

Application Date: 1-14-19

Application # SFD1901-0012

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: Stephenson Builders Inc. Mailing Address: 1187 N Raleigh St.

City: Angier State: NC Zip: 27901 Contact No: 919 730 7802 Email: drew@stephensonbuilders.com

APPLICANT\*: Drew Stephenson Mailing Address: same as above.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Drew Stephenson Phone # 919 730 7802

PROPERTY LOCATION: Subdivision: Morgan Farm Subdivision Lot #: 24 Lot Size: 1.61

State Road # 51 State Road Name: Simply Country Ln. Map Book & Page: 20171 222

Parcel: 080641 005137 PIN: 0651-03-6243

Zoning: R430 Flood Zone: min Watershed: Cape Fear Deed Book & Page: 33640066 Power Company: duke energy

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

PROPOSED USE:

SFD: (Size 52'4" x 59'2") # Bedrooms: 3 # Baths: 2.5 Basement(w/w bath): \_\_\_\_\_ Garage:  Deck:  Crawl Space:  Slab: \_\_\_\_\_ Monolithic Slab: \_\_\_\_\_  
(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/w 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 utility @ front of lot

Structures (existing or proposed): Single family dwellings: 1 yes Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>50</u>
Rear	<u>25</u>	<u>115</u>
Closest Side	<u>10</u>	<u>23'6"</u>
Sidestreet/corner lot	<u>20</u>	<u>/</u>
Nearest Building on same lot	<u>/</u>	<u>/</u>

Comments: Call Drew w 7's

919 730 7802

COUNTY OF SAN DIEGO HEALTH DEPARTMENT APPLICATION

San Diego Health Department, 1600 La Jolla Village Drive, San Diego, CA 92161

APPROVED BY: [Signature] DATE: [Date]

PROPERTY OWNER: [Name] ADDRESS: [Address]

CONTACT NAME: [Name] PHONE: [Phone]

PROPERTY LOCATION: [Address]

PROPERTY TYPE: [Type]

APPROVED BY: [Signature]

PROPOSED USE:

1. [Use Description] (Is the second building?)  Yes  No

2. [Use Description] (Is the second building?)  Yes  No

3. [Use Description] (Is the second building?)  Yes  No

4. [Use Description] (Is the second building?)  Yes  No

5. [Use Description] (Is the second building?)  Yes  No

6. [Use Description] (Is the second building?)  Yes  No

7. [Use Description] (Is the second building?)  Yes  No

8. [Use Description] (Is the second building?)  Yes  No

9. [Use Description] (Is the second building?)  Yes  No

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Hy 401 N. About 1 mile from hospital.  
take left onto merge farm Drive

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

\*\*\*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\*\*

THIS DIRECTIONS TO THE PROPERTY FROM 11 LINDEN

Take left corner onto 101st St  
then right corner onto 101st St

It is the responsibility of the respondent to provide the county with all applicable information about the subject property, including but not limited to boundary information, parcel location, underground or other utility lines, and other information that the respondent has or can reasonably obtain. Some existing information may be obtained from the respondent.

Date

Signature

This application is subject to the provisions of the applicable laws and regulations.

NAME: Stephenson Builders Inc.

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 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 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 **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.**
- 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 3-Bed Room Gravity

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? utility 2 feet  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines? at front

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.

