Initial Application Date:_	1	128	118	
	- 1			

Application #SF01811-0024	

Central Permitting

108 E. Front Street, Lillington, NC 27546

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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: Watermark Homes, Inc. ___ Mailing Address: 1308 Fort Bragg Road - Suite 201 Email: megan@watermarkkhomesnc.c State: NC Zip: 28305 Contact No: (910) 483-2229 Fayetteville APPLICANT*: Watermark Homes, Inc. Mailing Address: 1308 Fort Bragg Road - Suite 201

State: NC Zip: 28305 Contact No: (910) 483-2229 Email: megan@watermarkkhomesnc.c City: Fayetteville *Please fill out applicant information if different than landowne CONTACT NAME APPLYING IN OFFICE: Megan Joyce / (Super) JT PROPERTY LOCATION: Subdivision: South Creek State Road Name: Bayview Drive Flood Zone: Watershed: WS-IV Deed Book & Page: 3047 / 183 Power Company*: Duke Energy *New structures with Progress Energy as service provider need to supply premise number _____83428024 PROPOSED USE: SFD: (Size 51 x 4) # Bedrooms: 4 # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (Is the bonus room finished? (___) yes (\(\bigver) \) no w/ a closet? (___) yes (\(\bigver) \) no (if yes add in with # bedrooms) 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: Water Supply: County ____ Existing Well ____ New Well (# of dwellings using well _____) *Must have operable water before final Sewage Supply: Very 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: Comments: Actual 36 Front Minimum 84.30 Rear 21.31 Closest Side N/A Sidestreet/corner lot N/A **Nearest Building**

on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Hamett County Co	ourthouse - Head north on Autry Rd for 0.7mi,				
tum right on NC27-E for 4.6mi, tum left onto S. Main Street for 2mi, continue straight on N. Main Street for 0.Smi, tum right onto Old					
Coats Rd for 1.6mi and then tum left on Neills Creek Rd to enter the South Creek Sub-	division				
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina I hereby state that foregoing statements are accurate and correct to the best of my knowledge. P	regulating such work and the specifications of plans submitted.				
12	10/10/2018				
Signature of Owner or Owner's Agent	Date				

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

^{***}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 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 <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. <u>Do not grade property.</u>
 - 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. <u>Please note</u> <u>confirmation number given at end of recording for proof of request.</u>
 - Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
- Υ 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 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.

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If applyin	g for authorization	on to construct please indicate	e desired system type(s): can	be ranked in order of preference, must choose one.
{}} Acc	cepted	{2} Innovative	{ 1 } Conventional	{ 3 } Any
{}} Alt	ernative	{}} Other		-
The application.	cant shall notify If the answer is '	the local health department 'yes", applicant must attach	upon submittal of this app a supporting documentation	lication if any of the following apply to the property in a.
{_}}YES	{ ✓ } NO	Does the site contain any .	Jurisdictional Wetlands?	
{_}}YES	{ ∠ } NO	Do you plan to have an irr	igation system now or in th	ne future?
{_}}YES	{ ✓ } NO	Does or will the building of	contain any drains? Pleasee	explain
{}}YES	{_✔} NO	Are there any existing wel	ls, springs, waterlines or W	astewater Systems on this property?
{_}}YES	{ ∠ } NO	Is any wastewater going to	be generated on the site of	ther than domestic sewage?
{_}}YES	{ ∠ } NO	Is the site subject to appro	val by any other Public Age	ency?
{ ✓}YES	{_} NO	Are there any easements of	r Right of Ways on this pro	pperty? Drainage on Property Line
{ ✓}YES	{_} NO	Does the site contain any	existing water, cable, phone	e 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.

15

10-10-18



Application # _____

* 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. 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

