

Initial Application Date: 10/4/17

Application # 1750042490
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: H&H Constructors of Fayetteville, LLC. Mailing Address: 2919 Breezewood Avenue, Ste. 400
City: Fayetteville State: NC Zip: 28303 Contact No: 910-486-4864 Email: leannahair@hhhomes.com

APPLICANT: H&H Constructors of Fayetteville, LLC. Mailing Address: 2919 Breezewood Avenue, Ste. 400
City: Fayetteville State: NC Zip: 28303 Contact No: 910-486-4864 Email: leannahair@hhhomes.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Leanna Hair Phone # 910-486-4864

PROPERTY LOCATION: Subdivision: Oakmont Lot #: 184 Lot Size: 62 acres
State Road # 1116 State Road Name: Docs Road Map Book & Page: 2016/47

Parcel: 03958901 1021 17 PIN: 0507-44-6466

Zoning: RA-20R Flood Zone: X Watershed: ND Deed Book & Page: 3504/0326 Power Company*: Central Elec.

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

PROPOSED USE:

SFD: (Size 40' x 50') # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): _____ Garage: 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: Proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	35	Actual	70'
Rear		25		75.9'
Closest Side		5/10		20'
Sidestreet/corner lot		20		-
Nearest Building on same lot				-

Comments: _____

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 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.

Joanne Hair
Signature of Owner or Owner's Agent

10/4/17
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.

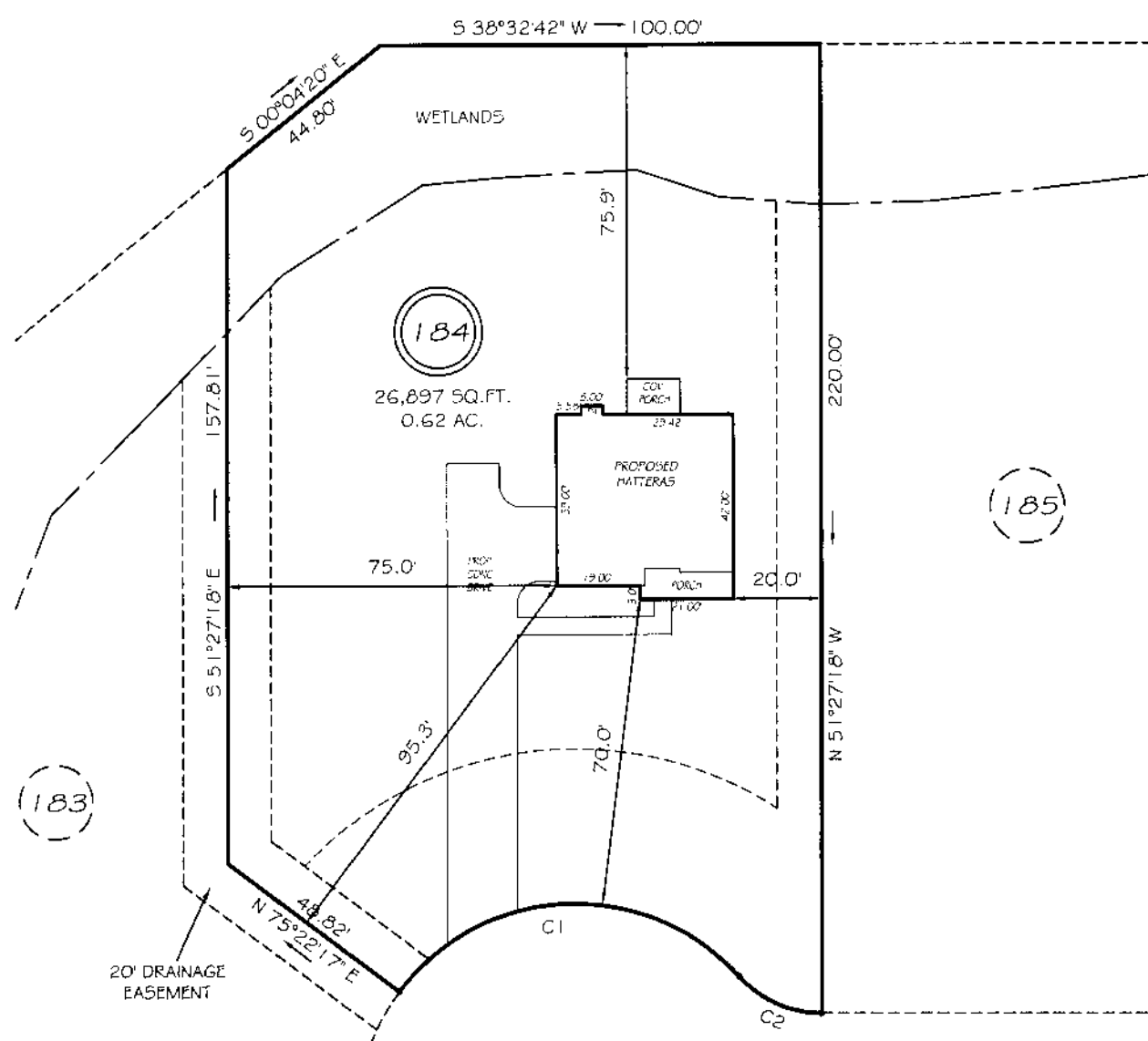
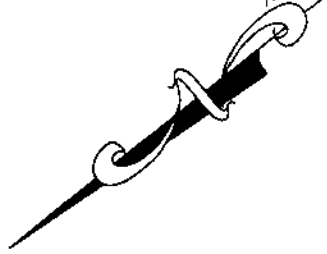
This application expires 6 months from the initial date if permits have not been issued

I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure 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.

EX 2016
 TARRANT CO. REGISTRY
 PG 17-48
 9102-39

FUTURE DEVELOPMENT



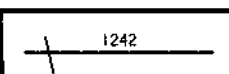
SITE PLAN APPROVAL
 DISTRICT RADOR USE SD HEATHERWOOD DRIVE
 50' RAW (PUBLIC & UTILITY ACCESS)
 #BEDROOMS 3
 Date 10/6/17 Zoning Administrator [Signature]

SETBACKS

FRONT	35'
REAR	25'
SIDE	10'

REVISION: LEFT HAND SIDE ENTRY, BACK, RIGHT 8/29/17
 C1 R=50.00' L=88.45' N36°03'11\"/>

LEGEND



NAME: H&H Constructors of Fay, 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 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?

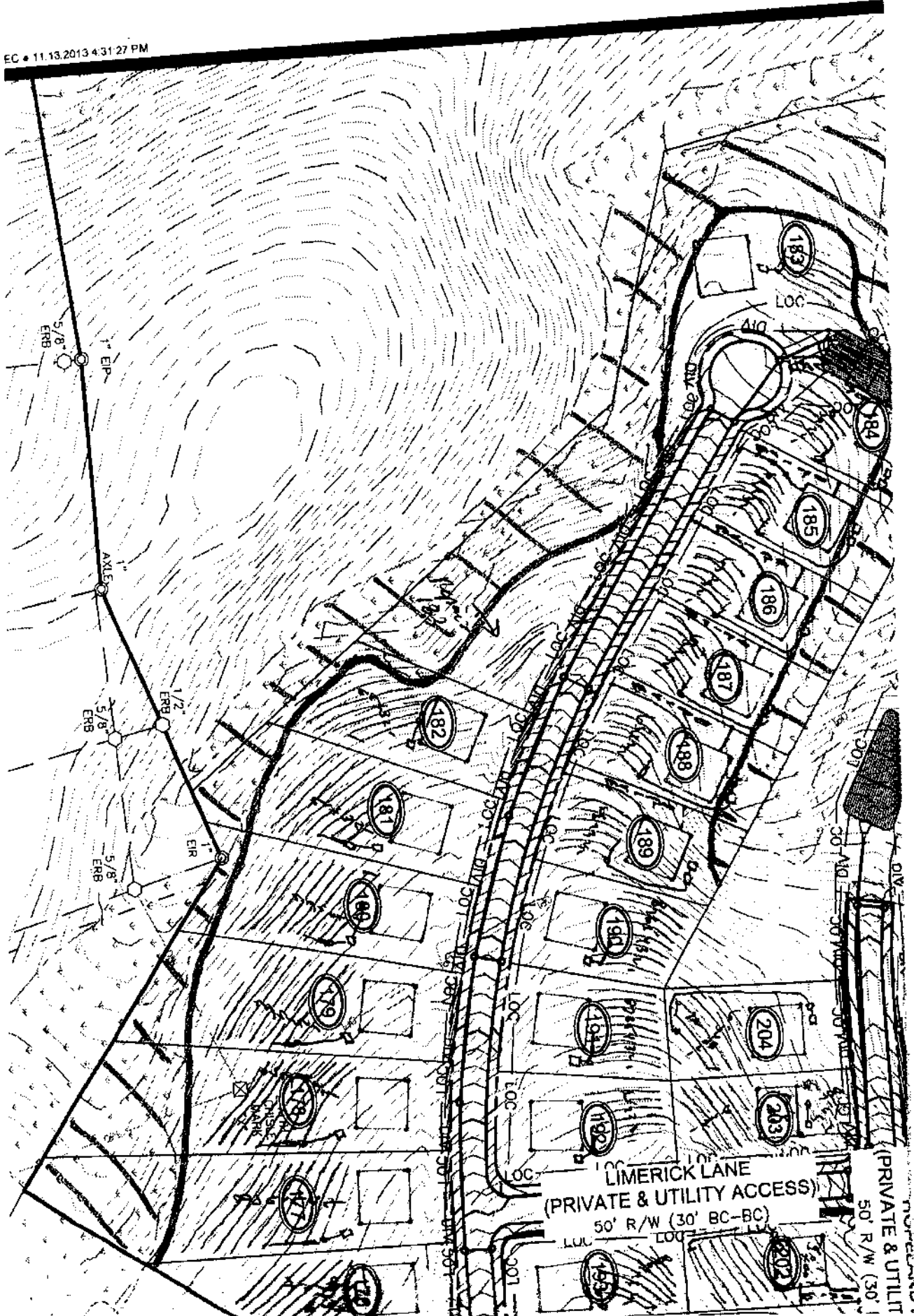
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

Deanna De...
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/4/17
DATE



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: OAKMONT
 INITIAL SYSTEM: APPROVED 25% REDUCTION
 DISTRIBUTION: D-Box
 BENCHMARK: 100.0
 NO. BEDROOMS: 3

LOT 184
 REPAIR APPROVED 25% REDUCTION
 DISTRIBUTION D-Box
 LOCATION PT ON LINE 184/185
 LTAR 0.5 GPD/FT²

LINE	FLAG COLOR	ELEVATION	LENGTH
1	P	99.25	60'
2	W	98.25	60'
3	P	97.75	60'
			<u>180'</u>
4	W	97.50	60'
5	P	96.92	60'
6	W	96.42	60'
			<u>180'</u>

Initial system

BY M. EAKER

DATE 03/2015

TYPICAL PROFILE

0-24 WS (VF, wgr)
24-44+ soil (F, 160)
C/2/pm > 40"
INSTALL AT 13"

