

Initial Application Date: 3/15/18



Application # 1850043565  
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.hamett.org/permits

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\*

LANDOWNER: Wade Journey Homes Mailing Address: 3300 Battleground Ave Ste 230  
City: Greensboro State: NC Zip: 27410 Contact No: 919.995.8154 Email: Trabitiz@wadejourneyhomes.com

APPLICANT: Tara Rabitz Mailing Address: 1016 E Shoppes at Midway Dr  
City: Knightdale State: NC Zip: 27545 Contact No: same Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Meadows at Buies Creek Lot #: 203 Lot Size: 0.27  
State Road # 10 State Road Name: Kimberly Ct. Map Book & Page: 2007.0194  
Parcel: 11068001009088 PIN: 01680254535  
Zoning: RA30 Flood Zone: IV Watershed: X Deed Book & Page: 3535/0677 Power Company\*: Southern Power EMC

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

PROPOSED USE:

- SFD: (Size 24 x 24) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): N Garage: N Deck: N 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: X 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) X 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: ✓ Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

Front	Minimum	Actual
	<u>15</u>	<u>48.2</u>
Rear	<u>25</u>	<u>67.6</u>
Closest Side	<u>10</u>	<u>15.2</u>
Sidestreet/corner lot	<u>20</u>	
Nearest Building on same lot		

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Head W on E. Front toward 1st St.  
Take US 421S to Leslie Campbell Ave in Nellis Creek  
Continue on Leslie Campbell to Anna St.

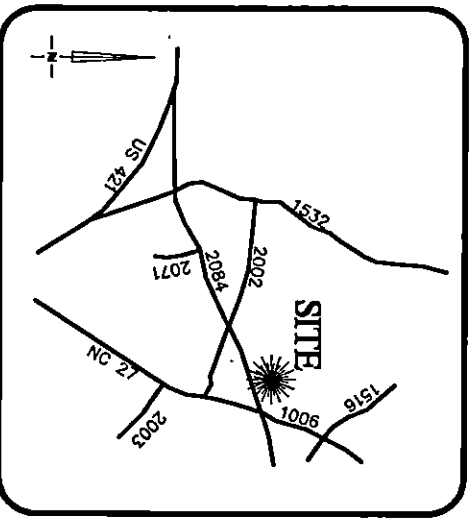
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

*Tara Rabitz*  
Signature of Owner or Owner's Agent

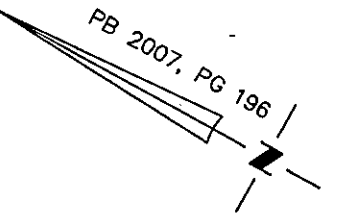
9/18  
Date

\*\*\*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\*\*



VICINITY MAP  
Not To Scale



**APPROVAL FOR STAKING:**  
THIS PLOT PLAN AS PREPARED BY RESIDENTIAL LAND SERVICES, IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE SHOWN BELOW.

MADE JOURNEY HOMES REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

IMPERVIOUS SURFACE AREA	DESCRIPTION	AREA
HOUSE w / PORCH		600 S.F.
PATIO/HVAC/MISC.		9 S.F.
DRIVEWAY & WALKS		0 S.F.
ALLEY PAVEMENT		0 S.F.
TOTAL (PROPOSED)=		609 S.F.
LOT AREA =		11,670 S.F.
% IMPERVIOUS AREA		=5.2%

**NOTE:**  
ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTIST'S RENDERING. EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS. PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.

CUSTOMER \_\_\_\_\_ DATE \_\_\_\_\_  
 MADE JOURNEY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

**SETBACKS:**

FRONT - 15' w/PARKING IN REAR  
 FRONT - 30' w/PARKING IN FRONT  
 REAR - 25'  
 NEAR SIDE - 0.5' MIN 5' MAX  
 OPEN SIDE - 10'  
 WINDOW/DOOR - 6'

CURVE RADIUS	ARC LENGTH	CH LENGTH	CH BEARING
C1	125.00'	7.22'	N39°58.43'E
C2	25.00'	45.99'	N88°58.24'W
C3	50.00'	10.37'	S42°12.42'E

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED



**RESIDENTIAL LAND SERVICES, PLLC.**

1500 Piney Plains Road, Suite 102  
 Cary, North Carolina 27518  
 Phone (919) 977-1554  
 Firm License # P-0873



SITE PLAN APPROVAL  
 DISTRICT RA30 USE SFD  
 #BEDROOMS 3  
 Date 3/15/18  
 Zoning Administrator [Signature]

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION  
**PRELIMINARY PLAT**  
 NOT FOR RECORDATION, CONVEYANCES, OR SALES.

