



Initial Application Date: 9/13/2019

Application # SFD19109-0018

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: 26 Norris Farm Drive, Angier, NC, 27501 PIN: 0663-71-4873.000

DEED OR OTP: _____

PROPOSED USE:

SFD: (Size 49 x 40) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo 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/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 Expansion Relocation New Well Application 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
Signature of Owner or Owner's Agent

9/13/2019
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

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)

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.

09/09/11

Application #

SFD1909-0018

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 9/13/2019
Site Address 26 Norris Farm Drive, Angier, NC, 27501 Phone 704-238-1229
Directions to job site from Lillington NC-210 HWY left onto James Norris Rd right onto Norris Farm Dr

Subdivision Norris Farm Lot 23
Description of Proposed Work Single Family Residence # of Bedrooms 3
Heated SF 2454 Unheated SF 468 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

9/13/2019
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 9/13/2019