

Initial Application Date: 12/30/18

Application # SFD 12-0049

CU#

Central Permitting 108 E. Front S		none: (910) 893-7525 ext:2 F	ax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECO	RDED DEED (OR OFFER TO PURCH/	ASE) & SITE PLAN ARE REQUIRED W	HEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Kathleen Reparsk	у	Mailing Address: 40 whalen	ave
City: warwick	State: RI Zip: 02889 Conf	act No: 9198682912	ave _ _{Email:} popebuilders@gmail.co
APPLICANT*: Robert Pope Builde	ers, LLC Mailing Address	901 W. Pearsall St	Email: popebuilders@gmail.co
City: Dunn	State: NC Zip: 28334 Con	act No: 9198682912	Email: popebuilders@gmail.co
*Please fill out applicant information if different the	an landowner	1610 69 5904	000
ADDRESS: 101 Curr Well Drive Coning: RA 30 Flood: na	Coats NC 27521	PIN: 1010-00-3004-	000
zoning: RA 30 Flood: na	Watershed: 133A Deed B	ook / Page: 3229:09	
Setbacks - Front: 50 Back	c: 140 Side: 15.5	_ Corner:	
PROPOSED USE:			I
SFD: (Size 79 x 38) # Bedrooms	s:3 # Baths:2 Basement(w/	vo bath):_X_Garage:_X_Deck	C:_X_Crawl Space: Slab: Monolithic Slab:
(Is the bonus	room finished? () yes () r	no w/ a closet? () yes () no	o (if yes add in with # bedrooms)
D W-1-07	# D-# D	04-	D. 14 D. alv. O. Farana Off Farana
	s# Baths Basement (w/		Built Deck: On Frame Off Frame
(10 410 00001	- mon minore (io , ii, joine, ene cam acamach	
☐ Manufactured Home:SWDW	VTW (Sizex)	# Bedrooms: Garage:(site built?) Deck:(site built?)
☐ Duplex: (Sizex) No. Build	tings: No. Bedr	rooms Per Unit:	
Home Occupation: # Rooms:	Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Size	_x) Use:		Closets in addition? () yes () no
Water Supply: _X_ County Exist	ting Well New Well (# of	dwellings using well	*Must have operable water before final
Sewage Supply: X New Septic Tank	(Need to Compl	ete New Well Application at the s	same time as New Tank)
(Complete Environmental I	Health Checklist on other side of	application if Septic)	
 Therefore 2 minutes (and the ground trace of the property of the control of the co			of tract listed above? () yes (_X) no
Does the property contain any easements			na na
Structures (existing or proposed): Single fa	mily dwellings:	Manufactured Homes:	Other (specify):
If permits are granted I agree to conform to I hereby state that foregoing statements are	all ordinances and laws of the S e accurate and correct to the bes	State of North Carolina regulating t of my knowledge. Permit subje	such work and the specifications of plans submitted act to revocation if false information is provided.
(by Min	e of Owner or Owner's Agent	12/3	30/18
Signature	of Owner or Owner's Agent	any applicable information abo	Date out the subject property, including but not limited
to: boundary information, house loc		ad easements, etc. The county	or its employees are not responsible for any
	olication expires 6 months from		

APPLICATION CONTINUES ON BACK

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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"

	app		for authorizatio	to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
		Acce		{ } Innovative { X} Conventional { } Any	
{	}	Alter	native	{ } Other	
				ne local health department upon submittal of this application if any of the following apply to the property in yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	
{	}Y	ÆS	{ x } NO	Does the site contain any Jurisdictional Wetlands?	
{	}Y	ES	{ X } NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{	}Y	YES {X} NO Does or will the building contain any drains? Please explain.			
{_	}	YES	{ X _} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
{	}Y	ES	{X} NO	s any wastewater going to be generated on the site other than domestic sewage?	
{	}Y	/ES	{ X } NO	s the site subject to approval by any other Public Agency?	
{	}}	ÆS	(X) NO	Are there any Easements or Right of Ways on this property?	
{	}}	YES	{ × } №	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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* 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 # _____

