| | State: N | C Zip: 2835 | Phone #: 910- | 892-3123 |
|---|------------------------------------|-----------------------|---------------------------|----------------------------|
| APPLICANT: WELLONS RE | alty INC. | _Mailing Address: _ | P.O. By | 730 |
| City: DUNN | State: _/V. | C- Zip: 2833 | S Phone #: | 892-3123 |
| PROPERTY LOCATION: SR #: | SR Name: | 10 2760 | 1 | |
| Address: 195 EATON Dr. | | 10/08 | 1-89-531 | 4.000 |
| Parcel: 046692 0017 Zoning (A-30 Subdivision:0 | 106.1 | | | Lot Size: .63 |
| Flood Plain: Panel: | Watershed: | Deed Book/Page | | |
| DIRECTIONS TO THE PROPERTY FRO | M LILLINGTON: De to | ANSICE by | nay of 210 | How town ris |
| At intersection N/55 a | | | | |
| rd go About 2 in | Hes Oxford | Sub. ON le | ft turn in | apto first |
| street on right + to | IN ONTO EATON | Dr. | | J |
| PROPOSED USE: | | | | |
| SFD (Size 40 x 48) # Bedroom | | | | k Crawl Spac |
| ☐ Multi-Family Dwelling No. Units | | | | |
| ☐ Manufactured Home (Sizex_ |) # of Bedrooms | Garage | Deck | _ |
| □ Number of persons per household _ | | | | |
| ☐ Business Sq. Ft. Retail Space | | Туре | | |
| ☐ Industry Sq. Ft | | Туре | | |
| ☐ Church Seating Capacity | | | | |
| ☐ Home Occupation (Sizex_ | | | | |
| Additional Information: | | | | |
| | | | | |
| □ Addition to Existing Building (Size_ □ Other | | | | |
| Additional Information: | | | | |
| Water Supply: (County () We | ell (No. dwellings) | (_) Other | Environmental Heal | th Site Visit Date: |
| Sewage Supply: (New Septic Tank | | | | |
| Erosion & Sedimentation Control Plan Re | | | | |
| Property owner of this tract of land own la | nd that contains a manufacture | d home w/in five hund | dred feet (500') of tract | isted above? YES No |
| Structures on this tract of land: Single far | nily dwellings Manufa | actured homes | Other (specify) | |
| Required Residential Property Line Set | :backs: | Ninimum A | Actual | |
| • | Front _ | 35 | 37,50 | |
| | | 25 2 | 25.0 | |
| | Rear | | | |
| | Rear _ | | 12.1) | |
| | Rear _ Side _ | | 13,0 | |
| | - | | N/A | |
| | Side _ Corner _ | 10 | 13,0 N/A N/A | |
| f permits are granted I agree to conform | Side _ Corner _ Nearest Building _ | 10 20 10 | NA | uch work and the specifica |

This application expires 6 months from the initial date if no permits have been issued

NAME: Wellows Really Inc.

APPLICATION #: 41458

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 #

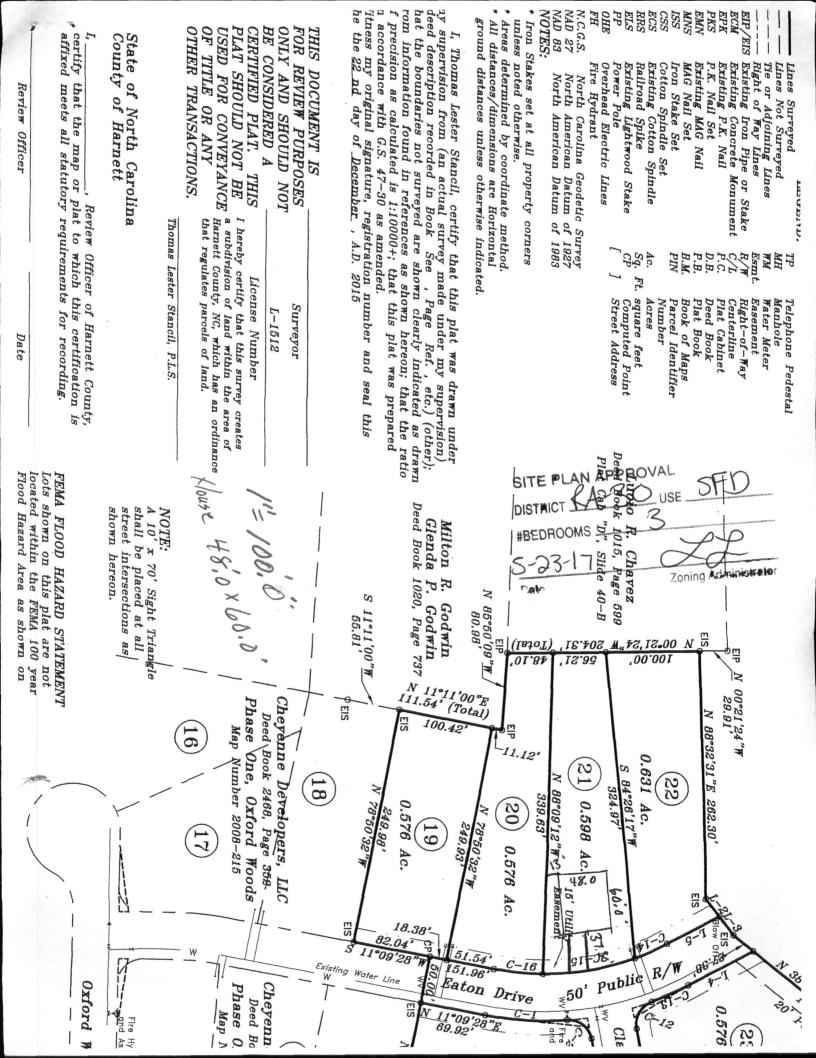
Environmental Health New Septic System Code 800

- 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 <u>undergrowth</u> 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. <u>Please note</u> 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 | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. | | | | | | |
| {}} Accepted | {}} Innovative {} Any | | | | | | |
| {}} Alternative | {}} Other | | | | | | |
| | the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: | | | | | | |
| {_}}YES {}NO | Does the site contain any Jurisdictional Wetlands? | | | | | | |
| {_}}YES {_/_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 {NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? | | | | | | |
| {_}}YES {_ANO | Is any wastewater going to be generated on the site other than domestic sewage? | | | | | | |
| {_}}YES {L)MO | Is the site subject to approval by any other Public Agency? | | | | | | |
| {_}}YES{UNO | Are there any Easements or Right of Ways on this property? | | | | | | |
| {LYES {_}} 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 Applicati | on 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 So | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making | | | | | | |
| a how | Complete Site Evaluation Can Be Performed. 5-23-17 | | | | | | |
| PROPERTY OWNERS | ØR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE | | | | | | |





Sales **General Contractors** Land Developers **Property Management** SCANNEMortgage Loans

DATE

Agreement between Cheyenne Developers, LLC, Seller and Robert P. Wellons, Wellons Realty, Inc., Buyer to purchase lots 19-21 Oxford Woods Phase II off Eaton Drive, Angier, North Carolina, referred to in Deed Book 879, page 587.

Closing to occur 30 days after map is recorded and utilities are in place.

So willow

Cheyenne Developers, LLC

Robert P. Wellons, Member

Robert P. Wellons

Wellons Realty, Inc., President

Robert P. Wellons

Individual

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits 41458

Each section below to be filled out by whomever performing work Must be owner or licensed contractor. Address company

Application for Residential Building and Trades Permit name & phone must match Owner's Name Description of Proposed Work # of Bedrooms Unheated SF 486 Finished Bonus Room? 2 Crawl Space 🔑 General Contractor Information Building Contractor's Company Name Electrical Contractor Information Description of Work Service Size 200 Amps T-Pole V Electrical Contractor's Company Name Mechanical/HVAC Contractor Information Description of Work Plumbing Contractor Information Description of Work License # Insulation Contractor Information

Insulation Contractor's Company Name & Address

! 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 asper current fee schedule.

