

Received



Initial Application Date: 12/14/18

Application # SFD1808-0027

CU#

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext2 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: Thomas Houser Mailing Address: 538 Tripp Rd.

City: Lillington State: NC Zip: 27546 Contact No: 910-890-1260 Email:

APPLICANT: Kevin Jones Mailing Address: 12809 US Hwy 70 Business

City: Clayton State: NC Zip: 27520 Contact No: 919-622-2325 Email: KJONES@reddoorhomesnc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kevin Jones - Red Door Homes Phone# 919-622-2325

ADDRESS: 25 Willow Stone Dr. (Highway Rd. 501403) PIN: 01643-90-0193.00

DEED OR OTP:

PROPOSED US

SFD: (Size 64' x 62') # Bedrooms 4 # Baths 3 1/2 Basement (w/wo bat) Garage: Deck: Crawl Space: Slab: Monolithic Slab:
(Is the bonus room finished? () yes () no w/ a clos () yes () no (if add in with # bedrooms)

Mod: (Size x) # Bedrooms # Baths Basement w/wo bat Gara e Bu 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
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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: 31000 sq ft Manufactured Homes: Other (specify):

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 11/27/18

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 CONTINUES ON BACK

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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.

Ch. Neta - Bui

11-27-18

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

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.

Sign w/Title: *Ch. Neta - Builder Manager* Date: *11-27-18*



Harnett
COUNTY
NORTH CAROLINA

Received
12/14/18

Application # SFD1808-0027

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 information on license!

Application for Residential Building and Trades Permit

Owner's Name: Thomas Houser Date: _____
Site Address: 25 Willow Stone Dr. Phone: _____
Subdivision: N/A Lot: N/A
Description of Proposed Work: Construction of new single family dwelling

General Contractor Information

Red Door Homes Telephone: 919-622-2325
Building Contractor's Company Name
12809 US Hwy. 70 Business West Clayton, NC 27570 KJONES@reddoorhomesnc.com
Address Email Address
79810
License #

Electrical Contractor Information

Description of Work Whole home electric Service Size: 200 Amps T-Pole: Yes No
Tool Time Services Telephone: 919-972-1408
Electrical Contractor's Company Name
PO Box 2207 Coarner, NC 27529 Tooltime services@gmail.com
Address Email Address
27554-I
License #

Mechanical/HVAC Contractor Information

Description of Work Whole home HVAC
Carolina Comfort Air Telephone: 910-339-2374
Mechanical Contractor's Company Name
703 N Clinton Ave. Dunn, NC 28334 marie@carolinacomfortair.com
Address Email Address
29077
License #

Plumbing Contractor Information

Description of Work Whole home plumbing # Baths: 3.5
CM Plumbing Telephone: 919-658-6109
Plumbing Contractor's Company Name
5431 Hwy 117 Mount Olive, NC 28365 cm.plumbing@gmail.com
Address Email Address
19887
License #

Insulation Contractor Information

Tri-City Insulation Telephone: 919-698-0636
Insulation Contractor's Company Name & Address

NOTE: General Contractor / owner must fill out and sign the second page of this application!

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Thomas Houser PROPERTY LOCATION: 25 Willow Stone Dr. (Kipling Rd. SE 1403)
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # 1
 Type of Structure: 4BR 60'x60' STD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% Reduction Sys.
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well NA feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 09/04/2018 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Thomas Houser PROPERTY LOCATION: 25 Willow Stone Dr. (Kipling Rd. SE 1403)
 Facility Type: 4BR 60'x60' STD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)
Pump to 25% Redo Sys. (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1250 gallons Number of trenches 3
 Pump Tank Size _____ gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Maximum Trench Depth of: 20 inches Soil Cover: 8 inches
 (Trench bottoms shall be level to +1-1/4" in all directions) (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: NA inches below pipe
 Conditions: Permit based on proposal from applicants soil scientist NA inches above pipe
NA inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

***if applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.*

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 09/04/2018
ANDREW CURRAN Construction Authorization Expiration Date: 09/07/2023



****This application expires 6 months from the initial date if permits have not been issued****

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)

Environmental Health New Septic System

- **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 clear 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.**

Environmental Health Existing Tank Inspections

- 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

MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION

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 _____

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!

