

Initial Application Date: 6/15/17

Application # 1750041643

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: Precision (Custom Homes) and Renovations, LLC Mailing Address: 258 Briar Hill Rd.
City: Raeford State: NC Zip: 28376 Contact No: 910-988-8172 Email: shaun@precisionpropertiesnc.com

APPLICANT*: _____ Mailing Address: _____

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

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Shaun Gardner Phone # 910-988-8172

PROPERTY LOCATION: Subdivision: Summerlin Lot #: 20 Lot Size: 48 acres

State Road # _____ State Road Name: 69 Apache Trail Mag Book & Page: 2010 / 411

Parcel: 099547 0054 48 PIN: 9567-82-7488.000

Zoning: RA-20M Flood Zone: X Watershed: G15 Deed Book & Page: 3499 / 319 Power Company*: Central EMC

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

PROPOSED USE:

SFD: (Size 50 x 35) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): _____ Garage: 2 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 proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>37</u>
Rear		<u>25</u>		<u>32.8</u>
Closest Side		<u>10</u>		<u>82</u>
Sidestreet/corner lot		<u>20</u>		
Nearest Building on same lot		<u>10</u>		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 W , 87 N, C Milton Welch,
R Summerlin , Run Apache

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.

SD
Signature of Owner or Owner's Agent

6/15/12
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: Shaun Gardner / Precision Custom Homes and Renovations APPLICATION #: 41643

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 # 022541-LL

6-15-17

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.

[Handwritten Signature]

6/15/17

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

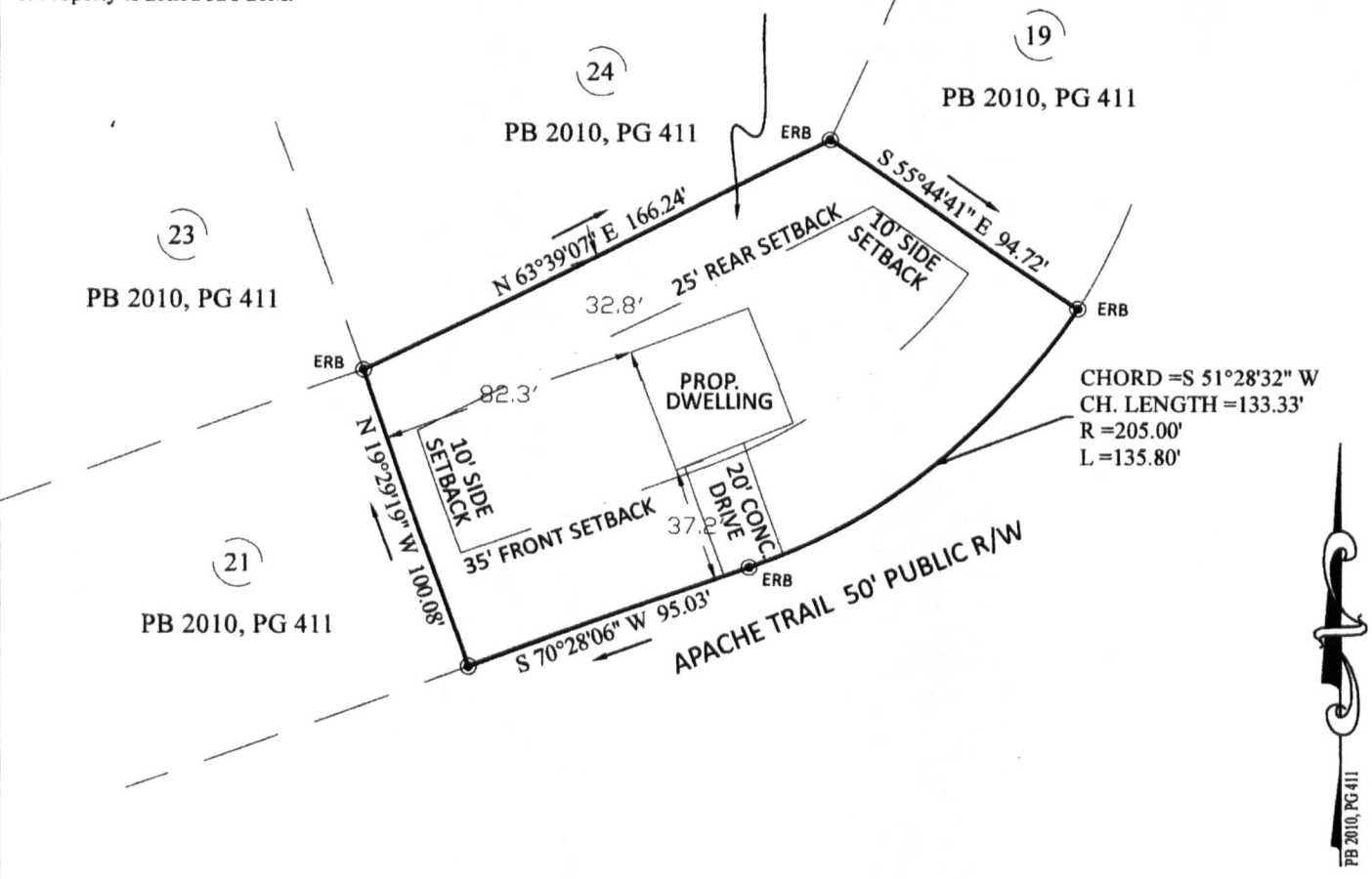
THIS MAP IS NOT INTENDED FOR RECORDATION, SALES, CONVEYANCES OR TO BE ATTACHED TO A DEED AS AN EXHIBIT.

