Initial Application Date:	/п	/17	Ì
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Residential Land Use Application

Application # _	17-50042085
	CU#

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

City: Angier St		Mailing Address:	ROAD
	ate: NC Zip: 27501 Co	ontact No: 9196392073	Road Email: wendy@stancilbuilders.com
APPLICANT*: Stancil Builders Inc.	Mailing Addres	ss: 466 Stancil Road	
City: Angier Sta	ate: NC Zip: 27501 Co	ontact No. 9196392073	Email: wendy@stancilbuilders.com
Please fill out applicant information if different than I	andowner		
CONTACT NAME APPLYING IN OFFICE: Rig	chard Denning		Phone #
PROPERTY LOCATION: Subdivision: Birchfi	eld		Lot #: 37 Lot Size; :5578
State Road # State Road N	lame: Rocky Branch Cou	rt	Man Book & Page: 98 / 504
Parcel: 07-0680-0129-42	<u> </u>	DIN: 0680-88-8881-000	Map Book a Page. 70 7000
Zoning: X Slood Zone: X Wate	ershed: 65 Deed Boo	ik & Page: 3365 7383	Map Book & Page: 98 / 506 Power Company*: Duke Energy
New structures with Progress Energy as servi			
PROPOSED USE: SH' POON			
SFD: (Size 46.8) # Bedrooms: 3			eck: Crawl Space: Slab: Monolithi Slab: Slab: Monolithi Slab: Slab: Monolithi Slab: Slab: Monolithi Slab: Slab: Monolithi Slab: Slab:
1 Mod: (Sizex) # Bedrooms (Is the second fid	#Baths Basement (woor finished? () yes ()	v/wo bath) Garage: S no Any other site built addition	ite Built Deck: On Frame Off Frame_ ons? () yes () no
Manufactured Home;SWDW	_TW (Sizex) # Bedrooms: Garage:	(site built?) Deck:(site built?)
1 Duplex: (Sizex) No. Building:	s: No. Bed	frooms Per Unit:	
Duplex: (Sizex) No. Building: Home Occupation: # Rooms:	S:No. Bed	frooms Per Unit:Hours of Operation:	
Duplex: (Sizex) No. Building: Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex	Use:No. Bed	frooms Per Unit:Hours of Operation:	#Employees: Closets in addition? () yes ()
Duplex: (Sizex) No. Building: Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex) Vater Supply: County Existing	S:No. BedNose: Use: WellNew Well (# of	frooms Per Unit: Hours of Operation: dwellings using well	#Employees: Closets in addition? () yes () *Must have operable water before final
Duplex: (Sizex) No. Buildings Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex /ater Supply: County Existing sewage Supply: New Septic Tank (Com	S:No. BedNo. Bed	frooms Per Unit: Hours of Operation: f dwellings using well sting Septic Tank (Complete Care)	#Employees: Closets in addition? () yes () *Must have operable water before final hecklist) County Sewer
Duplex: (Sizex) No. Buildings Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex /ater Supply: County Existing to ewage Supply: New Septic Tank (Compaces owner of this tract of land, own land that compaces owner of this tract of land, own land that continues the compaces owner of this tract of land, own land that continues the continues the continues to the continues to the continues the continues to	S:No. BedNo. Bed	frooms Per Unit:Hours of Operation: # dwellings using well sting Septic Tank (Complete Complete Compl	#Employees: Closets in addition? () yes () *Must have operable water before final hecklist) County Sewer
Duplex: (Sizex) No. Building: Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex Vater Supply: County Existing to ewage Supply: New Septic Tank (Commons own and that cooes owner of this tract of land, own land that cooes the property contain any easements whete		Hours of Operation: Hours of Operation: dwellings using well sting Septic Tank (Complete Complete C	#Employees:Closets in addition? () yes () *Must have operable water before final hecklist) County Sewer 0') of tract listed above? () yes () no
Duplex: (Sizex) No. Buildings Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex /ater Supply: County Existing to ewage Supply: New Septic Tank (Compose owner of this tract of land, own land that coes the property contain any easements wheter tructures (existing or proposed): Single family	No. Bed Use: No. Bed Use: New Well (# of plete Checklist) Contains a manufactured hore underground or overhead dwellings:	frooms Per Unit: Hours of Operation: f dwellings using well sting Septic Tank (Complete Come within five hundred feet (50) ad () yes () no Manufactured Homes:	#Employees:Closets in addition? () yes () *Must have operable water before final hecklist) County Sewer 0') of tract listed above? () yes (_\subseteq) no Other (specify):
Duplex: (Sizex) No. Buildings Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex /ater Supply: County Existing to ewage Supply: New Septic Tank (Composes owner of this tract of land, own land that coes the property contain any easements whete tructures (existing or proposed): Single family equired Residential Property Line Setback	No. Bed Use: No. Bed Use: New Well (# of plete Checklist) Contains a manufactured hore underground or overhead dwellings:	Hours of Operation: Hours of Operation: dwellings using well sting Septic Tank (Complete Complete C	#Employees:Closets in addition? () yes () *Must have operable water before final hecklist) County Sewer 0') of tract listed above? () yes (_\subseteq) no Other (specify):
Duplex: (Sizex) No. Buildings Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex /ater Supply: County Existing to ewage Supply: New Septic Tank (Composes owner of this tract of land, own land that coes the property contain any easements whete tructures (existing or proposed): Single family equired Residential Property Line Setback front	No. Bed Use: No. Bed Use: New Well (# of plete Checklist) Contains a manufactured hore underground or overhead dwellings:	frooms Per Unit: Hours of Operation: f dwellings using well sting Septic Tank (Complete Come within five hundred feet (50) ad () yes () no Manufactured Homes:	#Employees:Closets in addition? () yes () *Must have operable water before final hecklist) County Sewer 0') of tract listed above? () yes (_\subseteq) no Other (specify):
Duplex: (Sizex) No. Buildings Home Occupation: # Rooms: Addition/Accessory/Other: (Sizex Vater Supply: County Existing to ewage Supply: New Septic Tank (Composes owner of this tract of land, own land that coos the property contain any easements whete tructures (existing or proposed): Single family required Residential Property Line Setback and Minimum Actual	No. Bed Use: No. Bed Use: New Well (# of plete Checklist) Contains a manufactured hore underground or overhead dwellings:	frooms Per Unit: Hours of Operation: f dwellings using well sting Septic Tank (Complete Come within five hundred feet (50) ad () yes () no Manufactured Homes:	#Employees:Closets in addition? () yes () *Must have operable water before final hecklist) County Sewer 0') of tract listed above? () yes (_\subseteq) no Other (specify):

