| nitial Application Date: | 6/23/17 |
|--------------------------|---------|
|                          |         |

| Application # | 1750041698 |
|---------------|------------|
|               |            |

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting \*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* LANDOWNER: Charles D Blackwell failing Address: POB 427 Mamers cdb1971@gmail.com Contact No: APPLICANT\*:\_\_\_\_Weaver Homes, Inc Mailing Address:\_\_\_\_\_350 Wagoner Drive Email: cdb1971@gmial.com Zip: 28303 Contact No: 919-606-4696 Fayetteville \_ Phone #\_ 919-606-4696 CONTACT NAME APPLYING IN OFFICE:\_Dustin Blackwell PROPERTY LOCATION: Subdivision: N/A Griffin Road State Road Name: Parcel: 130610 0167 0610-82-2669.000 Deed Book & Page: 3 033 / 46 \*New structures with Progress Energy as service provider need to supply premise number **PROPOSED USE:** SFD: (Size \_\_\_\_x\_\_\_) # Bedrooms:\_\_ # Baths:\_\_ Basement(w/wo bath):\_\_\_ Garage:\_\_\_ Deck:\_\_ Crawl Space:\_\_ 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 54 x 48 ) Use: Barn with 2 br 2 bath apt above 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: Proposed Manufactured Homes:\_\_\_\_\_ Other (specify):\_\_\_\_\_ Required Residential Property Line Setbacks: Comments: Minimum\_35 Actual <sup>255</sup>

73 10 Closest Side Sidestreet/corner lot

135

25

Front

Rear

**Nearest Building** 

on same lot Residential Land Use Application

| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:   | Hwy 421 to       | owards Sanfor     | d, left at Boone 1 | Trail Fire Dept on Mamers road         |         |
|--|------------------|-------------------|--------------------|--|---------|
| Right on Old 421. 1st left on to Griffin Road. Left onto ET Far  | rm Lane. Go      | straight back     | Sign at the road   | d and leading to job site.             |         |
|  |                  |                   |                    |  |         |
|  |                  |                   |                    |  |         |
|  |                  |                   |                    |  |         |
|  |                  |                   |                    |  |         |
|  |                  |                   | <del></del>        |  |         |
|  |                  |                   |                    |  |         |
| If permits are granted I agree to conform to all ordinances and laws of I hereby state that foregoing statements are accurate and correct to the | f the State of N | North Carolina re | gulating such work | k and the specifications of plans subn | nitted. |
|  |                  |                   | 6/23/17            | addition to provided.                  |         |
| Signature of Swafer or Owner's Age   | gent             |                   | Date               | <del></del>                            |         |
|  | )                |                   |                    |  |         |
| ***It is the owner/applicants responsibility to provide the county to: boundary information, house location, underground or ov                   | With any appl    | licable informat  | tion about the sul | bject property, including but not lin  | nited   |
| incorrect or missing informati   |                  |                   |                    |  | 1       |

