Initial Application Date:



Application # 185004351

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

Nearest Building on same lot

Residential Land Use Application

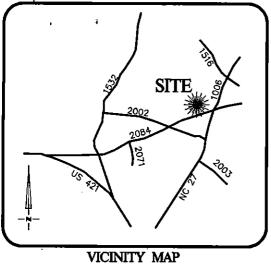
108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION Mailing Address: 350 State: <u>WC</u> Zip: <u>274(O</u>Contact No: <u>410 995-Su54</u> Email: <u>1</u> Mailing Address: 10(4 & Shoples at MIGIN *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: MLADOUS OF BUILS CYCLK Lot #: 204 Lot Size: 0. State Road Name: ICIMOURIU Ct. Map Book & Page: 2007/6190 PIN: 01.8025 4589 Zoning: KHD Flood Zone: Watershed: \(\infty\) Deed Book & Page: 3535 / 6677 Power Company*: \(\frac{500460}{2000}\) from Progress Energy. *New structures with Progress Energy as service provider need to supply premise number ______ PROPOSED USE: Basement(w/wo bath): *U* Garage: <u>N</u> Deck: U Crawl Space: Slab: (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) 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: Addition/Accessory/Other: (Size ____x__) Use: Closets in addition? () ves () 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) _____ 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 __ Other (specify):_ Structures (existing or proposed): Single family dwellings: Manufactured Homes: Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/corner lot

PECIFIC DIRECTIONS T	THE PROPERTY FROM LILLING UZIS +0 USII OD ON USIIL CO	GTON: HEAD WO	n E Front tou	ward 1st st.
Contine	e on Uslik C	ampbell to	2 AnnaSt.	
				<u> </u>
		. <u>.</u>		
				cand the specifications of plans submit cation if false information is provided.
;	Signature of Owner or Own	er's Agent		<u> </u>

^{***}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**



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.

WADE JURNEY HOMES REPRESENTATIVE

NOTE:

ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTISTS RENDITION, 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

CUSTOMER

WADE JURNEY REPRESENTATIVE

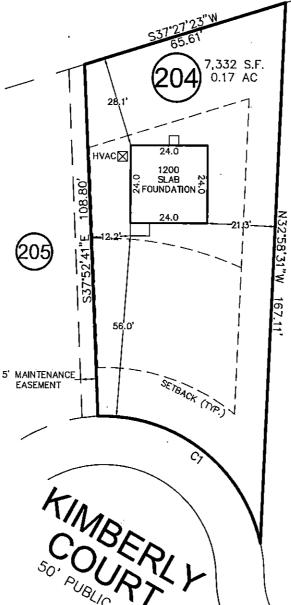
SETBACKS:

FRONT - 15' w/PARKING IN REAR FRONT - 55' w/PARKING IN FRONT REAR - 25'

NEAR SIDE - 0.5' MIN 5' MAX OPEN SIDE - 10'

WINDOW/DOOR - 6'

SITE PLAN APPROVAL DISTRICT (SASC



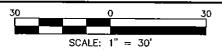
IMPERVIOUS SURI	ACE AREA	
DESCRIPTION	AREA	
HOUSE w/ PORCH	600 S.F.	
PATIO/HVAC/MISC.	9 S.F.	
DRIVEWAY & WALKS	0 S.F.	
ALLEY PAVEMENT	0 S.F.	
TOTAL (PROPOSED)=	609 S.F.	
LOT AREA =	7,332 S.F.	
% IMPERVIOUS AREA	=8.3%	

CURVE RADIUS ARC LENGTH CH LENGTH CH BEARING
C1 50.00' 69.57' 64.09' S88'00'37"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

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.



Phone (919) 977-1554 Firm License # P-0873

HOUSE	LOCA	TION	PLOT	PLAN

FOR #14 KIMBERLY COURT

203

LOT 204, MEADOWS AT BUIES CREEK, PHASE 7B Neill's Creek Township, Harnett County, North Carolina

WADE JURNEY HOMES PROPERTY OF:

MAP BOOK 2007 PAGE. 196 DEED REFERENCE.

DATE:

DRAWN BY: JWW

SEPTEMBER 6, 2017

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

Owner's Name Wadl wrnuy Homes	Date				
	Phone <u>QIQ.QQS.SvsC</u>				
Directions to job site from Lillington Head W. ON EFrant S	H. towards 154 St.				
Take US4215. to usue Campbell AUL	IN NULLIS CYCLK				
CONTINUE ON 18511 Campbell to snow St					
Subdivision Meadows At Buils Creek					
Description of Proposed Work SFR	# of Bedrooms 3				
Heated SF <u>\\200</u> Unheated SF Finished Bonus Room? General Contractor Information					
UIN IIC.	336·282-340Ce				
Building Contractor's Company Name	Telephone				
3300 Battleground aul Ste 230 Gravisboro	Email Address				
License #					
Electrical Contractor Information	1				
Description of Work Elictrical Tystail Service Size 2					
$-\omega$ -3	919.550.7341				
Electrical Contractor's Company Name	Telephone				
Address	Email Address				
11.287					
License #	•				
Mechanical/HVAC Contractor Inform	<u>ation</u>				
Description of Work Healing & Air	474.000				
ComfortAir	<u>336-794-9730</u>				
Mechanical Contractor's Company Name	Telephone				
POBOX 527 Clemmons NC270R	Email Address				
400 18	allian radioos				
License #					
Plumbing Contractor Information	<u>n</u> .				
Description of Work Plumbing Tristall	_# Baths				
Plumbing Contractor's Company Name	<u>GIQ SS6 · U833</u> Telephone				
3160 A VINSON RD. Clayton 27520	Therefores Plumbing Limburg mail. Email Address Com				
22.152	 •				
License # Insulation Contractor Information					
Builder STASHAJANA	" GIQ:188:980C				
Insulation Contractor's Company Name & Address	Telephone				

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 717325

Filed on: 09/07/2017 Initially filed by: wjh2013

Designated Lien Agent

Investors Title Insurance Company

Online: www.ljensnc.com/http://www.beneuc.com/

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

27601

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

Email: support@liensnc.com/montererrors/ficrosc.com/

Project Property

MBC 204 14 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@wadejurneyhomes.com Phone: 919-995-5654

View Comments (0)

Technical Support Hotline: (888) 690-7384

and that-the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance 1 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 begrooms 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 Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Officer/Agent of the Contractor or Owner General Contractor 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

I hereby certify that I have the authority to make necessary application, that the application is correct

HARNETT COUNTY CASH RECEIPTS *** CUSTONER RECEIPT ***

Type: CP Drawer: 1 Oper: JBROCK Date: 4/06/18 52 Receipt no: 312248

Year Number . Amount 50043566 2018 14 KIMBERLY CT LILLINGTON, NC 27546 BP - PERMIT FEES \$660.00

SED

R1

WIH LLC

Tender detail CK CHECK PAYMEN 14298 \$660.00 Total tendered \$669.00 Total payment \$669.00

Trans date: 4/06/18 Time: 11:07:57

** THANK YOU FOR YOUR PAYMENT **