Notes:

1. Acreage computed by DMD method.
2. All Distances Are Ground Distances.
3. Property is Subject to all Easements of Record.
4. Adjoining Property Information Per Harnett County Tax Records.
5. This plot plan was drawn from a physical survey
6. Property is zoned RA-20M.



20
0.48 ACRES
DB 3499, PG 319
PB 2010, PG 411

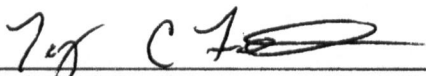


PLOT PLAN FOR:

PRECISION CUSTOM HOMES AND RENOVATIONS, LLC

NORTH CAROLINA
CUMBERLAND COUNTY

I certify that this plat was drawn under my supervision from a deed. This map does not conform to Gs 47-30 as amended and is not intended for recordation, nor should a copy of this map be attached to a deed as an exhibit to be recorded per GS 89C-26.


Terry C. Faircloth License No. L- 5185



SITE ADDRESS: 69 APACHE TRAIL
COUNTY OF: HARNETT
TOWNSHIP OF: JOHNSONVILLE
DATE: 6/14/2017
SCALE: 1" = 60'

TERRY C. FAIRCLOTH, PLS
2017 FALLOW RUN
FAYETTEVILLE, NC 28312
PHONE #: (910)-494-7444

EMAIL: fairclothsurveying@yahoo.com
WEBSITE: terryfairclothpls.com

69 Apache Trail Sanford
 PIN: 099567 - 0054-48
 Lot #20

*Amend for
 gravity
 below*

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: Summerlin

LOT 20

INITIAL SYSTEM: APPROVED 25% REDUCTION

REPAIR Pump to Approved 25% Reduction

DISTRIBUTION: Serial

DISTRIBUTION Serial

BENCHMARK: 100.0

LOCATION BC Lot 24120/21/23

NO. BEDROOMS: _____

LTAR 0.8 gpd/ft²

LINE	FLAG COLOR	ELEVATION	LENGTH	
I {	1	Y	100.84	50
	2	P	100.59	75
	3a	Y	100.17	50
			175	
R {	3b	Y	100.17	25
	4	P	99.75	75
	5	Y	99.42	75
			175	
I {	6	P	95.84	50'
	7	Y	95.94	50'
	8	P	94.92	50'
			150'	

BY B.C. Raynor

DATE 05/02/2017

TYPICAL PROFILE

0-40 LS fri gran
or 27 40"

**THERE SHALL BE NO GRADING,
 CUTTING, LOGGING OR OTHER SOIL
 DISTURBANCE IN SEPTIC AREA
 ANY DISTURBANCE MAY CAUSE A SITE
 TO BECOME UNSUITABLE**