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*

NAME: CHARLES D. BAckwell

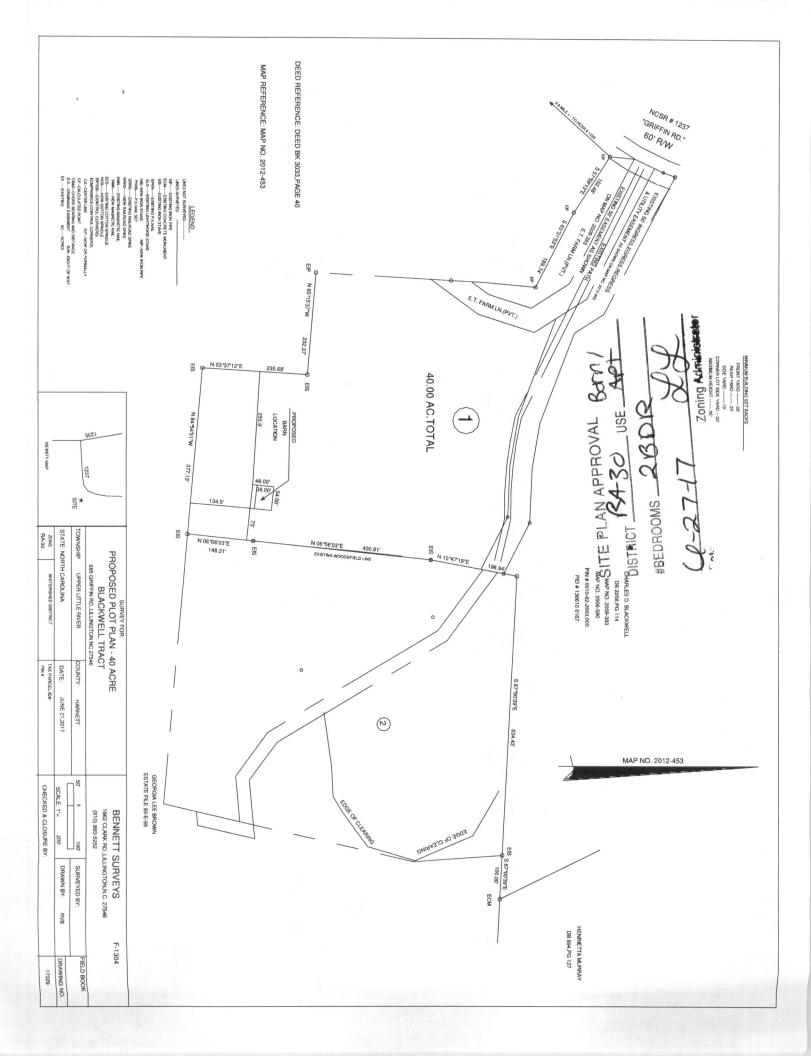
APPLICATION #: 41698

\*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 SystemCode 800 All property irons must be made visible. Place "pink property flags" on each corner iron of lot. 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {X} Conventional {\_\_}} Accepted {\_\_}} Innovative {\_\_}} 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: Does the site contain any Jurisdictional Wetlands? \_\_}YES Do you plan to have an <u>irrigation system</u> now or in the future? \_}YES Does or will the building contain any drains? Please explain. {\_\_\_}}YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {\_\_}}YES Is any wastewater going to be generated on the site other than domestic sewage? }YES Is the site subject to approval by any other Public Agency? Are there any Easements or Right of Ways on this property? {\_}} 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 Safely 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 OF OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



LEGEND

Address Numbers MajorRoads

Interstate

0 0.03250.065

1 inch = 600 feet

0.195 Miles

NC

Recycle\_Center Surrounding County Boundaries

City Limits

Landfills

GIS/E-911 Addressing

June 23, 2017

Federal Property

Each section below to be filled out by whomever performing work Must be owner or licensed contractor. Address company name & phone must match.

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

Application # YU 698

## Application for Residential Building and Trades Permit

| Owner's Name                                   | Date   |  |  |  |
|--|--|--|--|--|
| Site Address Phone                             |  |  |  |  |
| Directions to job site from Lillington         | and the second section of the section with a second problem than the second section of the section of the second section of the section of the second section of the sec |  |  |  |
|  |  |  |  |  |
| Description of Proposed Work New Construction  | Lot  |  |  |  |
| Description of Proposed Work New Construction  | # of Bedrooms  |  |  |  |
| Heated SF                                      | Crawl Space Slab   |  |  |  |
| Weaver Homes, Ire                              | 910-630-2100   |  |  |  |
| 350 Wagowa Drick Fayestally NC 23303           | Clb1971/09 Meil con  |  |  |  |
| Address /5?7/ License #                        | Email Address  |  |  |  |
|  | 'n   |  |  |  |
| Description of Work New Service Size           | Amps T-Pole Yes No   |  |  |  |
| Jin Page Electric                              | 910-890-1060   |  |  |  |
| Electrical Contractor's Company Name           | Telephone  |  |  |  |
| 409 Chatam ST. Sonfer, NL 27330                |  |  |  |  |
| Address  | Email Address  |  |  |  |
| 31256  |  |  |  |  |
| License #                                      |  |  |  |  |
| Mechanical/HVAC Contractor Inform              | <u>nation</u>  |  |  |  |
| Description of Work Nuc                        | CONAL TAIL AND MICE. Laught West M. (CARL Laurenspape, company)  |  |  |  |
| Mainsteam Mechanical                           | 919-291-0450   |  |  |  |
| Mechanical Contractor's Company Name           | Telephone  |  |  |  |
| 412 Losy Breach Dr. Benson, NG 27584           |  |  |  |  |
| Address  | Email Address  |  |  |  |
| 31005  |  |  |  |  |
| License #                                      |  |  |  |  |
| Plumbing Contractor Informatio                 | <u>n</u>   |  |  |  |
| Description of Work New                        | _# Baths   |  |  |  |
| Plumbing Contractor's Company Name             | 910-814-7705   |  |  |  |
| Plumbing Contractor's Company Name             | Telephone  |  |  |  |
| CIY Byrd Rd. Bonderd, NC 2.8323                |  |  |  |  |
| Address  | Email Address  |  |  |  |
| ગહ્યવ  |  |  |  |  |
| License #                                      |  |  |  |  |
| Insulation Contractor Information              |  |  |  |  |
| insulation, Inc                                | 919-770-1974   |  |  |  |
| Insulation Contractor's Company Name & Address | Telephone  |  |  |  |