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NTE# SFD1808-00272

Permit # 30175

Harnett County Department of Public Health Site Sketch

ISSUED TO: Thomas Houses

PROPERTY LOCATION: 25 Willow Stone Dr. (Kipling Rd. SR 1403)
SUBDIVISION _____ LOT # 1

Authorized State Agent: _____

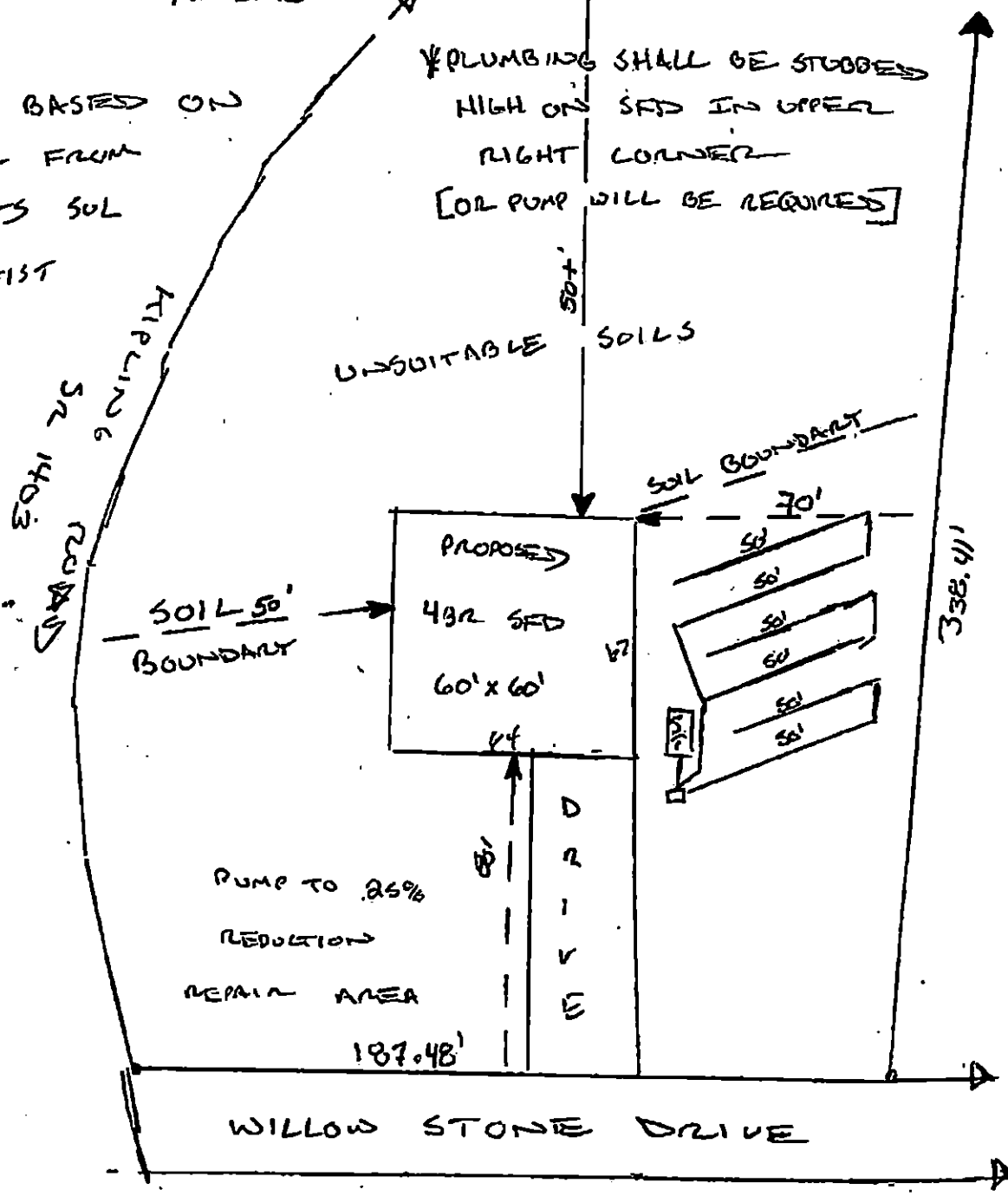
~~Andrew C. [Signature]~~
ANDREW C. [Signature]

Date: 09/07/2018

PERMIT BASED ON
PROPOSAL FROM
APPLICANTS SOL
SCIENTIST

PLUMBING SHALL BE STUCCOED
HIGH ON SFD IN UPPER
RIGHT CORNER
[OR PUMP WILL BE REQUIRED]

UNSUITABLE SOILS



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

Entry #: 962954

Filed on: 12/11/2018

Initially filed by: Reddoorhomes4002

Designated Lien Agent

Investors 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: 919-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)**Owner Information**Jackie Red Door Homes
4002 Fayetteville Rd.
Raeford, NC 28376
United States
Email: jthomas@reddoorhomesnc.com
Phone: 910-672-8900**Project Property**09-18-185 Houser Pin; 0643-90-6193-000
Book/Page: 3659/828
25 Willow Stone Drive
Fuquay Varina, NC 27526
Harnett County**Property Type**

1-2 Family Dwelling

Date of First Furnishing

12/25/2018

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence OR the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent Investors Title Insurance Company

Mailing address of Agent 19 W. Hargett St., Suite 507

Raleigh, NC 27601

Physical address of Agent same as above

Telephone 888-690-7384 Fax 913-489-5231

Email support@liensnc.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”