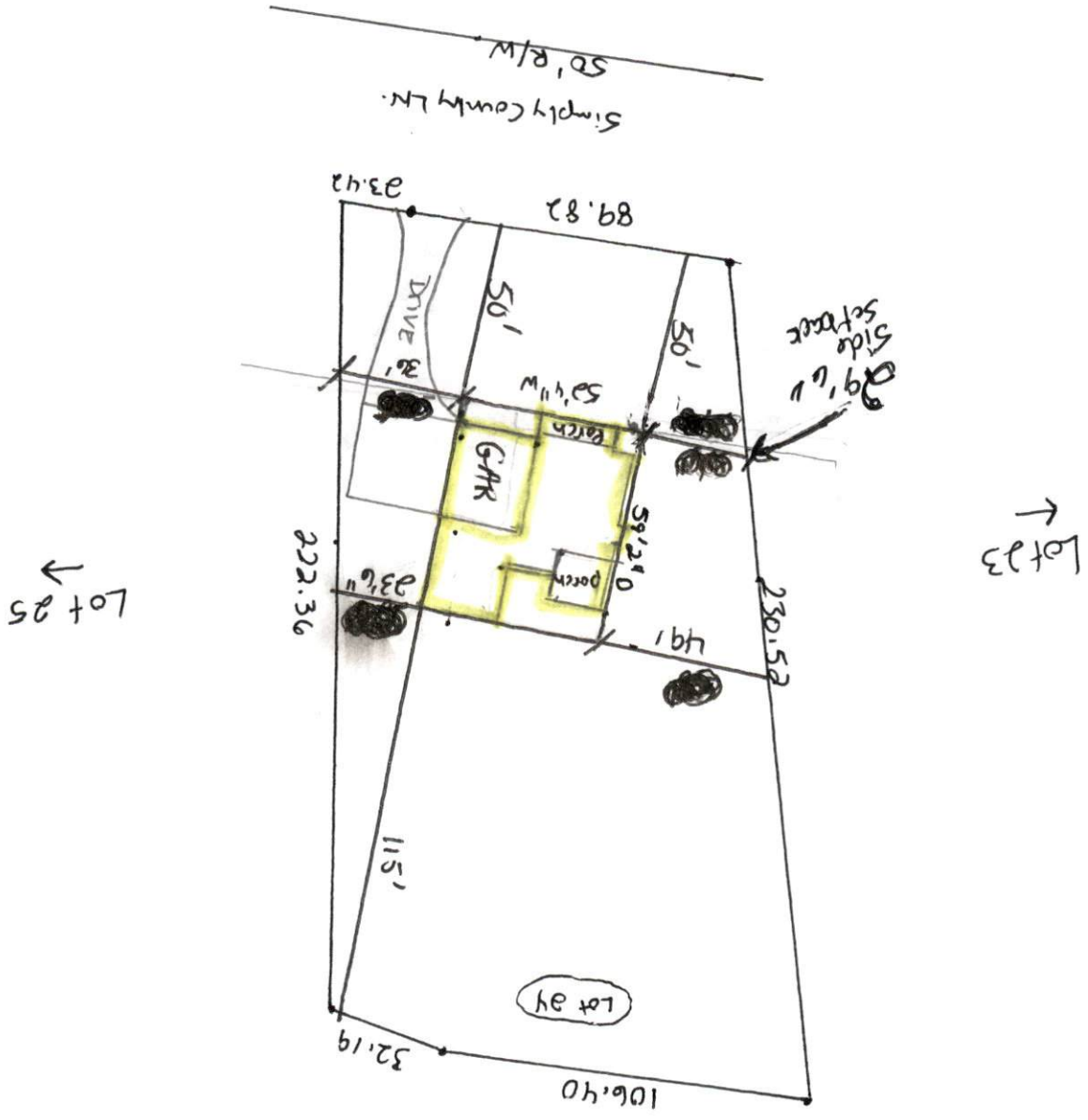
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

\_\_\_\_\_  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-14-19  
DATE



Scale 1" = 50'



SITE PLAN APPROVAL

DISTRICT RA-38 USE SFD

#BEDROOMS 3

1/16/19

Zoning Administrator

Stephenson Builders Inc.  
 Lot 24 Morgan Farm  
 51 Simply Country Ln.  
 Lillington, NC 27576  
 .61 acres

Harnett County Central Permitting  
PO Box 85 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out  
by whomever performing work  
Must be owner or licensed  
contractor Address company  
name & phone must match

**Application for Residential Building and Trades Permit**

Owner's Name Stephenson Builders Inc. Date 1-14-19  
Site Address 51 Simply Country Ln. Phone 919 730 7802  
Directions to job site from Lillington Hwy 401 N. Left onto Morgan farm drive  
@ 1 mile from hospital on left.

