

Initial Application Date: 6/5/17

Application # 17-50041546

CU# _____

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: Triangle Home Pros LLC Mailing Address: 6312 Lauraca LN
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-896-2280 Email: THPhomes@gmail.com

APPLICANT: Triangle Home Pros LLC Mailing Address: 6312 Lauraca LN

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jeff Culver Phone # 919-896-2280

PROPERTY LOCATION: Subdivision: Cokesbury Park Lot #: 78 Lot Size: .44

State Road # 710 State Road Name: Cokesbury Park LN Map Book & Page: 2006 | 0854

Parcel: 050635012440 PIN: 0635-69-3196.000

Zoning: RA20M Flood Zone: X Watershed: GIS Deed Book & Page: 3499 0653 Power Company*: Duke Energy

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

PROPOSED USE:

SFD: (Size 43 x 48) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: 2 Deck: Crawl Space: Slab: _____ Monolithic 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 no

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

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

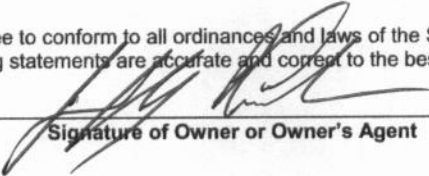
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>45'</u>
Rear		<u>25</u>		<u>15'</u>
Closest Side		<u>10</u>		<u>20'</u>
Sidestreet/corner lot		<u>20</u>		<u>35'</u>
Nearest Building on same lot		<u>10</u>		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N- To Christian Light then L
until Cokesbury R.d Then left until Cokesbury Park Ln-Then
left to Lot Location

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

6/2/2017
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: Triangle Home Pros LLC

APPLICATION #: 17-50041546

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 # BP 6/5 022354

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.

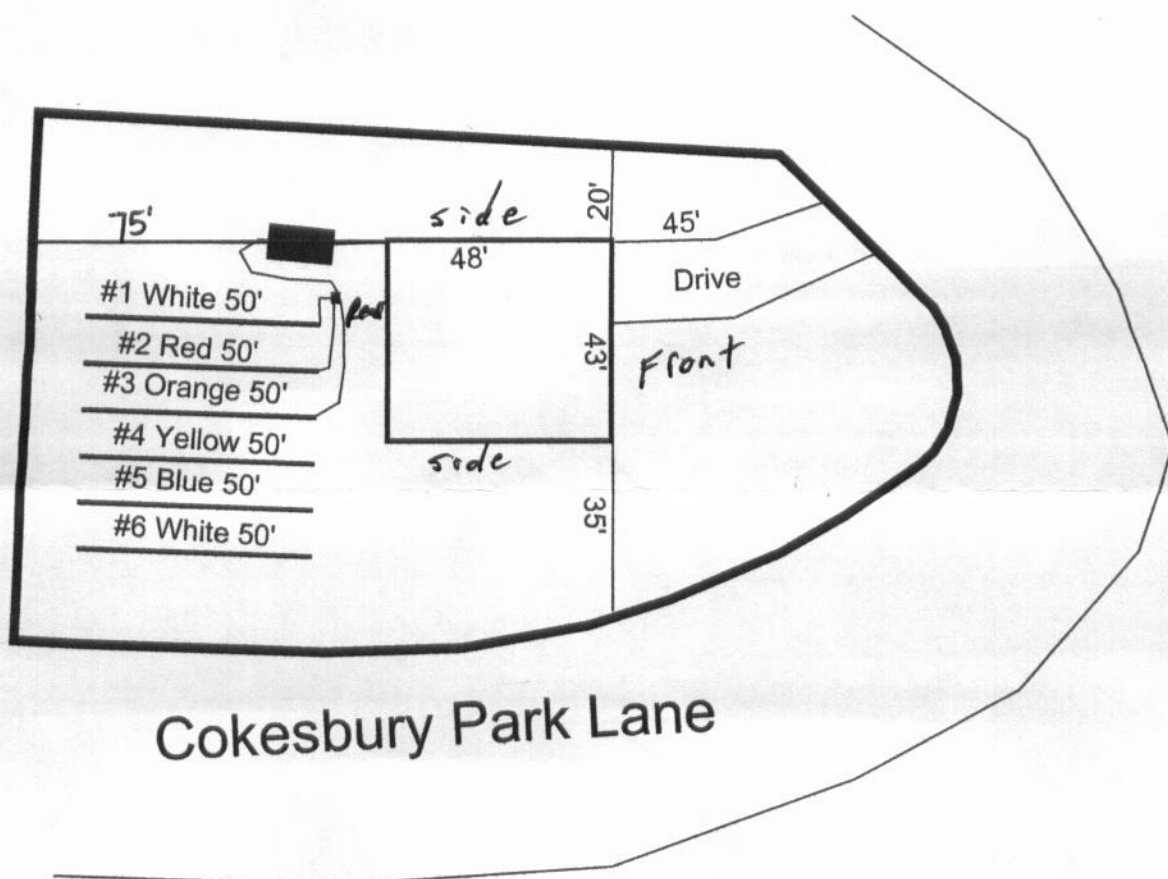
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

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)