| 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  |
| _ idas 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   |
| Sign w/Title  |

| Plan Box #  | Date  | e Wewer<br>SQ Feet<br>Garage<br>Band =   |   |
|---|---|--|---|
| Crawl Slab_   | Mono  | Basement   | _ |
| Footing Footing Foundation Foundation Address Address Open Floor Slab Rough In Rough In Insulation Insulation Final Final | Plum Under Slab<br>Ele. Under Slab<br>Address<br>Mono Slab<br>Rough In<br>Insulation<br>Final | Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final |   |
| Foundation Survey NO  | invir. Health NCW   | Other  |   |
| ooting  |   |  |   |
| oundation<br>iab  |   |  |   |
| Nono<br>pen Floor<br>ough in<br>nsulation<br>inal   |   |  |   |



# LiensNC Notice of Appointment of Lien Agent - Address: 685 Griffin Road, Lillington, 27546

1 message

LiensNC Support <donotreply@liensnc.com>

Thu, Aug 17, 2017 at 3:34 PM

A(n) Appointment of Lien Agent was filed on August 17, 2017, 03:33:51 PM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

#### **Project Property**

Lot 1 Fultz 685 Griffin Road Lillington, NC 27546 Harnett County

Entry Number: 706197 (entry search, view related filings)

Date of Filing: August 17, 2017, 03:33:51 PM

### Lien Agent

First American Title Insurance Company

Online: 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

#### **Owner Information**

Weaver Homes Inc. 350 Wagoner Drive Fayetteville, NC 28303

United States Email: nmcleod@weavercompanies.com

Phone: 910-433-0888

## **Design Professionals**

## **Date of First Furnishing**

August 21, 2017

Click to view full filing details

Scan for instant access on your mobile phone



Unsubscribe

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

\_\_\_\_\_\_\_\_\_\_\_ Page Date 8/21/17

Application description . . . CP NEW RESIDENTIAL (SFD)

Subdivision Name . . . . . .

Property Zoning . . . . . . PENDING

Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1197805

#### \_\_\_\_\_\_ Required Inspections

| Seq   | Phone<br>Insp#   | Insp<br>Code   | Description  | Initials | Date |
|---|--|--|--|----------|------|
| 10-30<br>10<br>20<br>30-999<br>30-999<br>40-50<br>40-60<br>40-60<br>40-60<br>50-60<br>50-60<br>50-60<br>50-60 | 814<br>101<br>103<br>111<br>309<br>205<br>129<br>425<br>125<br>325<br>225<br>429<br>131<br>329<br>229<br>209 | A814<br>B101<br>B103<br>B111<br>P309<br>E205<br>I129<br>R425<br>R125<br>R325<br>R225<br>R429<br>R131<br>R329<br>R229<br>E209<br>H824 | ADDRESS CONFIRMATION R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE R*BLDG SLAB INSP/TEMP SVC POLE R*PLUMB UNDER SLAB R*ELEC UNDER SLAB R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL R*ELEC TEMP POWER CERT ENVIR. OPERATIONS PERMIT |          |      |

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Date 8/21/17 Application Number . . . . 17-50041698 Subdivision Name . . . . . . Property Zoning . . . . . . PENDING Contractor Owner BLACKWELL CHARLES D & LAURIE T WEAVER HOMES, INC. 350 WAGONER DR 1520 OLD US 421 LILLINGTON NC 27546 FAYETTEVILLE NC 28303 (910) 630-2100 Applicant WEAVER HOMES, INC. 350 WAGONER DR FAYETTEVILLE NC 28303 (919) 606-4696 Structure Information 000 000 54X48 BARN W/2BDR 2 BATH Flood Zone . . . . . . FLOOD ZONE X 2.00 Other struct info . . . . # BEDROOMS PROPOSED USE SFD SEPTIC - EXISTING? NEW WATER SUPPLY Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1197805 Issue Date . . . 8/21/17 Valuation . . . 0
Expiration Date . . 8/21/18 Special Notes and Comments T/S: 06/23/2017 12:08 PM LLUCAS ----685 GRIFFIN RD HWY 421 TOWARDS SANFORD - LEFT AT BOONE TRAIL FIRE DEPT ON MAMERS RD - RIGHT ON OLD 421 - 1RST LEFT ON GRIFFIN RD -LEFT ONTO ET FARM LANE - GO STRAIGHT BACK - SIGN AT THE ROAD AND LEADING TO JOB SITE PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB INSULATION AND LAND USE. 

HARNETT COUNTY CENTRAL PERMITTING

Work must conform and comply with the

P.O. BOX 65

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Page 2
Application Number . . . . . 17-50041698 Date 8/21/17

Special Notes and Comments
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations