Initial Application Date: 12/16/17	Application # 17-50042954
	ER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: VILLOTTICAL TOTAL TOTAL TOTAL	AVELOPMENT Mailing Address: 13 08 Fort Bragg Road - Sulle 201 PC Box 2764 19905 28445 Contact No: (910) 483-2229 Email: sharon@watermarkkhomesnc.(
City:	Email: Sharoh@watermarknomeshc.r
APPLICANT Watermark Homes, Inc.	ailing Address: 1308 Fort Bragg Road - Suite 201
City: Fayetteville State: NC Zip: 2	ailing Address: 1308 Fort Bragg Road - Suite 201 18305 Contact No: (910) 483-2229 Email: sharon@watermarkkhomesnc.
*Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE: Sharon Timothy/	JTPhone #P10-483-2229 -(JT 910-670-4459)
PROPERTY LOCATION: Subdivision: The Reserve	Lot #: 14 Lot Size: 59 AC
State Road # 104 1413 State Road Name: Trophy	Ridge Rollins Map Book & Page: 2016/161
Parcel: 080645010014	PIN: 0645-47-7138,000
Zoning: PA 30 Flood Zone: X Watershed: NO	Lot #: 14 Lot Size: 59 AC Ridge 2011 1/15 Map Book & Page: 2016/161 PIN: 0645-47-7138,000 Deed Book & Page: 3323/332 Power Company*: Duke Energy Progress
	d to supply premise number from Progress Energy.
PROPOSED USE:	Mapplithic
G SFD: (Size $5x$ x 3) # Bedrooms: 4 # Baths: 3 I	Basement(w/wo bath): Garage: Y Deck: Crawl Space: Slab: Y Slab:
(Is the bonus room finished? (🕊	✓ yes () no w/ a closet? () yes (
Mod: (Sizex) # Bedrooms # Baths E	Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
	_) yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Size	x) # Bedrooms: Garage:(site built?) Deck: (site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
	w_nous of operationw_mployees
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Water Duracha V Country Collection Martin	ew Well (# of dwellings using well) *Must have operable water before final
) Existing Septic Tank (Complete Checklist) County Sewer
	ufactured home within five hundred feet (500') of tract listed above? () yes (V) no
Does the property contain any easements whether undergroun	,
Structures (existing or proposed): Single family dwellings:	Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: 0	Comments:
	Comments:
2 40.56	Comments:
Front Minimum 35 Actual 40.56 Rear 25 118.04	Comments:
Front Minimum 35 Actual 40.56 Rear 25 118.04 Closest Side 10 11.09	Comments:
Front Minimum 35 Actual 40.56 Rear 25 118.04	Comments:

.

SPECIFIC DIRECTIONS TO THE PR	OPERTY FROM LILLINGTON:
-------------------------------	-------------------------

	· · · · · · · · · · · · · · · · · · ·		
	Tri 7.4.4		
	•		
·		 	
	· · · · · · · · · · · · · · · · · · ·		

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.

Signature of Owner or Owner's Agent			Date
Kale	-	-	12/13/2017

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

APPLICATION #:

This application to be filled out when applying for a septic system inspection.

<u>County Health Department Application for Improvement Permit and/or Authorization to Construct</u> 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 # CLSTOWY WILCON IN

- Environmental Health New Septic System Code 800
 - <u>All property irons must be made visible</u>. 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 <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. <u>Do not grade property</u>.
 - 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. <u>Please note</u> <u>confirmation number given at end of recording for proof of request.</u>
- 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 close back down. (Unless inspection is for a septic tank in a mobile home park)
 - 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. <u>Please note confirmation number</u> <u>given at end of recording for proof of request</u>.
 - 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	{2} Innovative	{1} Conventional	{[3]} Any	
{ } Alternative	{ } Other			

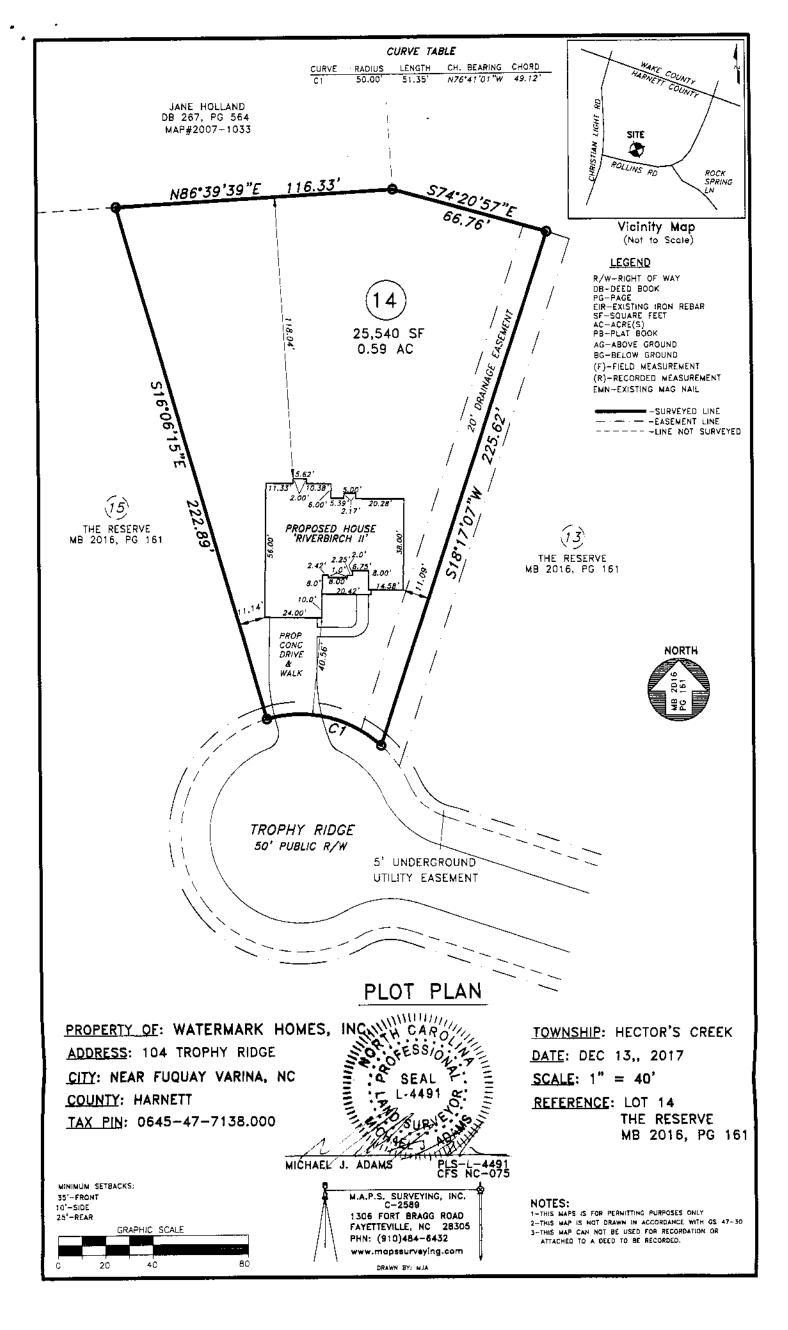
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

