

Initial Application Date: _____

Application # _____

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: Cates Building Inc Mailing Address: 639 Executive Place, Ste 400
City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@carinessandcates.com

APPLICANT: Cates Building Inc Mailing Address: 639 Executive Place Suite 400
City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@carinessandcates.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Angie Fowler Phone # 910-481-0503

PROPERTY LOCATION: Subdivision: Manors @ Lexington Plantation Lot #: 727 Lot Size: .27
State Road # 57 State Road Name: Old Montague Way Map Book & Page: 201944
Parcel: 09956520 0282 32 PIN: 9595-41-1179-006
Zoning: RA-20R Flood Zone: no Watershed: no Deed Book & Page: 3680-pp348 Power Company: Central EMC

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

PROPOSED USE:

SFD: (Size 29'x38') # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab:
(Is the bonus room finished? () yes (X) 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

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 (X) no

Structures (existing or proposed): Single family dwellings: 1 Proposed Manufactured Homes: _____ Other (specify): _____

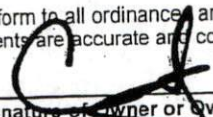
Required Residential Property Line Setbacks:

Front Minimum 35' Actual 36'
Rear 25 57.5
Closest Side 10/5 21.8/22.2
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

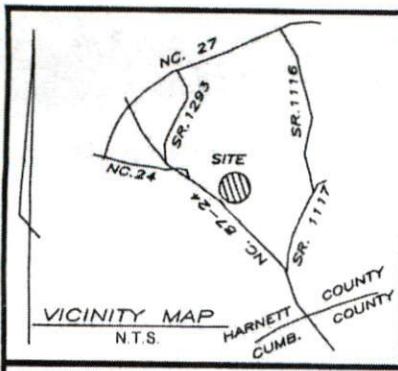


Signature of owner or owner's Agent

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

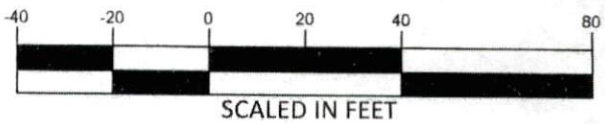


Notes:

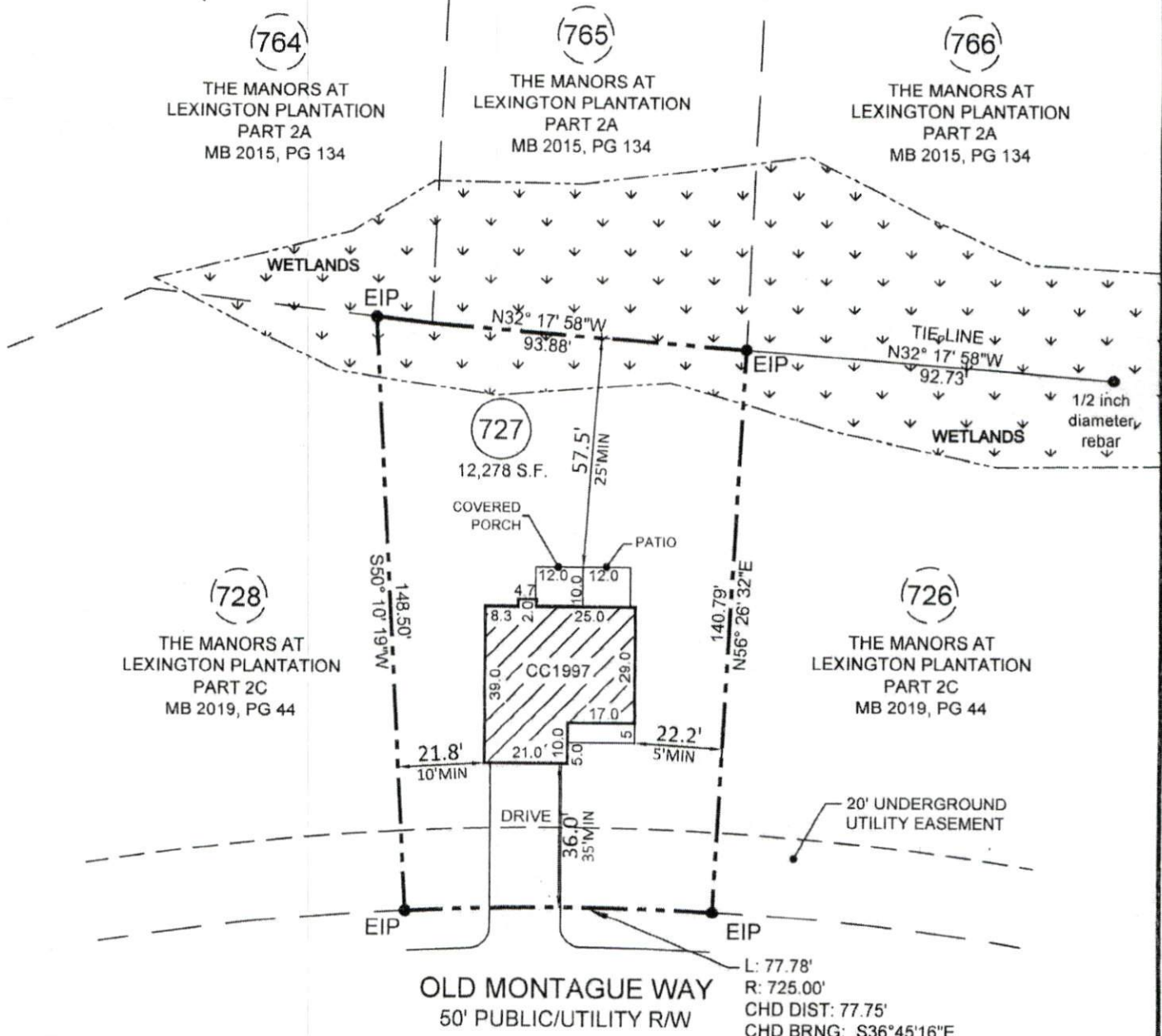
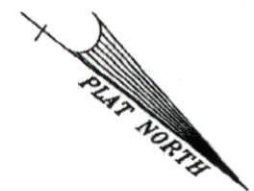
- This plat is for location purposes only. Builder should verify foundation information with plans before construction begins.
- There is no USCE or NCGS monument within 2000' of this site.
- The subject property is not within a special flood hazard area as determined by the Department of Housing and Urban Development.
- The easement information shown hereon was obtained from the recorded plat. No updated title search was performed by the surveyor.
- All distances are measured in feet.
- This map reflects the information contained on the Record Plat and does not represent compliance with the Restrictive Covenants.