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Hwy 210 N to Angier, Right	t onto S Raleigh St/NC-55	, Right on Bill Avery
Road, Right on River Birch Run, Left on Rocky Branch Court.	<u></u>		···
		 	<u></u>
			
		<u> </u>	-
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	the State of North Carolina reg	julating such work and the sp	ecifications of plans submitted.
	o boat of my knowledge. I emi	8-14-17	mornacon is provided.
Wends Jorman Signature of Owner or Owner's Ag	ent	Date	

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

^{***}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.***

NAME: Stancil Builders Inc.

APPLICATION #: 17-5004 2085

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 # 8 18 023553

Environmental Health New Septic System Code 800

- All property irons must be made visible. Place "pink property flags" on each corner iron of iot. 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. 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 au	nthorization to construct please in	dicate desired system type(s):	can be ranked in order of prefe	erence, must choose one.
{_}} Accepted				
{}} Alternativ	e {} Other			
The applicant sha question. If the a	all notify the local health depart answer is "yes", applicant MUS	ment upon submittal of this a	pplication if any of the follow DOCUMENTATION:	wing apply to the property in
{_}}YES { <u>⊀</u> }	NO Does the site contain	any Jurisdictional Wetlands?		
{}}YES {_ K }	NO Do you plan to have a	an <u>irrigation system</u> now or ir	the future?	
{_}}YES {X}	NO Does or will the build	ling contain any <u>drains?</u> Pleas	se explain.	
{}}YES			Wastewater Systems on this	
{_}}YES { <u>⊀</u>]	NO Is any wastewater go	ing to be generated on the site	other than domestic sewage	?
{_}}YES { X }	NO Is the site subject to a	pproval by any other Public.	Agency?	
{_}}YES { x _}	NO Are there any Easeme	ents or Right of Ways on this	property?	
$\{_\}$ YES $\{\underline{\times}\}$	NO Does the site contain	any existing water, cable, pho	one or underground electric li	ines?
	If yes please call No	Cuts at 800-632-4949 to loca	te the lines. This is a free ser	rvice.
I Have Read This	Application And Certify That Tl	ne Information Provided Herei	n Is True, Complete And Corr	rect. Authorized County And
State Officials Are	Granted Right Of Entry To Co	nduct Necessary Inspections T	Determine Compliance With	Applicable Laws And Rules.
I Understand Tha	t I Am Solely Responsible For Th	ne Proper Identification And L	abeling Of All Property Lines	And Corners And Making
The Site Accessibl	e So That A Complete Site Evalu	ation Can Be Performed.		
Wondy	Dorman			8-14-17
PROPERTY OF	WNERS OR OWNERS LEGA	L REPRESENTATIVE SI	GNATURE (REQUIRED)	DATE