{}}YES	{ ⊻ } NO	Does the site contain any Jurisdictional Wetlands?	
{}YES	{ ∠ } NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YES	{ ∠ } NO	Does or will the building contain any <u>drains</u> ? 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? December 2012 Property and Property of the	
{ ∠ }YES	{} NO	Does the site contain any existing water, cable, phone or underground electric lines?	
		If yes planse call No Cuts at 800,622,4040 to logate the lines. This is a free complex	

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 <u>Site Evaluation Can Be Performed</u>.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



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 Lilington NC 27546 910 893 7525 Fax 910 893 2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owner s Name Watermark Homes, Inc.	Date 1/26/18
Site Address 104 Trophy Ridge Drive	Phone 910-483-2229
Directions to job site from Lillington	
From 401, Left onto W Cornelius Harnett Blvd, Left onto Piney Grove	Rawls rd. , Left onto Wagstaff Rd., Left
onto Rolands Rd., Destination is on Right Side.	
Subdivision The Reserve	Lot <u>14</u>
Description of Proposed Work Single Family	# of Bedrooms 4
Heated SF 2,575 Unheated SF 944 Finished Bonus Room?	Yes Crawl Space Slab X
General Contractor Information	,
Watermark Homes, Inc.	910-483-2229
Building Contractor s Company Name	Telephone
1308 Fort Bragg Road - Suite 201 Fayetteville, NC 28305	sharon@watermarkkhomesnc.cc
Address	Email Address
49261BLD-U	
License #	
Electrical Contractor Information	
	910-323-2458
Sandy Ridge Electric Electrical Contractor s Company Name	Telephone
454 Whitehead Road, Fayetteville, NC 28305	diane@sandyridgeelectric.com
Address	Email Address
L08700	
License #	
Mechanical/HVAC Contractor Info	mation
Description of Work HVAC Heating and Air System	
Stephenson Heating and Air Inc.	919-329-0686
Mechanical Contractor s Company Name	Telephone
343 Shipwash Drive Garner, NC 27520	stephensonhvac@aol.com
Address	Email Address
18644	
License #	
Plumbing Contractor Informat	
Description of Work Plumbing	# Baths <u>3</u>
Chris Holloway Plumbing	910-624-2670
Plumbing Contractor's Company Name	Telephone
737 Old NC 20 St Pauls, NC 28384	chrisholloway@nc.rr.com
Address	Email Address
28541	
License # Insulation Contractor Informat	hon
	910-484-7118
Cumberland Insulation- 4205 Clington Rd. Fayetteville NC, 28312 Insulation Contractor's Company Name & Address	<u>910-484-7118</u> Telephone
Insulation Contractor's Company Marie & Address	1 alahingia

*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 <u>by signing below I have obtained all subcontractors</u> <u>permission to obtain these permits</u> and if <u>any</u> changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes 1 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

01/26/2018 _____

The	Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the						
<u>x</u>	General Conti	ractor	_Owner _	Officer//	Agent of the Co	ontractor or Owner	
	hereby confirm und forth in the permit	ler penalties o	of perjury that t	ne person(s) fi	rm(s) or corpo	ration(s) performing the work	
	Has three (3) or	r more employ	vees and has o	btained worker	rs compensate	on insurance to cover them	
ther	Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them						
	<u>×</u> 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						
Dep to is	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						
Con	Company or Name Watermark Homes, Inc.						
Sigr	n w/Title		163			Date 01/26/18	

Details: Appointment of Lien Agent Entry #: 790362

Filed on: 01/29/2018 Initially filed by: watermarkhomes1308

Designated Lien Agent

Project Property

First American Title Insurance Company

Online: www.liensnc.com.acc.scom.acc.

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

Reserve Lot 14 Tax Pin: 0645-47-7138 104 Trophy Ridge Drive Fuquay Varina, NC 27526 Harnett County

27601

Phone: 888-690-7384

Fax: 913-489-5231

1-2 Family Dwelling

02/02/2018

Property Type

Owner Information

Date of First Furnishing

Watermark Homes Inc. 1308 FORT BRAGG RD STE 201 FAYETTEVILLE, NC 28305 United States Email: sharon@watermarkhomesnc.com Phone: 910-483-2229

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.