The proposed use the proposed use for the permitting Department of the permitting Department of Date.

| The undersigned app | Affidavit for | Worker's Com | pensation N (| CGS 87-1 | 4 |
|---|---------------------|----------------------|---------------------|----------------|------------------------|
| | | _ | | | |
| General Cor | ntractor | Owner | _Officer/Agent of | the Contracto | or Owner |
| Do hereby confirm ur set forth in the permit | nder penalties of p | perjury that the per | rson(s) firm(s) or | corporation(s |) performing the work |
| Has three (3) | or more employee | es and has obtaine | ed workers compe | ensation insui | ance to cover them |
| Has one (1) or | more subcontrac | ctors(s) and has of | otained workers c | ompensation | insurance to cover |
| Has one (1) or covering themselves | more subcontrac | ctors(s) who has th | eir own policy of v | workers com | pensation insurance |
| Has no more t | han two (2) emplo | oyees and no subc | ontractors | | |
| White working on the Department issuing to to issuance of the per carrying out the work | ie permit may rec | uire certificates of | coverage of work | er s compens | sation insurance prior |
| Company or Name _ | Wellow | s Kealt | y INC. | | |
| Sign w/Title | Algh | > Super | stendent | Date | 7-17 |

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 689579

Filed on: 07/19/2017 Initially filed by: WellonsR

Designated Lien Agent

Project Property

Lot 21 Oxford Wood Subdivision

Investors Title Insurance Company

Online: www.lignanc.com new washings...... Address: 19 W. Hargou St., Suite 507 / Raleigh, NC

27601

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

Property Type

111 Eaton Drive

Harnett County

Angier, NC 27501

1-2 Family Dwelling

Owner Information

Date of First Furnishing

Wellons Realty, Inc. P.O. Box 730 Dunn, NC 28335 United States

Email: dlucas@wellonsconstruction.com

Phone: 910-892-3123

07/31/2017

View Comments (0)

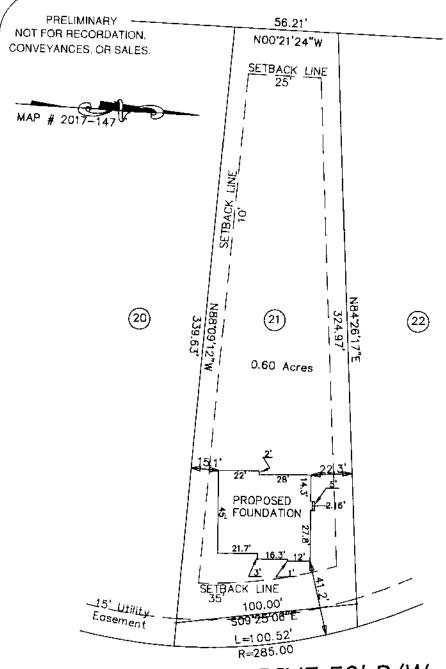
Technical Support Hotline: (888) 690-7384

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.



EATON DRIVE 50' R/W

BEING ALL OF LOT 21 OXFORD WOODS SUBDIMISION, MAP # 2017–147 PLOT PLAN FOR

Wellons Realty, Inc.

BLACK RIVER TOWNSHIP

HARNETT CO., NORTH CAROLINA

SCALE: 1" = 40' JULY. 19TH, 2017

i, Rannie E. Jardan, Professional Land Surveyor No. 2556, certify that this plat is a survey of an existing parcel or parcels of land.

SURVEYOR

REGISTRATION NUMBER

RONNIE E. JORDAN PLS
35 GLENFIELD DRIVE
PH. (910) 897-6981

DUNN, N.C. 28334
CELL(910) 237-5893