Subdivision Morgan Farm Lot 24  
Description of Proposed Work New Single Family Home # of Bedrooms 3  
Heated SF 2594 Unheated SF 882 Finished Bonus Room? yes Crawl Space  Slab

**General Contractor Information**

Stephenson Builders Inc. 919-730-7802  
Building Contractor's Company Name Telephone  
1187 N Raleigh St. Angier NC 27501 clrew@stephensonbuilders.com  
Address Email Address  
53604  
License #

**Electrical Contractor Information**

Description of Work New Home Service Size 200 Amps T-Pole  Yes  No  
Austin Dean Electrical Contractor 919.669.0063  
Electrical Contractor's Company Name Telephone  
2793 Baptist Grove Rd. Fuquay 27526 aidean4330@yahoo.com  
Address Email Address  
L 29839  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New Home  
S.C.'s Heating and Air Conditioning 919 552 3053  
Mechanical Contractor's Company Name Telephone  
1539 Wade Stephenson Road Holly Springs 27510  
Address Email Address  
12655  
License #

**Plumbing Contractor Information**

Description of Work Camden's Plumbing and Repair # Baths 2.5  
New Home 919.552.1584  
Plumbing Contractor's Company Name Telephone  
7229 Oak Village Way Fuquay 27526  
Address Email Address  
18903  
License #

**Insulation Contractor Information**

Stephens Building Products 919 630 8365  
Insulation Contractor's Company Name & Address Telephone



1. General Contractor must fill out one side the second page of this application

Contractor's Company Name & Address  
Wesley Builders, Inc.

Telephone  
919 220 8302

Registration Contractor Information

Name  
Wesley Builders, Inc.

Equal Address

Address  
1322 W. North Street, Raleigh, NC 27601

Contractor's Name

Telephone

Description of Work  
Construction of single family home

Address

Registration Contractor Information

Name  
Wesley Builders, Inc.

Equal Address

Address  
1322 W. North Street, Raleigh, NC 27601

Telephone

Description of Work  
Construction of single family home

Address  
919 220 8302

Registration Contractor Information

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Equal Address

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Telephone

Description of Work  
Construction of single family home

Address  
919 220 8302

Registration Contractor Information

Name  
Wesley Builders, Inc.

Equal Address

Address  
1322 W. North Street, Raleigh, NC 27601

Telephone

Description of Work  
Construction of single family home

Address  
919 220 8302

1. I am a contractor registered with the State of North Carolina. My registration number is \_\_\_\_\_.

2. I am a contractor registered with the State of North Carolina. My registration number is \_\_\_\_\_.

Registration for Residential Building and Trade Permit

Wesley Builders, Inc.  
1322 W. North Street, Raleigh, NC 27601  
919 220 8302

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

1-14-19  
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 Stephenson Builders Inc.

Sign w/Title *[Signature]* President Date 1-14-19

I hereby certify that I have the authority to make necessary application that the applicant is qualified and that the construction will conform to the regulations in the Building Electrical, Plumbing and Mechanical codes and the Home County Zoning Ordinance. I state the information on this application is correct as known to me and that by signing below I have obtained all the necessary permission to obtain these permits and if any changes occur including listed contractors and/or number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Home County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$100.00. After 2 years re-issue fee is as per current fee schedule.**

Signature of Owner/Contractor(s) of Construction \_\_\_\_\_  
 Date \_\_\_\_\_

**Affidavit for Worker's Compensation N.C.S. 87-14**

The undersigned applicant being the \_\_\_\_\_  
 General Contractor  Owner  
 Officer/Agent of the Contractor or Owner

I 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 and has obtained workers' compensation insurance to cover them  
 Has one (1) or more subcontractor(s) who has their own policy of workers' compensation insurance covering themselves  
 Has no more than two (2) employees and no subcontractors

Write 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 workers' compensation insurance prior to issuance of the permit and of any time beyond the permitted work from any person, firm or corporation carrying out the work.

Company or Name \_\_\_\_\_  
 Sign with Title \_\_\_\_\_  
 Date \_\_\_\_\_