

Initial Application Date: 3/22/18

Application # 1850043634
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 Fay, LLC Mailing Address: 2919 Breezewood Ave, Ste 400
City: Fayetteville State: NC Zip: 28303 Contact No: 910-486-4864 Email: Leannahair@hnhomes.com

APPLICANT*: SAME AS LANDOWNER Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: F. Leanna Hair 910-486-4864

PROPERTY LOCATION: Subdivision: The Manor @ Lexington Plantation Lot #: 642 Lot Size: 3.6 acres

State Road # 2482 State Road Name: _____ Map Book & Page: 2017, 98

Parcel: 09956519 0282 14 PIN: 9595-41-5091

Zoning: RA-20R Flood Zone: X Watershed: NA Deed Book & Page: 3566, 0744 Power Company*: Central Elec

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

PROPOSED USE:

SFD: (Size 41' x 47' 0") # Bedrooms: 4 # Baths: 2.5 Basement (w/wo bath): NO Garage: Deck: 16' Patio 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: Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

| | | | | |
|------------------------------|---------|-------------|--------|--------------|
| Front | Minimum | <u>35</u> | Actual | <u>37'</u> |
| Rear | | <u>25</u> | | <u>79.9'</u> |
| Closest Side | | <u>5/10</u> | | <u>17.4'</u> |
| Sidestreet/corner lot | | <u>20</u> | | <u>-</u> |
| Nearest Building on same lot | | <u>-</u> | | <u>-</u> |

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

NC 210 towards Springlake. Turn rt on
Overhills Rd. Turn left to stay on Overhills,
Continue straight into Nursery
Turn rt on 24/87. Turn rt on Sawyer. Keep straight.

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.

Suzanne Hair
Signature of Owner or Owner's Agent

3/22/18
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

* 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: 3/22/18
Phone: 910-486-4864

Site Address: 254 Pittfield Run

Directions to job site from Lillington: NC Hwy 210 to Spring Lake. Turn Rt. On Overhills turn left to stay on Overhills. Continue straight onto Nursery. Turn Rt. On 24/87. Turn Rt on Sawyer. Keep Straight.

Subdivision: The Manor @ Lexington Plantation Lot: 642

Description of Proposed Work: New Single Family Dwelling # of Bedrooms: 4

Heated SF: 2300 Unheated SF: 538 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

Leannahair@hhhomes.com

Address

Email Address

74158

License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No

JM Pope Electric, Inc.

919-776-5144

Electrical Contractor's Company Name

Telephone

409 Chatham Street Sanford, NC 27330

electricpope@windstream.net

Address

Email Address

21326

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Carolina Comfort Air, Inc.

919-934-1060

Mechanical Contractor's Company Name

Telephone

5212 US Hwy 70 Business, Clayton, NC 27520

carolinacomfortair@yahoo.com

Address

Email Address

29077 H-3-1

License #

Plumbing Contractor Information

Description of Work _____ # Baths 2.5

Dell Haire Plumbing

910-429-9939

Plumbing Contractor's Company Name

Telephone

PO Box 65048, 620 Gillespie St. Fay, NC 28306

dellhaireplumbing@hotmail.com

Address

Email Address

32886P-1

License #

Insulation Contractor Information

Tricity Insulation, Inc. 418 Person St. Fay., NC 28301

910-486-8855

Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor / owner 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.

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

3/22/18
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: *Sveanna Hair* /Permitting Coordinator

Date: 3/22/18

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 819925

Filed on: 03/20/2018

Initially filed by: meaganbradshaw

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com (<http://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 (<mailto:support@liensnc.com>)**Project Property**MLP000642 Lot 642 Manor @ Lexington
Plantation
254 Pittfield Run
Cameron, NC 28326
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.**Owner Information**H&H Constructors of Fayetteville, LLC.
2919 Breezewood Avenue Ste.400
Fayetteville, NC 28303
United States
Email: leannahair@hhhomes.com
Phone: 910-486-4864**Property Type**

1-2 Family Dwelling

Date of First Furnishing

03/01/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384

Plan Box # AA9

Date 3/21/18

Job Name H:H

Plan Name TopSail

App # 43634

Valuation \$270,800

SQ Feet 2300
~~2300~~

Garage 461

= 2701

Inspections for SFD/SFA

Crawl

Slab ✓

Mono

Basement

| | | | |
|------------|------------|-----------------|-----------------|
| Footing | Footing | Plum Under Slab | Footing |
| Foundation | Foundation | Ele. Under Slab | Foundation |
| Address | Address | Address | Waterproofing |
| Open Floor | Slab | Mono Slab | Plum Under slab |
| Rough In | Rough In | Rough In | Address |
| Insulation | Insulation | Insulation | Slab |
| Final | Final | Final | Open Floor |
| | | | Rough In |
| | | | Insulation |
| | | | Final |

Foundation Survey ✓

Envir. Health

Other



Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

Harnett County
102 EAST FRONT ST
P O BOX 65
LILLINGTON NC 27546

DATE: 4/02/18
TIME: 11:48:52

RECEIPT #: 0000011309
CASHIER: JBROCK

APPLICATION NBR: 18-50043634
LOCATION ADDR: 91749 TECH 2
REFERENCE: SFD / METER

| ITEM DESCRIPTION | PAID |
|--------------------------|---------|
| ----- | ----- |
| HOMEOWNER RECOVERY FUND | 10.00 |
| LAND USE PERMIT FEE | 25.00 |
| P* METER COST 3/4" | 70.00 |
| PERMIT FEES | 940.00 |
| REVIEW RESIDENTIAL PLANS | 25.00 |
| P* SET UP/TRANSFER FEE | 15.00 |
| | |
| TOTAL AMOUNT PAID: | 1085.00 |
| PAYMENT TYPE: ESCROW | |

94641