



Initial Application Date: 9/4/2019

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: True Homes LLC Mailing Address: 2649 Brekonridge Centre Dr  
City: Monroe State: NC Zip: 28110 Contact No: 704-238-1229 Email: ajones@truehomesusa.com

APPLICANT\*: True Homes LLC/Ashley Jones Mailing Address: 2649 Brekonridge Centre Dr  
City: Monroe State: NC Zip: 28110 Contact No: 252-373-9864 Email: ajones@truehomesusa.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Ashley Jones Phone # (252)373-9864  
ADDRESS: 114 PAIGE STONE WAY, Angier, NC, 27501 PIN: 040664 0093 12

DEED OR OTP: \_\_\_\_\_

PROPOSED USE:

SFD: (Size 40 x 49) # 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  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.

Ashley Jones

9/4/2019

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\*\*

APPLICATION CONTINUES ON BACK

strong roots • new growth

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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 \_\_\_\_\_

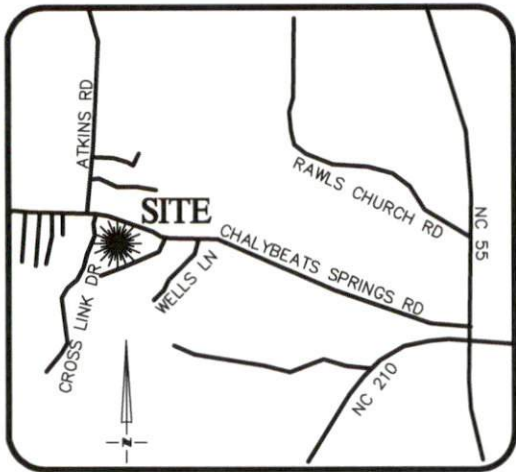
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Does the site contain any Jurisdictional Wetlands?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Do you plan to have an <u>irrigation system</u> now or in the future?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Does or will the building contain any <u>drains</u> ? Please explain. _____
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Is the site subject to approval by any other Public Agency?
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Are there any Easements or Right of Ways on this property?
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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.**

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**VICINITY MAP**  
Not To Scale

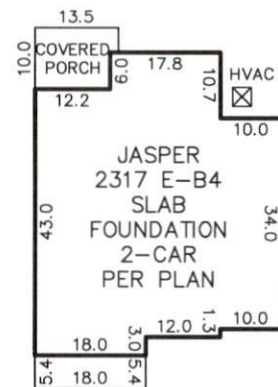
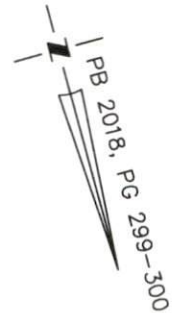


FLATWORK CALCULATION	
DESCRIPTION	AREA (S.F.)
LOT AREA TO B/C	26,608
HOUSE	1,926
DRIVE TO R/W	1,286
DRIVE APRON	286
PATIO	0
LEAD WALK	40
PUBLIC WALK	0
<b>TOTAL PROPOSED</b>	<b>3,258</b>
<b>TOTAL ALLOWED</b>	<b>5,000</b>
SOD/SEEDING	
TYPE	S.F.
SOD	4,769
SEED & STRAW	6,814

SETBACKS: (PB 2018 PG 299)

FRONT - 35' FROM R/W  
REAR - 25'  
SIDE - 10'  
CORNER LOT SIDE - 20'

N/F  
DAVID W. &  
LINDA D. CHANDLER  
D.B. 3085, PG. 100



DETAIL  
NOT TO SCALE

# PAIGE STONE WAY

VARIABLE WIDTH PUBLIC R/W

LINE	BEARING	DISTANCE		
L1	S77°26'45"E	25.45'		
CURVE	RADIUS	ARC LENGTH	CH LENGTH	CH BEARING
C1	255.00'	4.70'	4.70'	S76°55'04"E
C2	35.00'	40.12'	37.96'	N44°36'13"W
C3	50.00'	35.78'	35.02'	S32°15'37"E

THIS DRAWING DOES NOT  
REFLECT AS-BUILT INFORMATION

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEEDS

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 True Homes LLC Date 9/4/2019  
 Site Address 114 PAIGE STONE WAY, Angier, NC, 27501 Phone 704-238-1229  
 Directions to job site from Lillington N on S Main and Follow NC-210, left on N Cross St, left on W Williams St,  
left on Cross Link Dr

Subdivision Cross Link Lot 64  
 Description of Proposed Work Single Family Residence # of Bedrooms 3  
 Heated SF 2614 Unheated SF 673 Finished Bonus Room?  Crawl Space  Slab

**General Contractor Information**

True Homes LLC 704-238-1229  
 Building Contractor's Company Name Telephone  
2649 Brekonridge Centre Dr Monroe NC 28110 ajones@truehomesusa.com  
 Address Email Address  
67353  
 License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size 40 Amps T-Pole  Yes  No  
Tool Time Electric 919-481-9100  
 Electrical Contractor's Company Name Telephone  
2420 Reliance Ave, Suite 200, Apex ,NC, 27502 brandon@tooltimeelectric.com  
 Address Email Address  
31034  
 License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
T.A. Kaiser Heating and Air Inc 704-370-2868  
 Mechanical Contractor's Company Name Telephone  
1038 Culp Rd Suite 300 Pineville NC 28134 justin.novy@takaiser.com  
 Address Email Address  
20021  
 License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths 3  
All Max Plumbing 919-678-0111  
 Plumbing Contractor's Company Name Telephone  
2428 Reliance Ave, Apex, NC, 27539 uwe@all-maxplumbing.com  
 Address Email Address  
29022  
 License # \_\_\_\_\_

**Insulation Contractor Information**

B Organized 919-615-3175  
 Insulation Contractor's Company Name & Address Telephone

**\*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

Ashley Jones

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

9/4/2019

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 True Homes LLC

Sign w/Title Ashley Jones / Permit Coordinator Date 9/4/2019

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1101050

Filed on: 08/27/2019

Initially filed by: truehomes2008

**Designated Lien Agent**

Chicago Title Company, LLC

**Online:** [www.liensnc.com](http://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)

**Project Property**

Lot #64, Cross Link  
114 PAIGE STONE WAY  
Angier, NC 27501  
Harnett County

**Property Type**

1-2 Family Dwelling

**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**

True Homes  
2649 Breckonridge Centre Drive  
Suite 104  
Monroe, NC 28110  
USA  
Email: [ajones@truehomesusa.com](mailto:ajones@truehomesusa.com)  
Phone: 252-373-9864

**Date of First Furnishing**

09/10/2019

View Comments (0)

**Technical Support Hotline:** (888) 690-7384