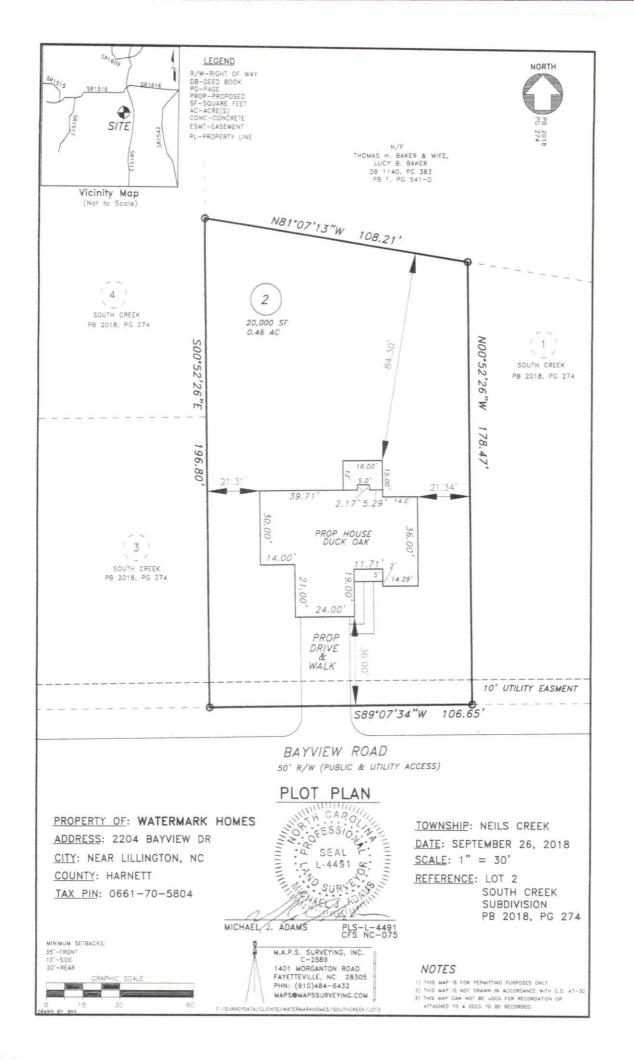
	Date: 10-10-18
Site Address: 54 Bayview Road	Phone:
Subdivision: South Creek	•
Description of Proposed Work: Single Family	
General Contractor Informati	ion
Watermark Homes, Inc.	910-483-2229
Building Contractor's Company Name	Telephone
1308 Ft. Bragg Road, Suite 201 Fayetteville, NC 28305	megan@watermarkhomes.com
Address	Email Address
49261BLD-U	
License #	
Description of Work Electrical Service Electrical Contractor Information Service Size	<u>tion</u> e:Amps T-Pole: ☐Yes ☐No
Tool Time Services Inc.	eAmps 1-Pole1esNo
Electrical Contractor's Company Name	Telephone
PO Box 2207, Garner NC 27629	tooltimeservice@gmail.com
Address	Email Address
18644	
License #	
Mechanical/HVAC Contractor Info	rmation
Description of Work HVAC Heating and Air System	
Stephenson Heating and Air, Inc.	919-329-0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Drive, Garner NC 27520	Stephensonhvac@aol.com
Address	Email Address
28541	
License # Plumbing Contractor Information	Hon
Description of Work Plumbing Vance Johnston Plumbing Co, Inc.	# Baths ²
	910-424-6712
Plumbing Contractor's Company Name 3242 Mid Pine Road, Fayetteville NC 28306	Telephone
	lgoudy@vjplumbing.com
Address L07756	Email Address
License #	
Insulation Contractor Information	tion
Cumberland Insulation- 4205 Clington Rd. Fayetteville NC, 2831	910-484-7118
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.				
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:				



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 Lie	en Agent	First A	merican National Title Company		
Mailing address of Agent			600 Green Valley Road Suite 307		
2			Greensboro, NC 27408		
Physical address of Agent			Same as Above		
Telephone	336-668-7233		Fax		
Email cricha	rdson@firstam.co	om			

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."