**HOUSE LOCATION PLOT PLAN**  
 FOR #10 KIMBERLY COURT  
 LOT 203, MEADOWS AT BUIES CREEK, PHASE 7B  
 Neill's Creek Township, Harnett County, North Carolina  
 PROPERTY OF: WADE JOURNEY HOMES  
 MAP BOOK 2007 PAGE 196 DEED REFERENCE \_\_\_\_\_  
 DRAWN BY: JWV DATE: SEPTEMBER 6, 2017

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 Wade Journey Homes Date 9/26/17  
Site Address 10 Kimberly Ct. Phone 919.905.5054  
Directions to job site from Lillington Head W. on E Front St. towards 1st St.  
Take US 421 S. to US 112 Campbell Ave in Nellis Creek  
Continue on US 112 Campbell to Anna St  
Subdivision Meadows At Bulls Creek Lot 203  
Description of Proposed Work SFR # of Bedrooms 3  
Heated SF 1200 Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab X

**General Contractor Information**

WJH, LLC 336.282.3406  
Building Contractor's Company Name Telephone  
3300 Battleground Ave Ste 230 Greensboro trabitz@wadejourneyhomes.com  
Address NC 27410 Email Address  
49262  
License #

**Electrical Contractor Information**

Description of Work Electrical Install Service Size 200 Amps T-Pole  Yes  No  
W-3 919.550.7341  
Electrical Contractor's Company Name Telephone  
Clayton EWIG@W3ELECTRICAL.COM  
Address Email Address  
11287  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Heating & Air  
Comfort Air 336.794.9730  
Mechanical Contractor's Company Name Telephone  
PO Box 527 Clemmons NC 2702 Kayalstin@outlook.com  
Address Email Address  
4218  
License #

**Plumbing Contractor Information**

Description of Work Plumbing Install # Baths \_\_\_\_\_  
Thornton Plumbing 919.550.4833  
Plumbing Contractor's Company Name Telephone  
3160 A Vinson Rd. Clayton 27520 Thorntonplumbing@comcast.net  
Address Email Address  
22152  
License #

**Insulation Contractor Information**

Builders Insulation 919.788.9806  
Insulation Contractor's Company Name & Address Telephone

\*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

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

9/26/17  
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 Wade Journey Homes  
Sign w/Title Tara Raby Permit Coordinator Date 9/26/17

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 717238

Filed on: 09/07/2017

Initially filed by: wjh2013

**Designated Lien Agent**

Investors Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (lien agent's website)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) (mailto:support@liensnc.com)

**Project Property**

MBC 203  
10 Kimberly Ct  
Lillington, NC 27546  
Harnett County

**Property Type**

1-2 Family Dwelling

**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.

**Owner Information**

WJH, LLC  
3300 Battleground Ave Suite 230  
Greensboro, NC 27410  
United States  
Email: [trabitz@wadejourneyhomes.com](mailto:trabitz@wadejourneyhomes.com)  
Phone: 919-995-5654

View Comments (0)

Technical Support Hotline: (888) 690-7384

## HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: JBROCK                      Type: CP    Drawer: 1  
Date: 4/06/18 52                  Receipt no: 312246

Year	Number	Amount
2018	50043565	
10 KIMBERLY CT		
LILLINGTON, NC 27546		
B1	BP - PERMIT FEES	
		\$660.00

SFD

WJH LLC

Tender detail		
CK CHECK PAYMEN	14290	\$660.00
Total tendered		\$660.00
Total payment		\$660.00

Trans date: 4/06/18                  Time: 11:07:21

\*\* THANK YOU FOR YOUR PAYMENT \*\*