

Application #	1812-0020

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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: Wayne and Jenniter Boykin Mailing Address: 302 Wood feeld Dr.
City: Nashville State: N. C. Zip: 27858 Contact No: 910-890-3979 Email: Owny & Stegeneral Controls
APPLICANT*: STEGENERAL Controllers LL Mailing Address: P.O. Box 2364
City: Dunn State: 14.6 Zip: 2838 Contact No: 910-896-3979 Email: *Please fill out applicant information if different than landowner  *Tomme stagement contacts.com
CONTACT NAME APPLYING IN OFFICE: Tommy Mcled Phone # 910-890-3979
CONTACT NAME APPLYING IN OFFICE: Tommy McLeod  Phone # 910-890-3979  ADDRESS: Lot # 2 Mabray Road Angior PIN: 0682-38-598 1.000
DEED OR OTP:
PROPOSED USE:
SFD: (Size 50 x 75 ) # Bedrooms: 4 # Baths: 3 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: Sla
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
Manufactured Home: SW DW TW (Size x ) # Bedrooms: Garage: site built? Deck: site built?
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) 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 of proposed) Single family dwellings: 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
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

t is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limi 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** 

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 de

ocumentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
<ul> <li>Environmental Health New Septic System</li> <li>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.</li> <li>Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, our buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.</li> <li>Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.</li> <li>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.</li> <li>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.</li> </ul>
<ul> <li>Environmental Health Existing Tank Inspections</li> <li>Follow above instructions for placing flags and card on property.</li> <li>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)</li> <li>DO NOT LEAVE LIDS OFF OF SEPTIC TANK</li> </ul>
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 {\omegastriangleright} Conventional {} Any
{}} Alternative
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 <u>irrigation system</u> now or in the future?
YES {\omegas\) 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?

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.

Does the site contain any existing water, cable, phone or underground electric lines?

Is any wastewater going to be generated on the site other than domestic sewage?

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?