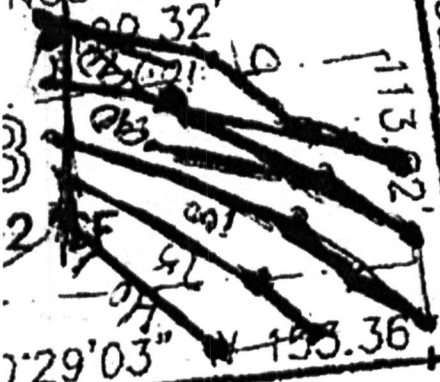
Still

8°11'06" E
129.32'

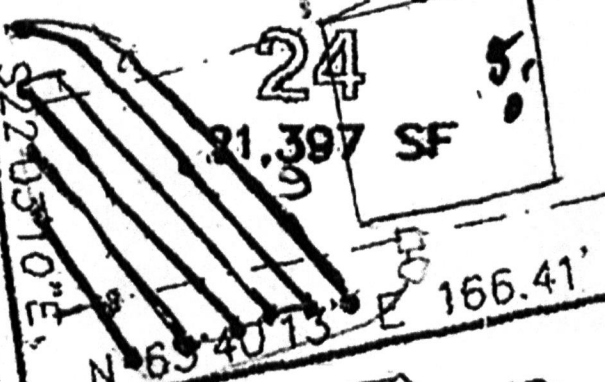
CK5

Public
Lane (50' R/W)

N68°11'06" E
129.32'