SITE PLAN APPROVAL USE SFD DISTRICT 1A-30 #DEC: (COMS STRATOR **CUSTOM HOME DESIGNS** STANCIL BUILDERS, INC. 46.81 34.77 189.97 251.03 1≸6.15′ Lot 37 BIRCHFIELD 40 ROCKY BRANCH COURT COATS, NC 27521 Deed Book 3305 Page 203 BOOK OF MAPS 98 Page 506 LOT 37 BIRCHFIELD SCALE 1" = 40'-0"

Application #

Harnett County Central Permitting
PO Box 85 Lillington NC 27546
910 893 7525 Fax 810 893 2793 www harnett org/permits

17-50042085

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

Application for Residential Building and Trades Permit

	<u> </u>
Owner's Name Stancil Builders Inc.	_
Site Address 40 Rocky Branch Court Conto	2252/ Date
Directions to job site from Lillington Hum 210 N & A.	Did to
Ralica St/NC-55, Right on Bill arery	gue, right onto s.
Birch Run Left on Rocky Broach Con	Road, Kight on River
Subdivision Birch Revol	uc
December of B	Lot
11-11-11-11-11-11-11-11-11-11-11-11-11-	# of Bedrooms <u>3</u>
General Contractor Information	Crawl Space <u>K_</u> Slab
Sancie Studens Sha	
Building Contractor's Company Name	919-639-2013 Telephone
466 Stancil Rosal angin 27501	werdy estancil builders.com
Address 9 34533	Email Address
License #	
Flactrical Contractor las	
Description of Work SFD Service Size	Amps T-Pole XYes No
	919-427-6952
Electrical Contractor's Company Name	Telephone
19655 NC 210 HWY angles 27501	
13075-L	Email Address
License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work SFD	
Stephinson Heating ; air Ine.	919-329-0690
Mechanical Contractor's Company Name	Telephone
Address Shipward Dr. Danner 27529	
18644	Email Address
License #	
Plumbing Contractor Information	on
Description of Work SFD	# Baths 2
Barnea Plumbing Inc.	919-422-2133
Plumbing Contractor's Company Name	Telephone
Address Address Angle 2750/	•
<u>P17</u> 735	Email Address
License #	
1 + 1 Insulation Contractor Informatic	ın
$-140/0001/(n_0 N_0) A_0 + E_1 + E_2 + E_3 + A_3 + A_4 + A_5 + A_5$	<u> </u>
Insulation Contractor's Company Name & Address James 2 7529	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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is \$2.7.

Signature of Owner/Contractor/Office 19
Signature of Owner/Contractor/Officer(s) of Corporation 8-14-17 Date
Affidavit for Worker's Comment
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
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 us
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance
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 carrying out the work
Company or Name Stancil Builders Inc.
Sign w/Title Wandy Dorman Date 8-14-17
Date 8 3 7 7 7 7

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 703826

Filed on: 08/14/2017

Initially filed by: StancilBuildersinc

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.lienanc.com/http://www.lienanc.com/

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

27601

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

Rmail: support@liensnc.com (mail: a supportar lication; son)

Property Type

Wake County

Project Property

40 Rocky Branch Court Fuquay Varina, NC 27526

Lot 37 Birchfield PH 4.664ACS Book of Maps 98

Page 506 Deed Book 3505 Page 203

1-2 Family Dwelling

Date of First Furnishing

09/11/2017

Owner Information

Stancil Builders Inc. 466 Stancil Road Angier, NC 27501 United States

Email: brendagoldston@stancilbuilders.com

Phone: 919-639-2073

View Comments (0)

Technical Support Hotline: (888) 690-7384

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.