Hole would Like in front of House if possible strong roots · new growth

}YES

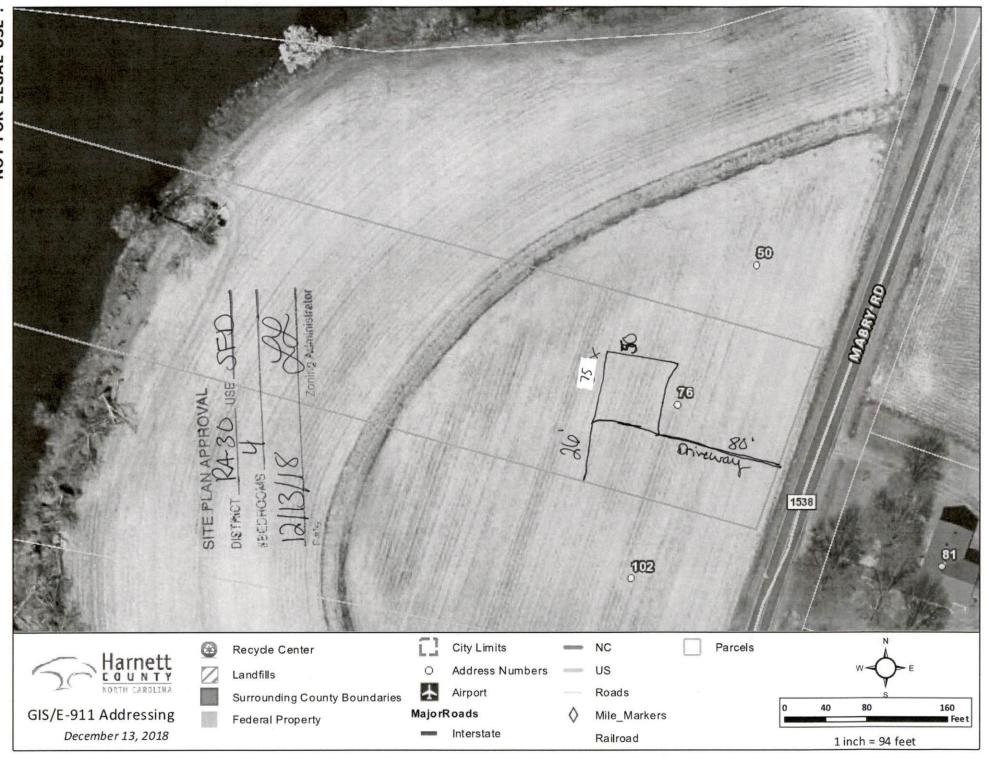
\_}YES

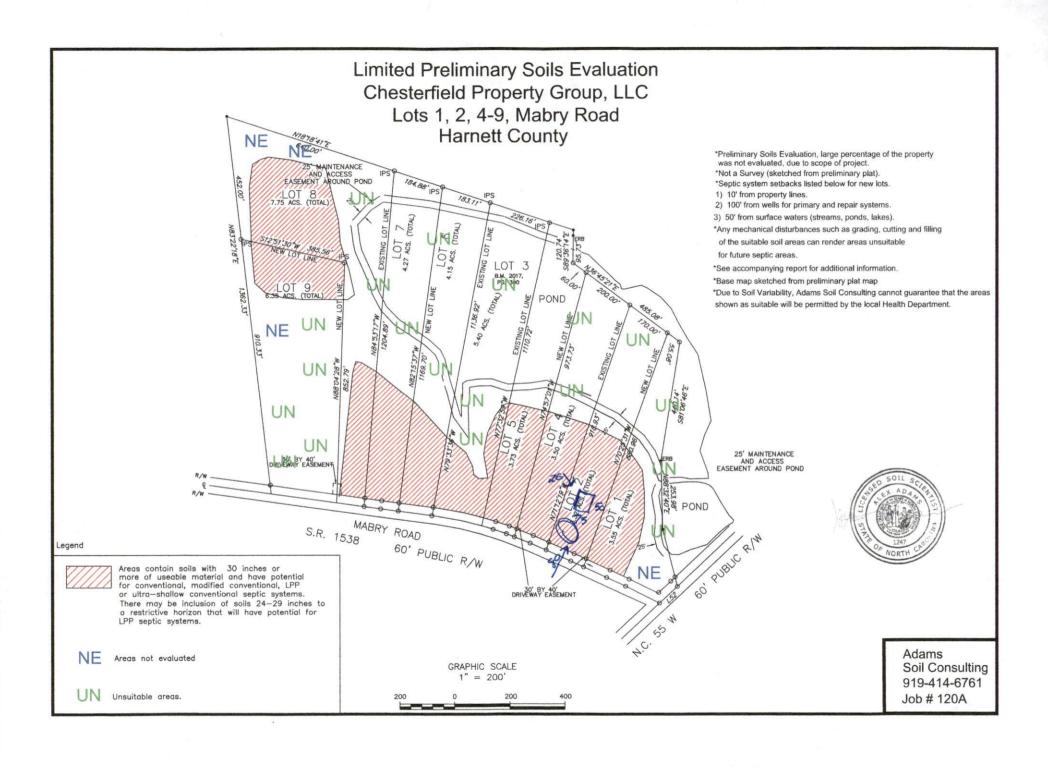
}YES

{ NO

{ }YES

# Harnett GIS





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Application # \_

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

\* Each section below to be filled out 910-893-7525 Fax 910-893-2793 www.harnett.org/permits 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

lation on license.	
Owner's Name: Wayne and Jennifer Boy	Kin Date: 12-13-18
Site Address: Lot # 2 Maboray Rd Angier	Phone:
Subdivision:	Lot: # 2
Description of Proposed Work: New Home	
General Contractor Inform	nation
STE General Contractors UCC	910-891-5465
Building Contractor's Company Name	Telephone
P.02364 Dunn N.C.	Tommy & St& Cereal Entre Sers. Com Email Address
Address	Email Address
7824	
Description of Work	Size: Zoc Amps T-Pole: Yes No
	910-890-3655
Im page Electrical Electrical Contractor's Company Name	Telephone
409 Chatham st Sanford 27330	
Address	Marshall Pope 74 egma: 1. Com Email Address
21326 L	
License #	
Mechanical/HVAC Contractor In	nformation
Description of Work New Construction	
Caroline Combant Ar	<u>910-213-3221</u> Telephone
Mechanical Contractor's Company Name	
703 H. Clinkon AUB Dunn Address	Email Address
29077	Email Address
License #	
Plumbing Contractor Inform	mation
Description of Work How Con Structure	# Baths 3 1/2
Robbie Gilbert Phunbing	910-214-1274
Plumbing Contractor's Company Name	<u>910-214-1274</u> Telephone
Plumbing Contractor's Company Name  1, no thy Rd Punn  Address	Email Address
Address	Email Address
License # Insulation Contractor Inform	mation
$\cdot$	ain- 1184-7118
Insulation Contractor's Company Name & Address	910 - 484-7/18 Telephone
AND	

\*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.

Jam 1. WW		12-11-18
Signature of Owner/Contractor/Officer(s) of Corporation	Date	178 87,8 1

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: Thomas 1-Man Manager 4P Date: 1211-18

## DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 960377

Filed on: 12/05/2018 Initially filed by: 71Mach-1

#### Designated Lien Agent

#### **Project Property**

### Print & Post

Chicago Title Company, LLC

Lot 2 Mabrey road Angier, NC 27501 Harnett County

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

Property Type

Email: support@liensnc.com (mailto:support@liensnc.com)

1-2 Family Dwelling

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

#### Date of First Furnishing

Tommy Mcleod 100 Tilghman Drive Dunn 28334 100 Tilghman Drive Dunn, NC 28334 United States Email: tommy@stegeneralcontractors.com Phone: 910-891-5465

12/10/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384