

Initial Application Date: 8/3//8

Application # SF0 1869 - 0001

Initial Application Date: _	0/01/10		Applicat	1011#	
	<i>V</i>			CU#	
Central Permitting		on, NC 27546 Phone: (91		ON :: (910) 893-2793 www.harn	
**A RECORDED SU	IRVEY MAP, RECORDED DEED (	OR OFFER TO PURCHASE) & SIT	E PLAN ARE REQUIRED WHE	EN SUBMITTING A LAND USE APPL	_ICATION**
LANDOWNED Ita	rail Builder Dr	✓ . Mailing /	Address 466 Stan	cil Rol.	
LANDOWNER: Stan	NA NA	- 23501 a	919-439-2013	Email: Wendy & 5	tage: Ibuilders.c
0					rancijou (Brit)
APPLICANT*: Slance	L Berilders Inc.	Mailing Address: 46	Staveil Build	les Ine.	
City: Oncice *Please fill out applicant inform	State: NC	Zip: 2750) Contact No:	919-639-2013	Email: Weady & sta	incibalders.c
		. ^		Q <sub>#</sub> 919-291-624	0
ADDRESS: 92 RIV	ER BIRCH Rudoats	27521 PI	N: 0680-89-93	546.000	RA-30
DEED OR OTP:	3629 Page	308-309			
PROPOSED US	1 New Constru	ection			
SFD: (Size <u>40 x 4</u>		ns: <u>A Basement(w/wo bat</u>	arage:Deck:_	Crawl Space: X Slab: Slab: add in with # bedrooms)	Monolithic Slab:
□ Mod: (Sizex_	) # Bedrooms # Bath	ement wo balanced? () yes () no Any		u□Deck: On Frame () yes () no	Off Frame
☐ Manufactured Home:	SWDWTW (S	izex) # Bedroo	oms: Garage:(sit	re built?) Deck:(site bu	ilt?)
☐ Duplex: (Sizex	() No. Buildings:	No. Bedrooms Pe	ər Unit:	<b>—</b> 1	
☐ Home Occupation: #	Rooms:Use	e: Ho	ours of Operation:	#Employ	yees:
☐ Addition/Accessory/O	Other: (Sizex) Us	se:		Closets in addition? (	_) yes () no
Sewage Supply: X New (Complete Does owner of this tract of	w Septic Tank Expansion Environmental Health Check land, own land that contains	(Need to Complete New on Relocation Exis klist on other side of application a manufactured home within	Well Application at the sar sting Septic Tank Co on if Septic) five hundred feet (500') of		
Francisco (Antigorium Control (Control	any easements whether unde				
Structures (existing or prop	posed): Single family dwelling	js: Manufa	actured Homes:	Other (specify):	
				uch work and the specifications to revocation if false information	
	Windy S. De	Orman or Owner's Agent	8-31	0-18	
	Signature of Chiner	or ( lumor'e Agont		lato	

Signature of Owner or Owner's Agent

\*\*\*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.

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

strong roots · new growth



#### \*\*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 clean out the <u>undergrowth</u> 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"

<u>SEPTIC</u>					
If applying	for authorizatio	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{}} Acce	pted	{_}} Innovative {\(\frac{\fint}}}}{\frac}\firief{\frac{\fir}{\firief{\frac{\frac{\frac{\frac{\frac}}}}{\firief{\frac{\frac{\fi}{\firin}}}}{\firief{\frac{\fir}}}{\firief{\fir}}}}{\firie			
{}} Alter	native	{}} Other			
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
{}}YES	{ <b>★</b> } NO	Does the site contain any Jurisdictional Wetlands?			
{}}YES	{ <u>⊁</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?			
{}}YES	{ <mark>▼</mark> } NO	Does or will the building contain any drains? Please explain			
{}} YES	{ <b>火</b> } №	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{}}YES	{ <u>⊀</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?			
{}}YES	{ <mark>火</mark> } 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	{ <mark>火</mark> } 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.

