

Initial Application Date: 1-9-19

Application # SFD1901-0017

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: Mike Spahr Mailing Address: 44 Winged Foot Dr.  
City: Bunnlevel State: NC Zip: 28323 Contact No: 919 Email: NA

APPLICANT: Stephenson Builders Inc Mailing Address: 1187 N Raleigh St.  
City: Angier State: NC Zip: 27501 Contact No: 919 730 7802 Email: crew@stephensonbuilders.com  
\*Please fill out applicant information if different than landowner

ADDRESS: 401 Darroch Rd. Bunnlevel NC PIN: 0536-28-6414

Zoning: RA20R Flood: mit Watershed: NO Deed Book / Page: 3293 0212

Setbacks - Front: 500' Back: 240' Side: 60' Corner: NA

**PROPOSED USE:**

SFD: (Size 67x39') # Bedrooms: 3 # Baths: 2.5 Basement (w/wo bath):    Garage:  Deck:    Crawl Space:  Slab:    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/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  
(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 or proposed): Single family dwellings: 1 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.

Phyllis Spahr Signature of Owner/for Owner's Agent Date 1-9-19

**\*\*\*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\*\***

**APPLICATION CONTINUES ON BACK**



COUNTY OF HERNIMET FERTILIZER AND PESTICIDE APPLICATION

Application No. \_\_\_\_\_ Date of Application \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Product Name: \_\_\_\_\_ Application Rate: \_\_\_\_\_

Area to be Treated: \_\_\_\_\_ Acres: \_\_\_\_\_

Reason for Application: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of County Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

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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 **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.**

**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"**

**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?  
 { } 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.**

County Health Department Application for a License to Operate a Business

THE BOARD OF HEALTH AND HIGHER LEARNING HAS THE HONOR TO ANNOUNCE THAT IT IS RECEIVING APPLICATIONS FOR LICENSES TO OPERATE A BUSINESS IN THE COUNTY OF HAMILTON. THE BOARD OF HEALTH AND HIGHER LEARNING RESPECTFULLY REQUESTS THAT ALL APPLICANTS FOR SUCH LICENSES BE ADVISED OF THE FOLLOWING REQUIREMENTS:

Environmental Health Act, Section 2.101

- All property owners shall be notified by the County Health Department of the proposed location of the business. The notification shall be made by first class mail and by personal delivery to the property owner. The notification shall contain a copy of the application and a copy of the rules and regulations governing the operation of the business. The notification shall also contain a copy of the Environmental Health Act, Section 2.101, and a copy of the rules and regulations governing the operation of the business.
- The applicant shall be responsible for the payment of the license fee. The license fee shall be paid to the County Health Department. The license fee shall be non-refundable.
- The applicant shall be responsible for the payment of the annual renewal fee. The renewal fee shall be paid to the County Health Department. The renewal fee shall be non-refundable.
- The applicant shall be responsible for the payment of the annual inspection fee. The inspection fee shall be paid to the County Health Department. The inspection fee shall be non-refundable.
- The applicant shall be responsible for the payment of the annual health department fee. The health department fee shall be paid to the County Health Department. The health department fee shall be non-refundable.
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Environmental Health Act, Section 2.102

- The applicant shall be responsible for the payment of the license fee. The license fee shall be paid to the County Health Department. The license fee shall be non-refundable.
- The applicant shall be responsible for the payment of the annual renewal fee. The renewal fee shall be paid to the County Health Department. The renewal fee shall be non-refundable.
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Section 2.103

