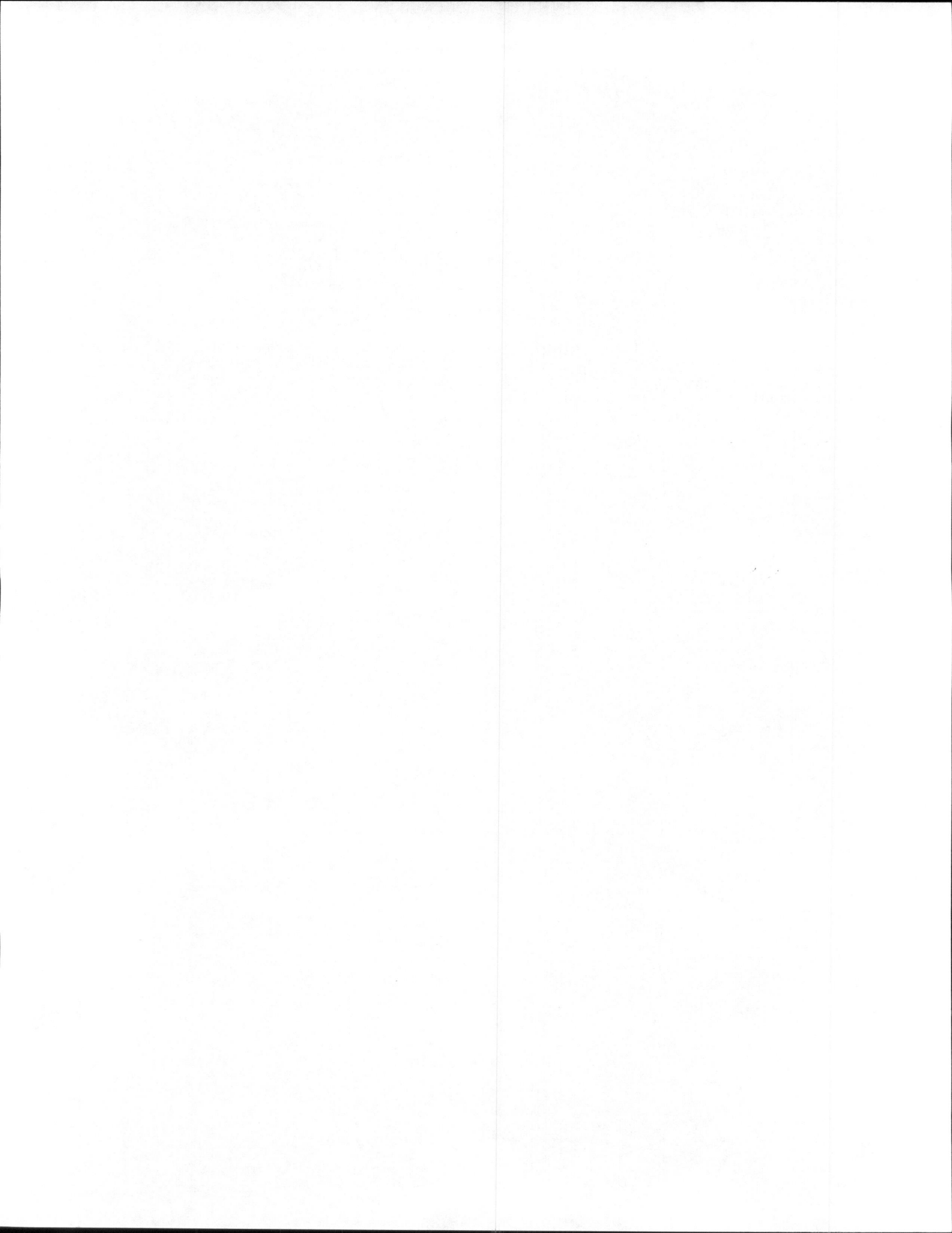
Please post this notice on the Job Site.

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



District office

910-814-4076

staff

893 4020

6538

890-

4812

893-

4088