LEGEND

- - EXISTING IRON PIPE
- ◊ - CURVE PT / PC
- SURVEYED LINE
- - - EASEMENT LINE
- ADJOINER
- SURVEYED BY OTHERS



PRELIMINARY PLAT - NOT FOR CONVEYANCES OR SALES



LEXINGTON PLANTATION LOT SETBACKS PER PLAT:

FRONT R/W 60' OR MORE	30' MIN
FRONT R/W UNDER 60'	35' MIN
SIDE	10' / 5' MIN
SIDE STREET CORNER	20' MIN
REAR	25' MIN

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 Cates Building Inc Date 5-9-13
Site Address 57 Old Montague Hwy, Cameron, NC 28320 Phone 910-481-0503
Directions to job site from Lillington _____

Subdivision Marons @ Lexington Plantation Lot 727
Description of Proposed Work Single Family Dwelling # of Bedrooms 3
Heated SF 1997 Unheated SF 622 Finished Bonus Room? no Crawl Space _____ Slab X

General Contractor Information

Cates Building, Inc Telephone 910-481-0503
Building Contractor's Company Name
639 Executive Place, Suite 400 Fayetteville Email Address angie@carinessandcates.com
Address NC 28305
38851
License #

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No
Tarheel Electric Telephone 910-303-2334
Electrical Contractor
PO Box 458 Stedman NC 28391 Email Address _____
Address 22985-4
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Carolina Comfort Air, Inc Telephone 919-550-7711
Mechanical Contractor's Company Name
5212 US Hwy Email Address _____
Address 29077
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2.5
Vance Johnson Plumbing Telephone 910-424-6712
Plumbing Contractor's Company Name
3242 Mid Pines Dr. Fayetteville NC 28306 Email Address _____
Address 7756 - P1
License #

Insulation Contractor Information

Cumberland Insulation Telephone 910-484-7118
Insulation Contractor's Company Name & Address
4205 Clinton Road
Fayetteville, NC 28312

*NOTE General Contractor 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

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 Cates Building Inc

Sign w/Title _____ Date _____

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 1015498

Filed on: 03/26/2019

Initially filed by: CatesBuildingInc

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (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 (info@liensnc.com)**Project Property**Lot 727 Manors at Lexington Plantation PIN
9595-41-1179.000 Deed Book 3680 page
348-349
57 Old Montague Way
Cameron, NC 28326
Harnett County**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.**Owner Information**Cates Building Inc
639 Executive Place Suite 400
Fayetteville, NC 28305
United States
Email: angie@cavinessandcates.com
Phone: 910-481-0503**Property Type**

1-2 Family Dwelling

Date of First Furnishing

03/22/2019

View Comments (0)

Technical Support Hotline: (888) 690-7384