6/2/2017
DATE

Triangle Home Pros, LLC Lot# 78 Cokesbury Park 3-Bedroom Layout



System: Gravity to D-Box
 Lines: 1-3, (150')
 0.6 LTAR
 24" Trench Bottom
 Accepted Status System
 Repair: Gravity to D-Box
 Lines: 4-6, (150')
 0.6 LTAR
 24" Trench Bottom
 Accepted Status System

SITE PLAN APPROVAL

DISTRICT PA-20M USE SFD

#BEDROOMS 3

DR 6/5/17
 ZONING ADMINISTRATOR

GRAPHIC SCALE
 1" = 40'



Adams
 Soil Consulting
 919-414-6761
 Job #468

Triangel Home Pros, LLC
Lot #78 - Cokesbury Park
 3-Bedroom Home (360 gal./day)

<u>LINE #</u>	<u>COLOR</u>	<u>BS</u>	<u>HI</u>	<u>FS</u>	<u>ELEVATION</u>	<u>LINE LENGTH</u>	<u>Design Length</u>
TBM		2.0		100.0		<u>in field</u>	<u>installation</u>
INST. 1			102.0				
1	White			3.7	98.3	65	50
2	Red			3.9	98.1	65	50
3	Orange			4	98	65	50
4	Yellow			4.4	97.6	65	50
5	Blue			4.7	97.3	65	50
6	White			4.9	97.1	65	50

System

Repair

Lines 1-3

Lines 4-6

System Type

Accepted Status System
EZ-FLOW

Accepted Status System
EZ-FLOW

Suggested Soil LTAR

0.60

0.60

Total Line Length

150

150

Square Footage

450

450

Proposed Trench Bottom

24"

24"

Distribution Method

D-Box

Gravity to D-Box

09/09/11

Application #

1750041544

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 Triangle Home Pros LLC Date 7/19/2017
 Site Address 710 Cokesbury Park LN Phone 919-346-1528
 Directions to job site from Lillington Hwy 401 N - Left on Christian Light - Then L on Cokesbury Rd - Then 2 onto Cokesbury Park LN
 TO Address 710
 Subdivision Cokesbury Park Lot # 78
 Description of Proposed Work New single family home # of Bedrooms 3
 Heated SF 1613 Unheated SF 661 Finished Bonus Room? NO Crawl Space X Slab

General Contractor Information

Triangle Home Pros 919-346-1528
 Building Contractor's Company Name Telephone
6312 Lauraca LN, Fuquay Varina NC THPHomes@gmail.com
 Address 27526 Email Address
77019
 License #

Electrical Contractor Information

Description of Work Wire new SFH Service Size 200 Amps T-Pole X Yes No
NEC Power 919-812-6624
 Electrical Contractor's Company Name Telephone
7309 Liscrin Woods LN Fuquay Varina NC MNidlaus@NECPower.com
 Address 27526 Email Address
28370U
 License #

Mechanical/HVAC Contractor Information

Description of Work HVAC New S.F.H
J.C.S Heating & Air 919-552-3053
 Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Holly Springs NC JCSHVAC@gmail.com
 Address 27540 Email Address
H3-12655
 License #

Plumbing Contractor Information

Description of Work Plumb New SFH # Baths 2
All-Max Plumbing 919-678-0111
 Plumbing Contractor's Company Name Telephone
2428 Reliance Ave, Apex NC 27539 Vicky@All-MaxPlumbing.com
 Address Email Address
29022
 License #

Insulation Contractor Information

Stephens Building Products 1220 Corporation 919-937-8479
 Insulation Contractor's Company Name & Address Telephone
Pathway, Raleigh

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

This application is to be used for
all applications submitted with
this form. Applications for
other projects should be
submitted on a separate form.

Application for Residential Building and Trade Permit

Contract Name _____
 Site Address _____
 Questions to job site from inspector _____

Subdivision _____
 Description of Proposed Work _____
 Heating for _____ Insulated SF _____
 Craw Space _____
 General Contractor Information
 Building Contractor's Company Name _____
 Address _____
 License # _____

Location of Work _____
 Electrical Contractor's Company Name _____
 Address _____
 Telephone _____
 Email Address _____
 Electrical Contractor Information
 Service Size _____ Amps _____ Pole _____ Yes _____ No _____

License # _____
 Location of Work _____
 Mechanical Contractor's Company Name _____
 Address _____
 Telephone _____
 Email Address _____

License # _____
 Description of Work _____
 Plumbing Contractor's Company Name _____
 Address _____
 Telephone _____
 Email Address _____
 Plumbing Contractor Information
 # Baths _____

License # _____
 Location of Work _____
 Insulation Contractor's Company Name _____
 Address _____
 Telephone _____
 Email Address _____
 Insulation Contractor Information

*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

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 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

Triangle Home Pros LLC

Sign w/Title

J.P. Platt President

Date

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 Hammett County Zoning Ordinance. I state the information on the above application is correct as known to me and that by signing below I have obtained all necessary permission to obtain these permits and I may change or amend the permit conditions, 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 Hammett County Central Planning Department of any and all changes.