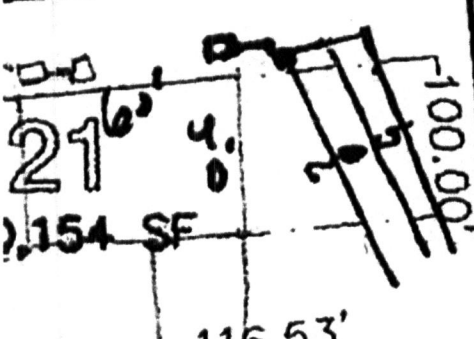
21
154 SF



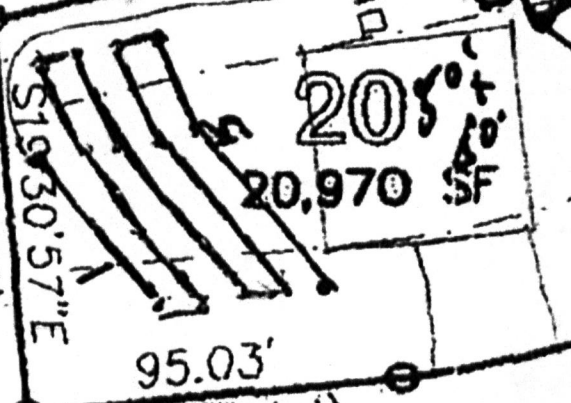
24
21,397 SF



23
21,916 SF

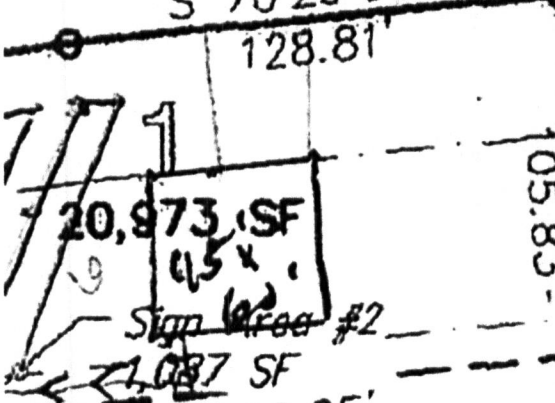


20
154 SF

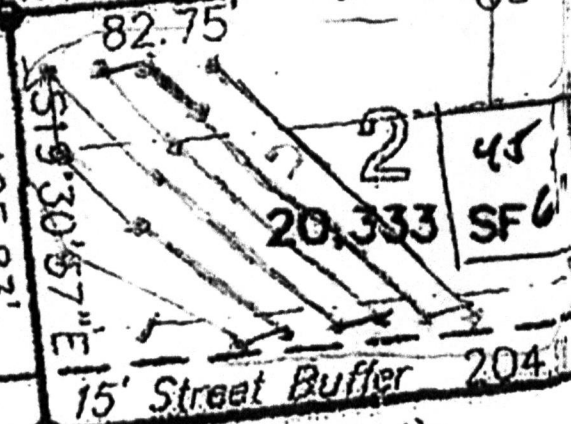


20
20,970 SF

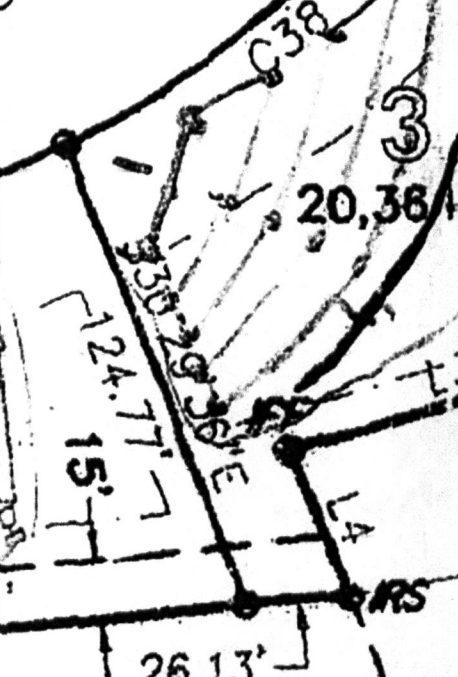
S 70°29'03" W 211.56' (Total)
Apache Trail (50' R/W) Public



1
20,973 SF



2
20,333 SF



3
20,364 SF

S 70°06'34" W 663.59' (Total)
on Welch Rd. (60' R/W) SR 1320

09/09/11

Application #

29657

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

HFE # 17-541643

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 Precision Custom Homes and Renovations, LLC Date 7/5/17

Site Address _____ Phone _____

Directions to job site from Lillington 27W to 87 N, Lan Milton Welch Rd., Ran
Summerlin Dr.

Subdivision Summerlin (69 Apache Trail) Lot 20

Description of Proposed Work New SFR Construction # of Bedrooms 4

Heated SF 2213 Unheated SF _____ Finished Bonus Room? N Crawl Space _____ Slab X

General Contractor Information

SMG Precision Properties LLC

910-988-8172

Building Contractor's Company Name

Telephone

256 Briar Hill Rd. Raeford NC

shaun@precisionpropertiesnc.com

Address

Email Address

72380

License #

Electrical Contractor Information

Description of Work New Const. Service Service Size 200 Amps T-Pole Yes No

J. Melvin Electric

910-584-4255

Electrical Contractor's Company Name

Telephone

5960 Lakeway Dr. Fayetteville NC 28304

Address

Email Address

29258-L

License #

Mechanical/HVAC Contractor Information

Description of Work New construction
Performance Heating and Air Telephone 910-273-1836

Mechanical Contractor's Company Name

5217 Hornbeam Rd. Fayetteville NC 28304

Address

29759 H73-1

License #

Plumbing Contractor Information

Description of Work New construction as per plans # Baths _____
Trinity Plumbing Co LLC Telephone 910-303-5585

Plumbing Contractor's Company Name

1989 Wilmington Hwy Fayetteville NC 28306

Address

32324 P1

License #

Insulation Contractor Information

A-1 Insulation Inc. PO Box 180 Hope Mills NC Telephone _____

Insulation Contractor's Company Name & Address

Telephone

*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

Shaun D 7/5/17
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 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 SMG Precision Properties
Sign w/Title Sh D Shaun Gardner / Member Manager Date 7/5/17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 679508

Filed on: 06/29/2017

Initially filed by: shaungardner

Designated Lien Agent

Old Republic National Title Insurance Company

Online: www.liensnc.com (<http://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 Summerlin
69 Apache Trail
Sanford, NC 27332
Harnett County

Property Type

1-2 Family Dwelling

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.

Owner Information

Precision Custom Homes and Renovations, LLC
256 Briar Hill Rd.
Raeford, NC 28376
United States
Email: shaun@precisionpropertiesnc.com
Phone: 910-988-8172

Date of First Furnishing

07/10/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384