

Initial Application Date: 5/15/18

Application # 1850044022
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: Curr-Well Developments, LLC Mailing Address: 21 Little Farm Circle
City: Angier State: NC Zip: 27501 Contact No: 9196327255 Email: currie@adamshowell.com

APPLICANT*: WJH, LLC Mailing Address: 3300 Battleground Ave. Ste 101
City: Greensboro State: NC Zip: 27410 Contact No: 919-995-5654 Email: Trabitz@wadejumehomes.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Tara Rabitz Phone # 919-995-5654

PROPERTY LOCATION: Subdivision: Quail Hollow Lot #: 9 Lot Size: 0.45
State Road # 287 State Road Name: Deanne Ln. Map Book & Page: 0099 / 0020
Parcel: 071611005828 PIN: 1611343229
Zoning: RA20M Flood Zone: N Watershed: N Deed Book & Page: 1576 / 0963 Power Company*: Duke

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

PROPOSED USE:

SFD: (Size 28 x 51) # Bedrooms: 4 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: _____ Slab: Monolithic
(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: Proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum _____ Actual 37
Rear _____ 77.5
Closest Side _____ 43.5
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Head west on E Front St toward S 1st St

Continue on S Main St. Take US-421 S and NC-27 E to Ebenezer Church Rd in Coats

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.

Tara Rabitz

Signature of Owner or Owner's Agent

5/2/18

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: Wade Jimmy Homes

APPLICATION #: _____

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 8 00

- **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 **over outlet end** as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
- 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 _____

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.

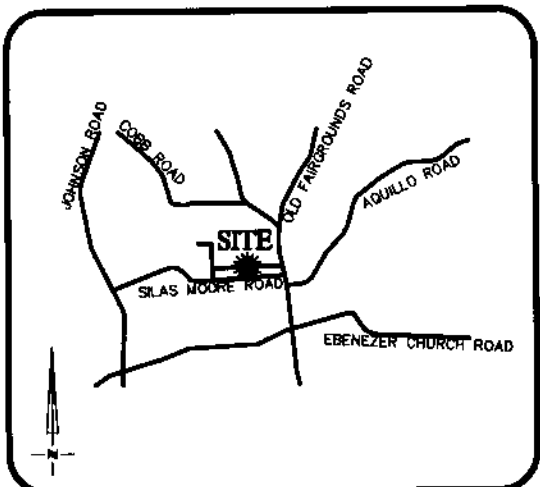
- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 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.

Wade Jimmy Homes
PROPERTY OWNER OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/1/18
DATE



VICINITY MAP
Not To Scale

1 PB 99, PG 19-20

NOTE:

ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTIST'S RENDERING. 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 _____ DATE _____

CUSTOMER _____ DATE _____

WADE JOURNEY REPRESENTATIVE _____ DATE _____

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 JOURNEY HOMES REPRESENTATIVE _____ DATE _____

SETBACKS:

- FRONT - 35'
- REAR - 25'
- SIDE - 10'

