

Initial Application Date: 8-13-18

Application #: SF01808-0014

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: Southern Living Investment Properties Mailing Address: 1157 N. Raleigh St

City: Angier State: NC Zip: 27501 Contact No: 119 730 7802 Email: _____

APPLICANT: Drew Stephenson Mailing Address: Same as above.

City: _____ State: _____ Zip: _____ Contact No: _____ Email: drew@Stephensonbuilders.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Drew Stephenson Phone # 919 730 7802

PROPERTY LOCATION: Subdivision: Morgan Farm Subdivision Lot #: 14 Lot Size: 1.82 acres.

State Road # _____ State Road Name: Sweet Home Ct Map Book & Page: 2071 222

Parcel: 080641 0051 27 PIN: 0651-02-1894,000

Zoning: RA30 Flood Zone: MCH Watershed: Cape Fear WS-IV Deed Book & Page: 1 Power Company*: Duke Energy

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

PROPOSED USE:

SFD: (Size 60 x 75) # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: Slab: _____ Slab: _____
W D (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: 1 yes Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>100</u>
Rear		<u>35</u>		<u>110</u>
Closest Side		<u>10</u>		<u>20</u>
Sidestreet/corner lot		<u>20</u>		<u>45</u>
Nearest Building on same lot		<u>/</u>		<u>/</u>

Comments: CALL Drew with #'s 919-730-7802

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

Hy 401 N. About 1 mile from hospital.
take left onto morgans farm Drive.

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

8-13-18
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

NAME: Stephenson Builders Inc.

APPLICATION #: SFD/1808-0014

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 4 Bed Room gravity if possible.

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-13-18
DATE

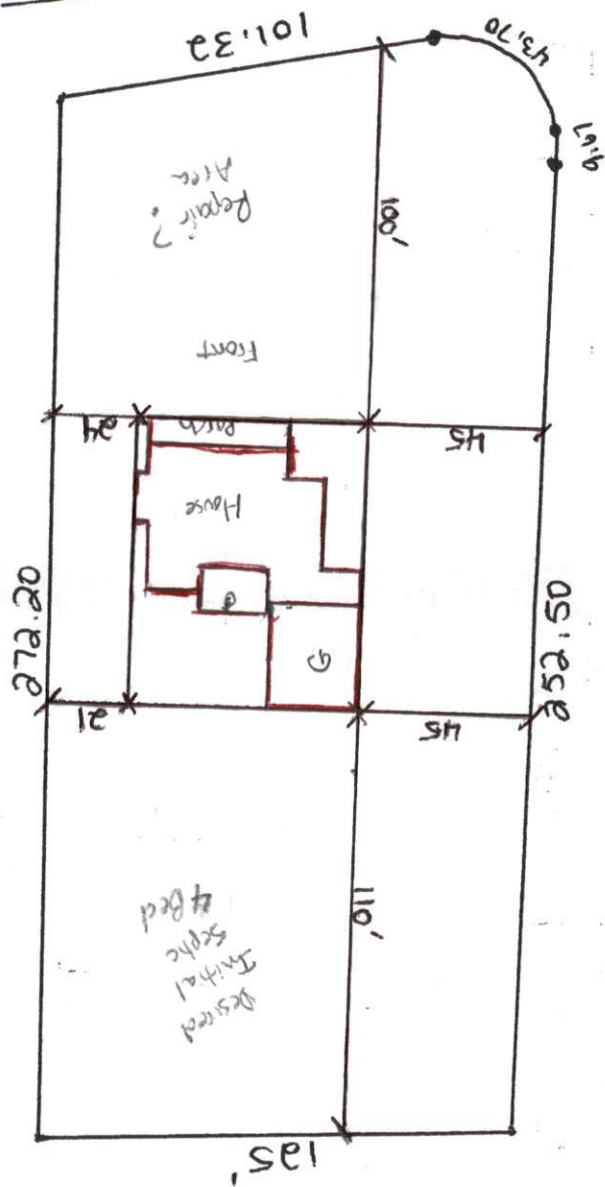
Scale 1" = 50'

Zoning Administrator
8/15/18
#BEDROOMS 4
DISTRICT RA-30
SITE PLAN APPROVAL USE SFD

