

Application # _	<u>_</u>	150042391
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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

Nearest Building on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext;2 Fax: (910) 893-2793

03/11

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" _____ Mailing Address: 2919 Breezewood Avenue, Ste. 400 LANDOWNER: H&H Constructors of Fayetteville, LLC. State: NC Zip: 28303 Contact No: 910-486-4864 APPLICANT*: H&H Constructors of Fayetteville, LLC. Mailing Address: 2919 Breezewood Avenue, Ste. 400 City: Payetteville State: NC Zip: 28303 Contact No: 910-486-4864 CONTACT NAME APPLYING IN OFFICE: Leanna Hair PROPERTY LOCATION: Subdivision: Oakmont State Road Name: Docs Road Map Book & Page 2 Zoning: RA-20R Flood Zone: Watershed: Deed Book & Page 500 *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: # 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 ____x ___) Use: ______ Closets in addition? (___) yes (___) no Water Supply: V County Existing Well Mew Well (# of dwellings using well _____) *Must have operable water before final Sewage Supply: V 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 Structures (existing or proposed): Single family dwellings: Proposed Manufactured Homes:_____ Other (specify):_____ Required Residential Property Line Setbacks: Comments:____ Minimum Front 25 Rear 5/10 Closest Side Sidestreet/corner lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Take Hwy. 27 to Docs Road, turn left, go about 1.5, turn let into
subdivision.	
If permits are granted t agree to conform to all ordinances and laws o I hereby state that foregoing gratements are accurate and correct to the Signature of Owner or Owner's Ag	f the State of North Carolina regulating such work and the specifications of plans submitted the best of my knowledge. Permit subject to revocation if false information is provided. Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not ilmited 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

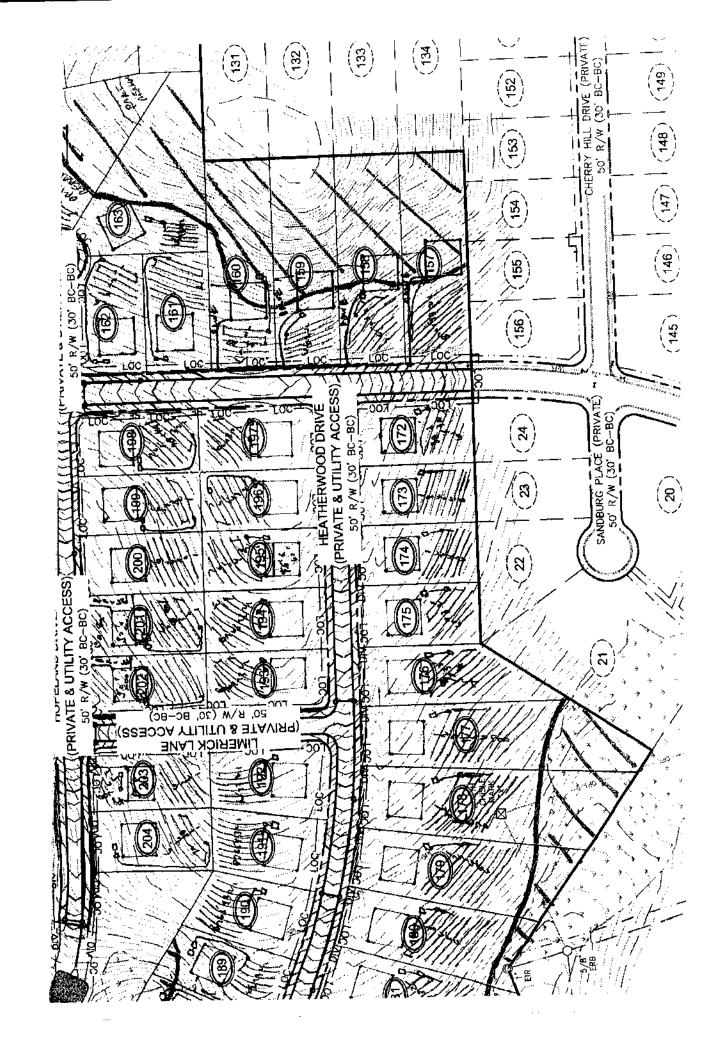
MICHAEL P. GRIFFIN , certify that under my direction and supervision this map was drawn from an actual field survey, that the error of clasure of the survey as calculated by coordinates is 1: 10,000+; that the area shown hereon was calculated by coordinates. Witness my hand and seal this day of MONTH 2017. FUTURE DEVELOPMENT 5 38°3242' W--- 100.00 WETLANDS. 22,000 SQ.FT. 220.00 220.00 0.51 AC. 7097 10960h **2**7.0 PROPOSED Bit TMORE N 51°27'18" W 551°2718" 37.0° DISTRICT J2A20R USE SITE PLAN APPROVAL N 38°32'42" E --- 100.00' HEATHERWOOD DRIVE 50' R/W (PUBLIC & UTILITY ACCESS) SETBACKS FRONT 35' REAR 25' 10 SIDE