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY

FOR OFFICE USE ONLY Same Day \$45Meter Fee \$70Damage \$Other \$ MOUNT PAID: Cash \$Check \$Credit Card \$	***DEPOSITS	BELOW APPLY TO AP	PROVED CREDIT ONLY***			
This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location: Provide Address: 54 Bayview Road	Today's Date 10-10-18 Cont	Fees Du	Deposit, Owner, Water Speposit, Owner, Sewer Deposit, Rental, Water Speposit, Rental, Water Speposit	25 all accounts: \$15 550		
The District's Rules and Regulations, to provide water and /or sewer service connections at the following location: State		G				
APPLICANT APPLICANT CO-APPLICANT NAME (FIRST, LAST) Watermark Homes, Inc. MAILING ADDRESS: 1308 Fort Bragg Road #201, Fayetteville, NC 28305 SOCIAL SECURITY # OR TIN CONTACT PHONE # SOCIAL SECURITY # OR TIN CONTACT PHONE # DATE OF BIRTH DRIVER'S LICENSE # AND STATE DATE OF BIRTH EMPLOYER NAME EMPLOYER ADDRESS PHONE # EMPLOYER ADDRESS PREVIOUS ADDRESS NAME OF NEAREST RELATIVE AND PHONE # The undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should take all payments on time when due as stated on the WATEK/SEWER bill, the department has the right to disconnect my rithout further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect of reservice in serious used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR VAMAGE OR LOSS, Please ensure residence or facility is prepared for water connection. Make sure all valves & fau arread off before requesting water service, is signing this application, you are agreeing that you are at least 18 years of age. Customer Signature FOR OFFICE USE ONLY MOUNT PAID: Cash \$ Credit Card \$ Contact PHONE # AMAGE CRED TO THE COUNTY ADDRESS AMOUNT PAID: Cash \$ Credit Card \$ Credit Card \$ Credit Card \$ Credit Card \$ Contact PHONE # AMAGE CRED TO THE COUNTY ADDRESS AMOUNT PAID: Cash \$ Credit Card \$ Credit Card \$ Credit Card \$ Contact PHONE # AMAGE CRED To Service To County Advance To Card To C	ne District's Rules and Regulations, to	provide water and /or sewe	blic Utilities through normal process service connections at the follow	edures and in accordance with wing location:		
APPLICANT NAME (FIRST, LAST) Watermark Homes, Inc. MAILING ADDRESS: 1308 Fort Bragg Road #201, Fayetteville, NC 28305 SOCIAL SECURITY # OR TIN CONTACT PHONE # SOCIAL SECURITY # OR TIN DRIVER'S LICENSE # AND STATE DATE OF BIRTH DRIVER'S LICENSE # AND STATE DATE OF BIRTH DRIVER ADDRESS PHONE # EMPLOYER NAME EMPLOYER ADDRESS PREVIOUS ADDRESS PREVIOUS ADDRESS PREVIOUS ADDRESS NAME OF NEAREST RELATIVE AND PHONE # The undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should take all payments on time when due as stated on the WATEK/SEWER bill, the department has the right to disconnect my inhout further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect reserver is being used, until the property is sold or rended. HARNETT COUNTY IS NOT RESPONSIBLE FOR VAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & fau arred off before requesting water service. PROFICE USE ONLY TOTAL TO DESTRUCT OF THE COUNTY IS NOT RESPONSIBLE FOR VAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & fau arred off before requesting water service. PROFICE USE ONLY MAINTENANCE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & fau arred off before requesting water service. PROFICE USE ONLY MOUNT PAID: Cash \$	ervice Address: 54 Bayview F	₹oad				
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Watermark Homes, Inc. MAILING ADDRESS: 1308 Fort Bragg Road #201, Fayetteville, NC 28305 SOCIAL SECURITY # OR TIN	APPLICANT	,	CO-APPLICANT			
SOCIAL SECURITY # OR TIN CONTACT PHONE # SOCIAL SECURITY # OR TIN CONTACT PHONE # DRIVER'S LICENSE # AND STATE DATE OF BIRTH DRIVER'S LICENSE # AND STATE DATE OF BIRTH EMPLOYER NAME EMPLOYER NAME EMPLOYER ADDRESS PHONE # EMPLOYER ADDRESS PREVIOUS ADDRESS PREVIOUS ADDRESS NAME OF NEAREST RELATIVE AND PHONE # The undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should take all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my desert resulting from court action to collect on an account will be the required to pay ALL DUE amounts plus a \$30 reconnect of the series and slow will not be refunded. Property owners will be responsibility of the customer. FINAL BILLS with a credit fless than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water were its being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR VAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faured off before requesting water service. Sy signing this application, you are agreeing that you are at least 18 years of age. Customer Signature FOR OFFICE USE ONLY EES: Set-Up Fee \$15_Deposit \$ Same Day \$45_Meter Fee \$70_Damage \$ Other \$ Credit Card \$		nc.	NAME (FIRST, LAST)	NAME (FIRST, LAST)		
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Account # Transferred From:Date To Turn Off						
ACCOUNT #: CID:LID:WATERSEWERCREDIT: APPROVED / DE						

Turn On: _____Unlock Only: _____Read Only: _____Install: _____Customer Serv Rep: _____