SITE PLAN APPROVAL

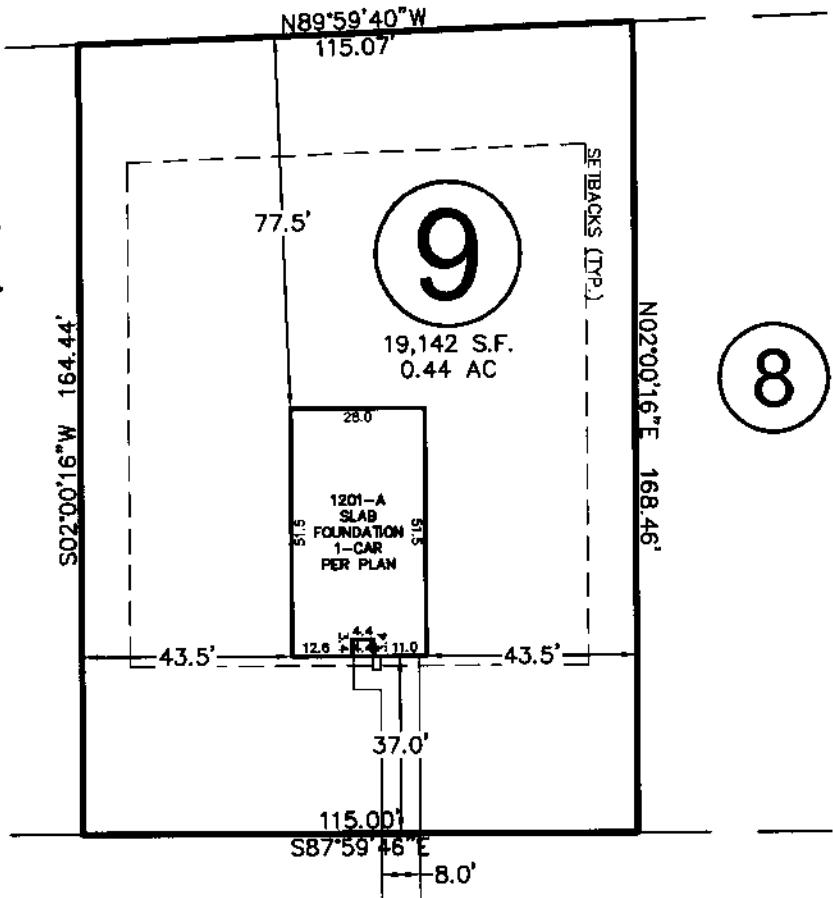
DISTRICT R-100M USE STD

#BEDROOMS 4

Date 5/15/18 Zoning Administrator

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IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	1,441 S.F.
DECK/PATIO/HVAC	9 S.F.
DRIVEWAY & WALKS	331 S.F.
TOTAL (PROPOSED)=	1,781 S.F.
LOT AREA =	19,142 S.F.
% IMPERVIOUS AREA	=9.3%



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DEANNE LANE

50' PUBLIC R/W

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

User: JBRUCK Type: CP Drawer: 1
Date: 5/15/18 52 Receipt no: 357069

Year	Number	Amount
2018	50044022	
91749 TECH 2		
LILLINGTON, NC 27546		
B4	BP - ENV HEALTH FEES	\$750.00

NEW TANK

WJH LLC

Tender detail		
CK CHECK PAYMEN	15563	\$750.00
Total tendered		\$750.00
Total payment		\$750.00

Trans date: 5/15/18 Time: 10:59:13

** THANK YOU FOR YOUR PAYMENT **

* 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: Curr-Well Development, LLC Date: _____
Site Address: 287 Deanne Lane Phone: 919-623-7255
Directions to job site from Lillington: Head West on E Front St. towards S 1st St. Continue on S. Main St. Take US-421 S and NC-27 to Ebenezer Church Rd. in Coats.

Subdivision: Quail Hallow Lot: 9
Description of Proposed Work: Single Family New Residential # of Bedrooms: 4
Heated SF: 1209 Unheated SF: 216 Finished Bonus Room? No Crawl Space: _____ Slab:

General Contractor Information

WJH, LLC 919-995-5654
Building Contractor's Company Name Telephone
3300 Battleground Ave. Ste.101 Trabit@wadejourneyhomes.com
Address Email Address
49262
License #

Electrical Contractor Information

Description of Work Electrical Install Service Size: 200 Amps T-Pole: Yes No
W-3 919-550-7341
Electrical Contractor's Company Name Telephone
308 W. Main St. Clayton, NC, 27528 Ewiggly@w3electric.com
Address Email Address
11452U
License #

Mechanical/HVAC Contractor Information

Description of Work Heating and Air
Comfort Air 336-794-9730
Mechanical Contractor's Company Name Telephone
PO Box 527 Clemmons NC 27012 kayastin@outlook.com
Address Email Address
4218
License #

Plumbing Contractor Information

Description of Work Plumbing Install # Baths 2
Thornton's Plumbing 919-550-4833
Plumbing Contractor's Company Name Telephone
3160 A Vinson Rd. Clayton NC 27520 Thomtonsplumbing@embarqmail.cc
Address Email Address
4218
License #

Insulation Contractor Information

Builders Insulation 919-788-9806
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application.**

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ Yes No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes ___ No
3. Do you intend to directly control & supervise construction activities? Yes ___ No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes ___ No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ Yes No

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 **I affirm that I have obtained all listed contractors 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.

Tara Raboty

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.

Company or Name: WJH,LLC

Sign w/Title: Tara Raboty

Date: _____

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 846621

Filed on: 05/08/2018

Initially filed by: wjh2013

Designated Lien Agent

Investors Title Insurance Company

Online: 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

Project Property

QLH 9
287 Deanne Lane
Coats, NC 27521
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 101

Greensboro, NC 27410

United States

Email: trabitz@wadejurneyhomes.com

Phone: 336-282-3606

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384