LEGEND

REVISION: LEFT HAND SIDE ENTRY, BACK, LEFT 8/29/17

1242

NAME: HEH COOSTY UCTORS OF FOLY. LLC. APPLICATION #:
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 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 fallure 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 property grounder 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 IId 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 {X} 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
{
{ NO Is any wastewater going to be generated on the site other than domestic sewage?
,
11. shows a understand a locatric lines?
[_]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.
If yes please call No Cuts at 800-032-4949 to locate the lines. This is a rice service. I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
I Have Read This Application And Certify That The Information Provided Hereit is True, Complete And Correct. Authorized County That 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 OF OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE



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 for Residential Building and Trades Permit

& phone must match	0.0	a alala				
Owner's Name HET	1 Constructors of Fayetlew	The CC. Bate 120 11				
*Site Address 282	Heatherwood Drive	Phone 910-486-4864				
Directions to job site fro	om Lillington Take How 21+	a Docs Road, turn				
left noa	bout 15 miles. Turn	1 1844 11140				
<u>subdivis</u>	ion.	+ 105				
Subdivision Oak	ont	Lot 100				
Description of Propose	a Work New Single Family C	Occelling # of Bedrooms				
* Heated SF 2452 Ur	heated SF () Finished Bonus Room?	Crawl Space Slab 🖊 🔭 ⊁				
•	General Contractor Information	910-486-4864				
H&H Constru	octors of Fayetteville LLC.	Telephone				
Building Contractor's C	company Name	03 Leannathan & Hhhome's Com				
Address	LYST AVE SIE DU FLAGACOUS	Email Address				
<u>82177</u>						
License #	Electroni Contractor Informat	lon /				
Description of Work	Electrical Contractor Informat Service Size	Amps T-Pole Yes No				
	ige Electric Inc.	<u>910-323-21458</u>				
Flectrical Contractor s	Company Name	Telephone				
	nead Road Fay. NC 28312	Diane Suxly Ridge Electric COM				
Address	,	Email Addiess				
08700-L	<u>-</u>					
Liverise #	Mechanical/HVAC Contractor Info	rmation				
Description of Work		0.0 0711 101 0				
Carstina Con	most Aic, IIC.	<u> 19-934-1000</u>				
Mechanical Contractor	's Company Name	Telephone ('anslinal'southon-t-Air@yddxx).COM				
2313 D2 Hmy	OBUS Clayton, NC 27520	Email Address				
Address		4 ,,, 3 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
License #	<u> </u>	_				
Plumbing Contractor Information						
Description of Work _		#Baths 4.0				
Dell Haire, 1	Zhunding	Telephone				
Plumbing Contractor's	630 Gillespie St. Fay, NC	Dell HairePlumbing@hatmail.com				
· Address	38306	Email Address				
33886P-1	_					
License #	Inc. lat Cauturates Informs	tion				
	Insulation Contractor Informa	910-486-8855				
Insulation Contractors	Company Name & Address 38301	Telephone				
Historiati collinacio) s						

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 apper current fee schedule

Signature of Owner/Contractor/Officer(s) of Corporation

After 2 years re-issue fee

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 HEH Constructors of Fayetteville, LLC.
Eign W/Tipe Deanuallai / Permitting Coordinator Date 9/20/17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 711113

Filed on: 08/28/2017

Initially filed by: meaganbradshaw

Designated Lien Agent

First American Title Insurance Company

Online: www.liensne.com un maintenance

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

27601

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

Email: support & hensne tom the passes are

Email: suppor a hensne com 👵 🦡 🕬 🕬

Owner Information

H&H Constructors of Fayetteville, LLC 2919 Breezewood Avenue Ste 400

Fayetteville, NC 28303 United States

Email: leannabair@bhbomes.com

Phone 910-486-4864

Project Property

OKM000185 Lot 185 Oakmont 282 HEATHERWOOD DRIVE Lillington, NC 27546

Lillington, NC 27546 Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

06/26/2017

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

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box #	391 v	Date1 Job Name Plan Name <u>1</u> Valuation235_39	High Biltmare SQ Feet 243 Garage 43 = 28	- - - 25 - 7
Inspections fo			D	
Crawl	Slab <u>√</u>	Mono	Basement	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
Foundation Su	ırvey E	invir. Health	Other	
Additions / Office Footing Foundation Slab Mono Open Floor Rough In Footing Footing Footing Floor Flor				
Insulation				

Final_