THERE SHALL BE NO GRADING,
 CUTTING, LOGGING OR OTHER SOIL
 DISTURBANCE IN SEPTIC AREA

OAKMONT SUBDIVISION
PROPOSED HOUSE BOX/BEDROOM COUNT

LOT	BEDROOMS	HOUSE BOX	ENTRY
157	3	60'X60'	S
158	3	60'X60'	S
159	4	60'X60'	S
160	5	60'X60'	S
161	5	60'X60'	F
162	5	60'X60'	F
163	4	60'X60'	F
164	3	60'X60'	F
165	3	60'X60'	F
166	3	60'X60'	F
167	3	60'X60'	F
168	3	60'X60'	S
169	3	60'X60'	S
170	3	60'X60'	S
172	5	60'X60'	F
173	5	60'X60'	F
174	3	60'X60'	F
175	3	60'X60'	F
176	4	60'X60'	F
177	4	60'X60'	F
178	5	60'X60'	F
179	5	60'X60'	F
180	5	60'X60'	F
181	4	60'X60'	F
182	4	60'X60'	F
183	4	60'X60'	F
184	3	60'X60'	S
185	4	60'X60'	S
186	4	60'X60'	S
187	4	60'X60'	S
188	4	60'X60'	S
189	4	60'X60'	S
190	4	60'X60'	F
191	4	60'X60'	F
192	3	60'X60'	F
193	3	60'X60'	F
194	3	60'X60'	F
195	3	45'X60'	F
196	3	60'X60'	F
197	5	60'X60'	F
198	5	60'X60'	F
199	5	60'X60'	F
200	4	60'X60'	F

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 H&H Constructors of Fayetteville, LLC. *Date 10/4/17
*Site Address 304 Heatherwood Drive Phone 910-486-4864
Directions to job site from Lillington Take Hwy 27 to Docs Road, turn
left go about 15 miles. Turn left into
subdivision.
Subdivision Oakmont *Lot 184
Description of Proposed Work New Single Family Dwelling # of Bedrooms 3
*Heated SF 2434 *Unheated SF 647 Finished Bonus Room? Crawl Space Slab *

General Contractor Information

H&H Constructors of Fayetteville, LLC. 910-486-4864
Building Contractor's Company Name Telephone
2919 Breezewood Ave Ste. 400 Fay. NC 28303 Leann@h&hhomes.com
Address Email Address
74158
License #

Electrical Contractor Information

Description of Work Sandy Ridge Electric, Inc. Service Size 200 Amps T-Pole Yes No
454 Whitehead Road Fay, NC 28312 910-323-2458
Electrical Contractor's Company Name Telephone
08700-L Diane@sandyridgeelectric.com
Address Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work Carolina Comfort Air, Inc. Telephone 919-934-1060
5212 US Hwy 70 BUS Clayton, NC 27520 CarolinaComfortAir@yahoo.com
Mechanical Contractor's Company Name Telephone
Address Email Address
29071H-3-1
License #

Plumbing Contractor Information

Description of Work Dell Haire Plumbing *Baths 2.5
PO Box 65048, 630 Gillespie St. Fay. NC 910-429-9939
Plumbing Contractor's Company Name Telephone
32886P-1 DellHairePlumbing@hotmail.com
Address Email Address
License #

Insulation Contractor Information

Tricity Insulation, Inc. 418 Person St. Fay. NC 910-486-8855
Insulation Contractor's Company Name & Address Telephone
28301

*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

* Seanna Hair
Signature of Owner/Contractor/Officer(s) of Corporation

10/4/17
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 H&H Constructors of Fayetteville, LLC

* Sign w/Title Seanna Hair / Permitting Coordinator Date 10/4/17

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 711141

Filed on: 08/28/2017

Initially filed by: meaganbradshaw

Designated 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

Project Property

OKM000184 Lot 184 Oakmont
304 HEATHERWOOD DRIVE
Lillington, NC 27546
Harnett County

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.

Property Type

1-2 Family Dwelling

Owner Information

H&H Constructors, Inc.
2919 Breezewood Avenue Ste.400
Fayetteville, NC 28303
United States
Email: jeanabhair@hhhomes.com
Phone 910-486-4864

Date of First Furnishing

06/26/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384