Sweet Home Ct 50' R/W



Lot 15



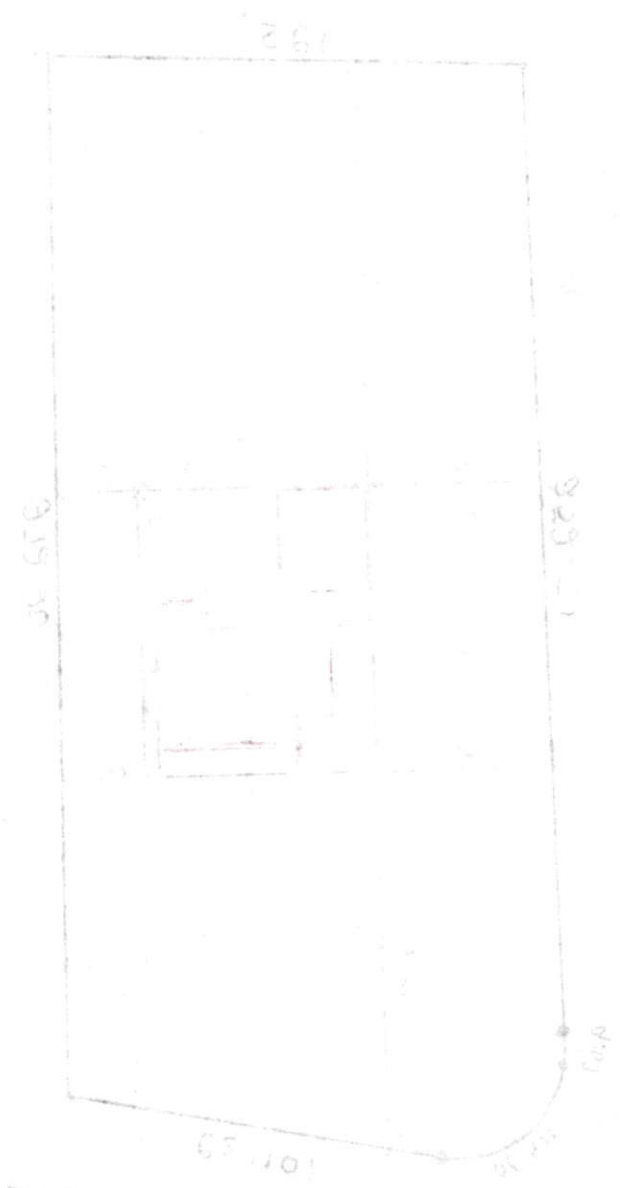
Morgan Farm Drive 50' R/W

Stephenson Builders Inc
Lot 14 Morgan Farm
• 8+ acres

8-8-18
Punch

8-8-80
1/2" = 10'

2nd Floor Plan
10' x 10' Room
10' x 10' Room
10' x 10' Room



7
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Warder Room - 20' x 14'

10' x 10' Room

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 Stephenson Builders Inc. Date 8-13-18
Site Address Sweet Home Court, Lillington Phone 919 730 7802
Directions to job site from Lillington Hwy 401 N. Left onto Morgan farm drive.
@ 1 mile from hospital are left.

Subdivision Morgan Farm Lot 14
Description of Proposed Work New Single Family Home # of Bedrooms 4
Heated SF 3107 Unheated SF 1100 Finished Bonus Room? Crawl Space Slab

General Contractor Information

Stephenson Builders Inc. 919-730-7802
Building Contractor's Company Name Telephone
1187 N Raleigh St. Angier NC 27501 clrew@stephensonbuilders.com
Address Email Address
53604
License #

Electrical Contractor Information

Description of Work New Home Service Size 200 Amps T-Pole Yes No
Austin Dean Electrical Contractor 919.669.0063
Electrical Contractor's Company Name Telephone
2793 Baptist Grove Rd. Fuquay 27526 aidcan14330@yahoo.com
Address Email Address
L 29839
License #

Mechanical/HVAC Contractor Information

Description of Work New Home
S.C.'s Heating and Air Conditioning 919-552-3053
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Road Holly Springs 27510
Address Email Address
12655
License #

Plumbing Contractor Information

Description of Work Camden's Plumbing and Repair # Baths 3.5
New Home 919-552-1584
Plumbing Contractor's Company Name Telephone
7229 Oak Village Way Fuquay 27526
Address Email Address
18903
License #

Insulation Contractor Information

Stephens Building Products 919 630 8365
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

Stephenson Builders Inc.
Signature of Owner/Contractor/Officer(s) of Corporation

8-13-18
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 Stephenson Builders Inc.

Sign w/Title *Stephenson* President Date 8-13-18



Cash Register Receipt
Harnett County

Receipt Number
R507

DESCRIPTION	QTY	PAID
PermitTRAK		\$750.00
SFD1808-0014 Address: 21 SWEET HOME CT APN: 0651-02-1894.000		\$750.00
ENVIRONMENTAL HEALTH FEES		\$750.00
NEW SOIL ANALYSIS FEE	0	\$750.00
TOTAL FEES PAID BY RECEIPT: R507		\$750.00

Date Paid: Wednesday, August 15, 2018

Paid By: STEPHENSON BUILDERS INC.

Cashier: LL

Pay Method: CHECK 1602

