Madison

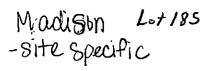
Initial Application Date: 2/19/19



Application # St-D1902.0050

				CU#		
Central Permitting		HARNETT RESIDENTIAL LA , NC 27546 Phone: (910) 8		ои <u> </u>		_
"A RECORDED SURV	YEY MAP, RECORDED DEED (OR	OFFER TO PURCHASE) & SITE PL	AN ARE REQUIRED WHE	EN SUBMITTING A LAND USE AF	PLICATION**	
		Mailing Addr				_
city: The Woodle	100.5 State: $1\times z$	ip: <u>77380</u> Contact No: <u>9</u>	<u>19-520-84</u>	10 6 Email: 01 IVOK.	<u>hudson elgi</u>	
		Mailing Address: 1480	•	9 9		(SM) -
City: The Wood of *Please fill out applicant information	ands_state: TX_z	ip: <u>7788</u> Contact No: <u>9</u> 1	19-520-84	406 Email: Oliver.Y	<u>udsone igit</u>	DOMUS.
	IN OFFICE: Oliver	HUDSON PIÑ:	Phon		1406	_ (M _ -
DEED OR OTP:	<u></u>			<u> </u>	<u> </u>	_
PROPOSED USE:					•••	
SFD: (Size <u>40 x 42</u>		7.5 Basement(w/wo bath):				
☐ Mod: (Sizex	· —	Basement (w/wo bath)		uilt Deck: On Frame	Off Frame	
Manufactured Home:	SW DW TW (Size	x) # Bedrooms:	Garage:(sit	te built? Deck: site	built?	
Duplex: (Sizex_) No. Buildings:	No. Bedrooms Per Un	it:	_	•	
Home Occupation: # Ros	oms:Use:	Hours	of Operation:	#Emp	loyees:	
Addition/Accessory/Othe	r: (Sizex) Use:_	·		Closets in addition? (☐) yes (☐) no	
Water Supply:County Sewage Supply:New S (Complete En Does owner of this tract of lan	Existing Well eptic Tank Expansion vironmental Health Checklist d, own land that contains a m	New Well (# of dwellings using the New Well (# of dwellings using the New Well	ig well) *M Application at the sar Septic Tank Col Septic) hundred feet (500') of	flust have operable water b me time as New Tank) unty Sewer f tract listed above? () yes	efore final	
		ound or overhead () yes				
Structures (existing or propos	ed): Single family dwellings:	OPPED Manufacture	d Homes:	Other (specify):	<u> </u>	
I hereby state that foregoing s	to conform to all ordinances a tatements are accurate and o Signature of Owner or O	and laws of the State of North correct to the best of my knowled	edge. Permit subject	uch work and the specification to revocation if false information	, ns of plans submitte ation is provided.	ed.
trio tito diritali applicante	n, house location, undergra incorrect or missin *This application expires	he county with any applicable build or overhead easement g information that is contains 6 months from the initial de LICATION CONTINUES OF	s, etc. The county or ed within these appl ate if permits have n	r its employees are not res lications.***	iding but not limite ponsible for any	ł d į

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 documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

W 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

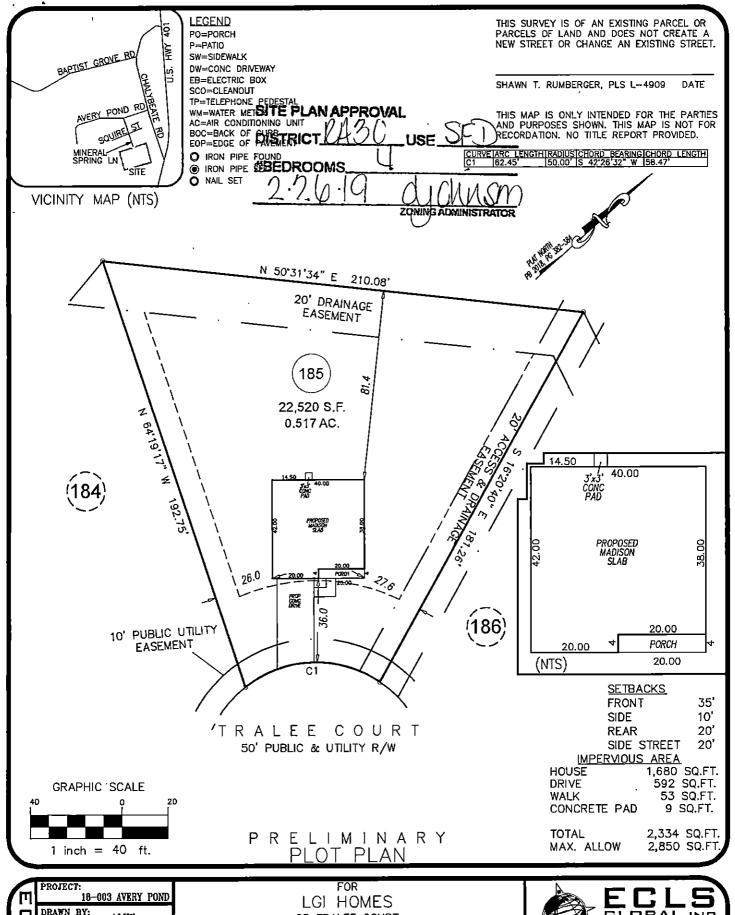
- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC				o comi perevari marecijon.
If applying	for authorizati	on to construct please indicate desired system	type(s): can	be ranked in order of preference, must choose one.
{}} Acc	epted	[_] Innovative {\(\sum_{\chi} \) Convent	ional	{}} Any
{}} Alte	rnative	{}} Other		
The application. I	ant shall notify f the answer is	v the local health department upon submitta s "yes", applicant MUST ATTACH SUPP	l of this appl ORTING D	ication if any of the following apply to the property in OCUMENTATION:
{_}}YES	0И { <u>X</u> }	Does the site contain any Jurisdictional W	/etlands?	
{_}}YES	<u>{X</u> } NO	Do you plan to have an irrigation system	now or in the	e future?
{_}}YES	0N { <u>X</u> }	Does or will the building contain any dra	i <u>ns</u> ? Please e	xplain
{}YES	{ Х } NO	Are there any existing wells, springs, wat	erlines or Wa	astewater Systems on this property?
{_}}YES	ОИ { X }	Is any wastewater going to be generated of	on the site otl	ner than domestic sewage?
{_}}YES	{ X } №	Is the site subject to approval by any other	r Public Age	ncy?
{ X }YES	{ <u></u> } NO	Are there any Easements or Right of Way	s on this pro	perty?
{}}YES	$\{\underline{X}\}$ NO	Does the site contain any existing water,	cable, phone	or underground electric lines?
		If yes please call No Cuts at 800-632-494	19 to locate t	he 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.