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: Kathleen Reparsky	Date: 12/30/18
Site Address: 101 Curr Well Drive Coats NC 27521	Phone: 9198682912
Subdivision: Willowbrook	Lat. 4
Description of Proposed Work: new SFD	
General Contractor Inform	ation
Robert Pope Builders, LLC	919.868.2912
Building Contractor's Company Name	Telephone
901 W. Pearsall St. Dunn 28334	popebuilders@gmail.com
Address	Email Address
79853	
License #	
Electrical Contractor Inform	nation
·	Size: 200 Amps T-Pole: X Yes N 910.237.0246
Electrical Solutions of NC	
Electrical Contractor's Company Name	Telephone
902 Friendky Road DUNN 28334	Email Address
Address	Email Address
22659	
License # Mechanical/HVAC Contractor In	formation
Description of Worknew SFD	
B&S Air Conditioning	919.894.5151
Mechanical Contractor's Company Name	Telephone
7) /	relephone
Address	Email Address
	Email Address
Y256 License #	
Plumbing Contractor Inform	nation
Description of Work new SFD	# Baths ²
L.R. Glover Plumbing	919.820.0026
Plumbing Contractor's Company Name	Telephone
P.O Box 764 Benson 27504	leeglover22@yahoo.com
Address	Email Address
7958	
License #	
Insulation Contractor Inform	<u>nation</u>
Parker Brothers Insulation	910.990.5928
Insulation Contractor's Company Name & Address	Telephone

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

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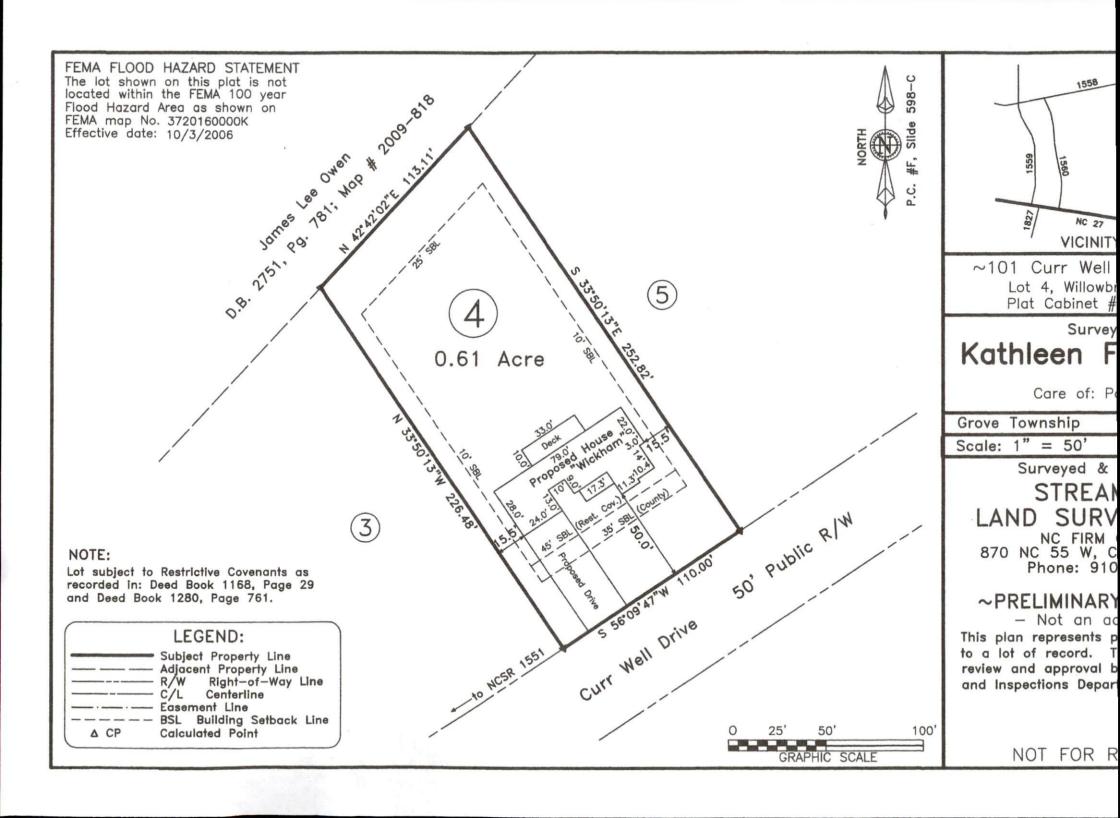
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I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning 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.

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: Date: 12-30-18					



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 970371

Filed on: 12/30/2018

Initially filed by: robertipope

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (http://www.lensnc.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

Lot 4 Willowbrook Subdivision 101 Curr Well Drive, Coats NC 27521 Coats NC, NC 27521 Harnett County

Property Type

1-2 Family Dwelling

02/01/2019

Date of First Furnishing

Owner Information

Robbie Pope 901 west pearsall street Dunn, NC 28334 United States

Email: popebuilders@gmail.com

Phone: 919-868-2912

t Property 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