strong roots · new growth

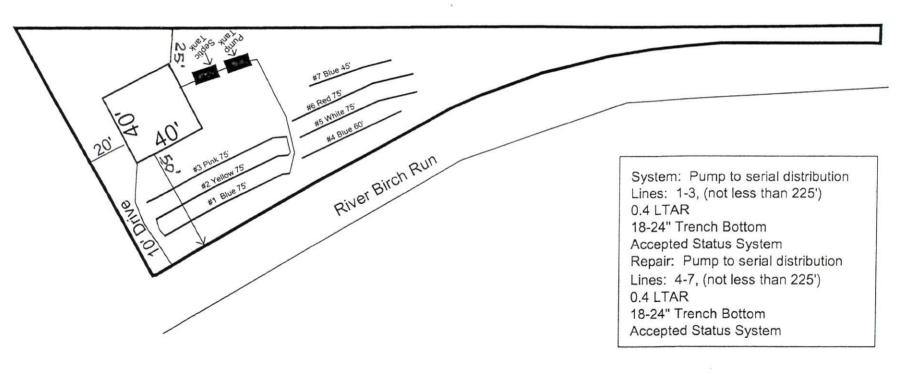
Lot 16 BIRCHFIELD STANCIL BULDERS 919-639-2093 McKnight

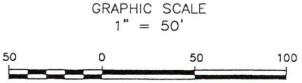
92 RIVER BIRCH RUN

3-Bedroom Layout Harnett County

SITE PLAN APPROVAL
DISTRICT RASO USE SFD
#BEDROOMS 3

A Chinicitals





Adams
Soil Consulting
919-414-6761
Job #495



Application # \_\_\_\_\_

\* Each section below to be filled out by whomever performing work. Must be owner or licensed

by whomever performing work.
Must be owner or licensed
contractor. Address, company
name & phone must match
information on license.

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

on on license.	0 0 10
Owner's Name: Stancil Builders Ire.	Date: <u>8-30-19</u>
Site Address: 92 RIVER BIRCH Rux Conto 27521	
Subdivision: Birchfield	Lot: 16
Description of Proposed Work: Single Family Owelling	<u> </u>
General Contractor Information	3
Stancil Builder Dre.	919-639-2013
Building Contractor's Company Name	Telephone
466 Stancil Rd. Angie 27501	wendy & starcibailders. co. Email Address
Address	Email Address
34533	
License #	
Description of Work SFD Service Size:	200 Amps T-Pole: <u>L</u> YesNo
Sno Electric	919-427-6952
Electrical Contractor's Company Name	Telephone
19655 NC 210 HWY	
Address	Email Address
13015- L License #	
License #  Mechanical/HVAC Contractor Inform	ation
	ation
Description of Work SFD	ain 200
Stephenson Heating ; ain de.  Mechanical Contractor's Company Name	919-329 Telephone
343 Shipwash Dr. Harrer 27529	releptione
Address	Email Address
18644	Zinaii / idai ooo
License #	
Plumbing Contractor Information	
Description of Work SFD	# Baths
Barnes Phembing Se.	919-422-2133
Plumbing Contractor's Company Name	Telephone
239 Millwood Lane argin 27501	
Address	Email Address
P12735	
Insulation Contractor Informatio	n
Saturn Insulation I Dre. 579 Old Drug Stere Rol.	919-661-7255
	717 661-1233

\*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 <a href="by signing below I have obtained all subcontractors">by signing below I have obtained all subcontractors</a> <a href="permission to obtain these permits">permission to obtain these permits</a> and if <a href="any changes occur including listed contractors">any changes occur including listed contractors</a>, 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.

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

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: Wencly S. Dorman Date: 8-30-18

## DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 911458

Filed on: 08/30/2018

Initially filed by: StancilBuildersInc

## Designated Lien Agent

Fidelity National Title Company, LLC

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@lienenc.com)

#### Owner Information

Stancil Builders Inc 466 Stancil Road Angier, NC 27501 United States

Email: wendy@stancilbuilders.com

Phone: 919-639-2073

## **Project Property**

Lot 16 Birchfield Deed Book 3629 Page 308 thru 309 Map Book 98 Page 506 92 River Birch Run Coats, NC 27521 Harnett County

## Property Type

1-2 Family Dwelling

## Date of First Furnishing

09/03/2018

## 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