strong roots • new growth



DRAWN BY: AMW SCALE: 1"=40' DATE: 2-5-19

65 TRALEE COURT LOT 185 AVERY POND SUBDIVISION; PHASE IIIA HECTOR'S CREEK TWP., HARNETT CO., NC P.B. 2018, PG. 382-384



GLOBAL, INC U.S. VETERAN-DWNED 19 N MCKINLEY ST COATS, NC 27521 DIDATS, NC 2752 910.897.3257 ECL9GLOBALING.C 910.897.2329 (FAX) CO#C-4175

Application #		
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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

Application for Residential Building and Trades Permit

Owner's Name: LCI Homes - NC, LLC	_{Date:} _2 19 19
Site Address:	Phone: 919-795-3922
Directions to job site from Lillington: Hwy 40/N From Lillington:	
Directions to job site from Lillington: Hwy 401N From Lillington: Left on Chalybeate Rd for "18 mile, Avery	Pond on Left
Subdivision: Avery Pond	Lot:/85
Description of Proposed Work: New Construction - SF	D # of Bedrooms: _4
Heated SF: ISOO Unheated SF: Finished Bonus Room?	No bon a Crawl Space: Slab:
General Contractor Information	
Building Contractor's Company Name	<u>919-795-3922</u> Telephone
1450 LAKEROHbins #430	Keith. Sears a LGI homes. com
Address The Woodlands, TK	Email Address
77380	
License #	ion
Description of Work New Construction Service Size	ion : ₫oo^Amps T-Pole: ✔Yes No
J. Crabtree Electric	919-557-1800
Electrical Contractor's Company Name	Telephone
103 Floming St. Address	J. Crabtree ayahoo.com
20925	Email Address
License #	
Mechanical/HVAC Contractor Infor	mation
Description of Work New Construction	
Caryl Mechanical	<u> 704 - 88 </u>
Mechanical Contractor's Company Name	Telephone
5910 Stockbridge Drive Monroe Address	<u>mwalke-acary/mechanicals.com</u> Email Address
16647 - Douglas Bivens	Email Address
License #	
Plumbing Contractor Information	
Description of Work New Construction	# Baths 2 1/2
Plumbing Contractor's Company Name	919-553-4455
Plumbing Contractor's Company Name	Telephone
114 Lec Court Clayton, NC 27520 Address	# Baths 4 2 919-553-4455 Telephone Jerony abpolumbing.com Email Address
7.tad.000	Littali Address
License #	
Insulation Contractor Informat	
Tatum Insulation/ Insulation Contractor's Company Name & Address	<u>919-661-0999</u> Telephone
mental seminated a company radiilo di radioco	i dioptiono ,

*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 <u>by signing below I have obtained all subcontractors permission to obtain these permits</u> and if <u>any</u> 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.

The Same	2/15/19	
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.
Company or Name: LGI Homes - NC, LLC.
Company or Name: LGI Homes - NC, LLC. Sign w/Title: Knilf - Regional Construction Manager Date: 2 16 19.

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 994481

Filed on: 02/20/2019
Initially filed by: LGIHOMESNC

Designated Lien Agent Project Property Print & Post WFG National Title Insurance Company Lot 185 65 Tralee Court Fuquay Varina, NC 27526 Harnett County Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601 Contractors: Phone: 888-690-7384 Please post this notice on the Job Site. Fax: 913-489-5231 Property Type **Suppliers and Subcontractors:** Email: support@liensnc.com: Scan this image with your smart phone to view this filing. You can then 1-2 Family Dwelling file a Notice to Lien Agent for this project. Owner Information Date of First Furnishing LGI Homes 1450 Lake Robbins Dr. Suite 430 02/18/2019 The Woodlands, TX 77380 United States Email: megan.thornton@lgihomes.com Phone: 919-586-6360

View Comments (0)

Technical Support Hotline: (888) 690-7384