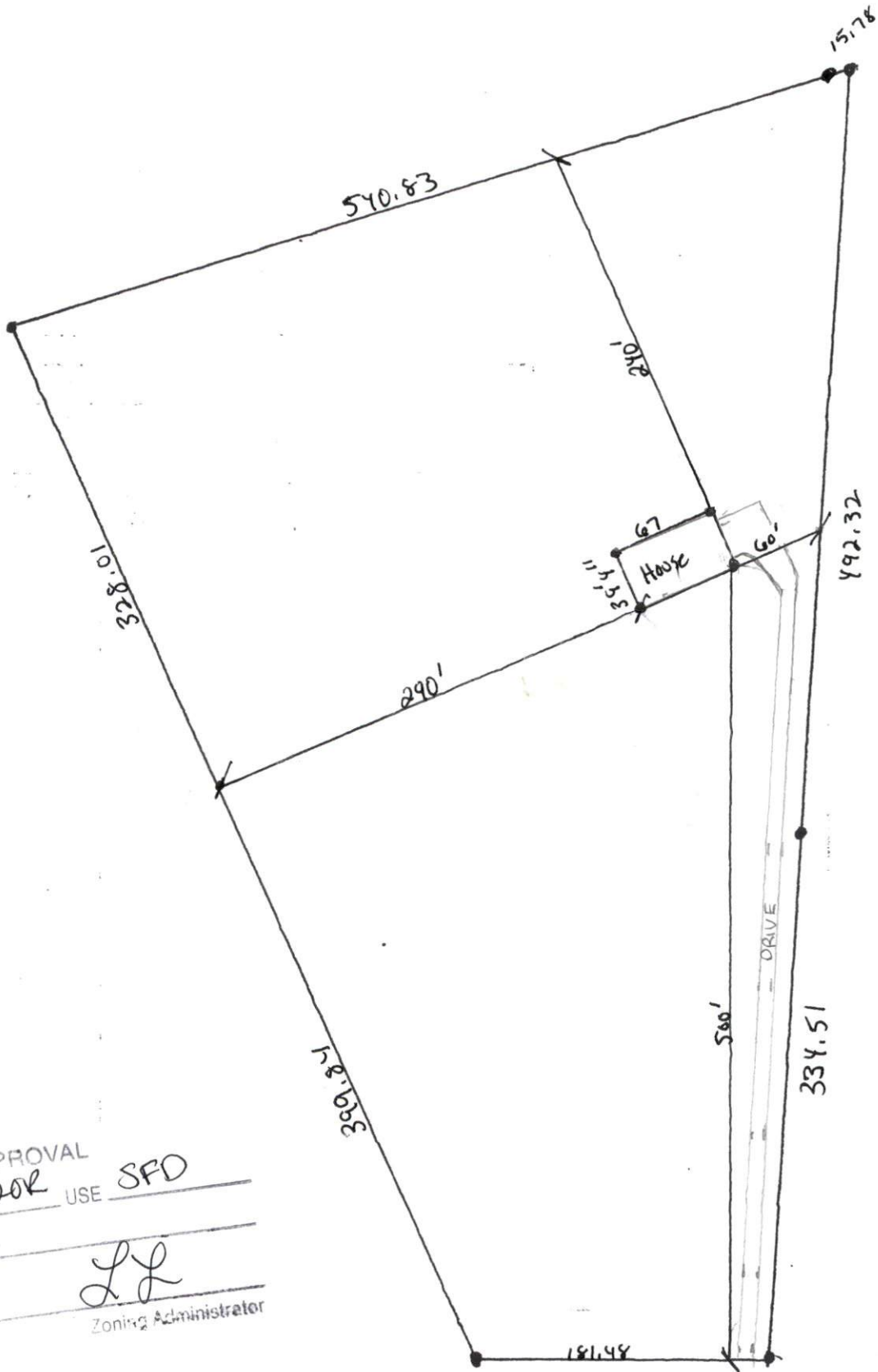
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Section 2.104

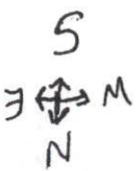
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401 Darroch Rd.  
 Bunnlevel NC 28323  
 Stephenson Builders Inc  
 1-9-19 paper  
 6.32 acres



SITE PLAN APPROVAL  
 DISTRICT RA-20R USE SFD  
 #BEDROOMS 3  
 1/14/19  
 LL  
 Zoning Administrator



Scale 1" = 100'

← Darroch Rd →  
60' R/W

101  
 200  
 300  
 400  
 500  
 600  
 700  
 800  
 900  
 1000



← Bottom  
 200

1000



Application # \_\_\_\_\_

Harnett County Central Permitting

PO Box 65 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 information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Mike Spahr Date: 1-9-19  
Site Address: 401 Darroch Rd. Phone: 919-730-7802  
Subdivision: Private Lot Lot: NA  
Description of Proposed Work: New Single Family Home.

**General Contractor Information**

Applicant → \*

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

**Electrical Contractor Information**

Description of Work New Service Size 400 Amps T-Pole:  Yes  No  
Deans Electrical LLC 919 669 0063  
Electrical Contractor's Company Name Telephone  
2793 Baptist Grove Rd. Fuquay 27526 aldean4330@yahoo.com  
Address Email Address  
L 29 839  
License #

**Mechanical/HVAC Contractor Information**

Description of Work New  
JC HVAC 919 552 3053  
Mechanical Contractor's Company Name Telephone  
1539 Wade Stephens Rd Holly Springs NC  
Address Email Address  
12655  
License #

**Plumbing Contractor Information**

Description of Work New # Baths 2.5  
Camden Plumbing & Repair 919 557 1564  
Plumbing Contractor's Company Name Telephone  
7229 Oak Village Way Fuquay NC  
Address Email Address  
18903  
License #

**Insulation Contractor Information**

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

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

Application for [unclear] and [unclear]

[unclear] [unclear] [unclear]

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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.

**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

1-9-19  
\_\_\_\_\_  
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:

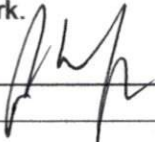
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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.

Sign w/Title:  President      Date: 1-9-19



**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 975412

Filed on: 01/10/2019

Initially filed by:

stephensonbuildersinc

**Designated Lien Agent**

Chicago Title Company, LLC

**Online:** [www.liensnc.com](http://www.liensnc.com) (<mailto:info@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](mailto:support@liensnc.com) (<mailto:info@liensnc.com>)

**Owner Information**

stephenson builders inc  
1187 North Raleigh Street  
Angier, NC 27501  
United States

Email: [drew@stephensonbuilders.com](mailto:drew@stephensonbuilders.com)  
Phone: 919-730-7802

**Project Property**

Spahr Job  
401 Darroch Road  
Bunnlevel, NC 28323  
Harnett County

**Property Type**

1-2 Family Dwelling

**Date of First Furnishing**

02/14/2019

**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