EXPIRED PERMIT FEES: 0 Months to 3 years permit re-issue fee is \$50.00. After 3 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor(s) of Construction _____ Date _____

Affidavit for Worker's Compensation NC 8 87-14

The undersigned is/are being the _____

General Contractor _____ Owner _____ Officer/Agent of the Contractor or Owner _____

Do hereby certify under penalty of perjury that the person(s) listed as subcontractor(s) performing the work set forth in the permit:

_____ Has one (1) or more employees and has obtained workers' compensation insurance to cover them.

_____ Has one (1) or more subcontractor(s) who has obtained workers' compensation insurance to cover them.

_____ Has one (1) or more subcontractor(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 the permit is issued it is understood that the Central Planning Department issuing the permit may require certificates of coverage of worker's compensation insurance for each subcontractor of the permit and at any time during the permit term work from any person, firm or corporation carrying out the work.

Company or Name _____

Signature _____ Date _____

A(n) Appointment of Lien Agent was filed on June 15, 2017, 10:00:44 AM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

Project Property

710 Cokesbury Parkway
Fuquay Varina, NC 27526
NORTH CAROLINA County

Entry Number: [670500 \(entry search, view related filings\)](#)

Date of Filing: June 15, 2017, 10:00:44 AM

Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: [888-690-7384](tel:888-690-7384)

Fax: [913-489-5231](tel:913-489-5231)

Email: support@liensnc.com

Owner Information

Triangle Home Pros, LLC
6312 Lauraca Ln
Fuquay Varina, NC 27526
United States Email: bryan.thphomes@gmail.com
Phone: [919-346-1528](tel:919-346-1528)

Design Professionals

Date of First Furnishing

June 19, 2017

[Click to view full filing details](#)

Appointment of Lien Agent was filed on June 18, 2017, 10:00:44 AM using the North Carolina Online Lien Agent System (LienAS). Details of this filing include:

Project Property

710 Saksbury Parkway
Floyd/Vance, NC 27858
NORTH CAROLINA County

Entry Number: 87990 (entry search via related filing)

Date of Filing: June 18, 2017, 10:00:44 AM

Lien Agent

Chicago Title Company, LLC

Online: www.chicagotitle.com
Address: 10 W. Hargett St., Suite 500 Raleigh, NC 27601
Phone: 888-607-5281
Fax: 774-986-8237
Email: customerservice@chicagotitle.com

Owner Information

Triangle Home Pros, LLC
2312 Laurus Ln
Floyd/Vance, NC 27858
United States Email: tryproms@att.net
Phone: 919-846-1828

Design Professionals

Date of First Filing

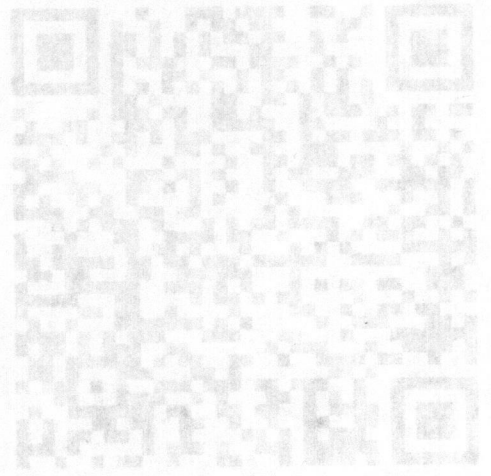
June 18, 2017

[Click to view full filing details](#)

Scan for instant access on your mobile phone



can for instant access on your mobile phone



Payment Receipt Confirmation

Your payment was successfully processed

Transaction Summary

Description	Amount
NC Liens	\$25
Total Amount Paid	\$25

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
RESAPPT	Appointment of Lien Agent (1-2 Family Dwelling) - Entry Number: 670500	\$25	1	\$25
			TOTAL	\$25

Customer Information

Customer Name Bryan Larson
Local Reference ID 219896
Receipt Date 6/15/2017
Receipt Time 10:00:42 AM EDT

Payment Information

Payment Type Credit Card
Billing Name Bryan Larson
Credit Card Number *****3472
Order ID 22212358
Credit Card Type VISA

Billing Information

Billing Address 1 5008
Billing Address 2 Cals Lane
Billing City, State Florence, WI
Zip/Postal Code 54121
Country US

Phone Number 9062822015
Fax Number

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Transaction ID	123456789
Amount	\$100.00
Date	2023-10-27

Transaction Detail

Merchant Name	ABC COMPANY
Merchant ID	12345678
Card Type	VISA
Card Number	1234 5678 9010 1111
Expiry	12/23 - 12/24
CVV	123
Transaction Reference	TXN-12345678
Amount	\$100.00
Tax	\$0.00
Total	\$100.00

Cardholder Name	John Doe
Cardholder Address	123 Main St, New York, NY 10001
Cardholder Phone	212-555-1234
Cardholder Email	john.doe@example.com
Payment Method	Credit Card
Payment Status	Completed
Payment Date	2023-10-27 10:00:43 AM EDT
Payment Amount	\$100.00
Payment Reference	12345678
Payment ID	12345678
Payment Type	Card
Payment Category	Retail
Payment Location	New York, NY
Payment Country	US