



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

7

Owner's Name: Raise The Roof Homes, LLC Date: 9-20-2020
Site Address: NC Hwy 27 Broadway, N.C. 27505 Phone: 919-323-2674
Subdivision: _____ Lot: 5
Description of Proposed Work: New Construction Total Job Cost: \$170,000⁰⁰

General Contractor Information

JTC Homes Inc. (919) 649-2740
Building Contractor's Company Name Telephone
514 Daniels Street #256 htre24@hotmail.com
Address Raleigh, N.C. 27605 Email Address
79133
License #

Electrical Contractor Information

Description of Work New Construction Service Size: 200 Amps T-Pole: Yes No
MSF Electrical Inc. 919-217-9767
Electrical Contractor's Company Name Telephone
2009 Eagle Rock Rd Wendell NC 27591 JimW@msfelctric.com
Address Email Address
30306-U
License #

Mechanical/HVAC Contractor Information

Description of Work NEW CONSTRUCTION
LANDEN HEATING AND COOLING, INC 919-427-6055
Mechanical Contractor's Company Name Telephone
P.O. Box 400 ZEBULON, NC 27597 landenhvac@gmail.com
Address Email Address
31639
License #

Plumbing Contractor Information

Description of Work New Construction # Baths 2
AH Plumbing 919-672-0559
Plumbing Contractor's Company Name Telephone
8013 Matinesi St. Raleigh, NC 27616 Ahandyplumbing@gmail.com
Address Email Address
L29375
License #

Insulation Contractor Information

Tri-City Insulation 7204 Rocky Circle (919) 790-9684
Insulation Contractor's Company Name & Address Telephone
Raleigh, NC
27615

*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 **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.

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

7-20-2020
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: Patricia Hull Date: 7-20-2020

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1227658

Filed on: 04/19/2020

Initially filed by: Boot

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (<mailto:support@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 5 Pin# 9597-58-0685.000
NC Hwy 27
Broadway, NC 27505
Hamett 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

Patricia Howell
1217 Spruce Dr.
Zebulon, NC 27597
United States
Email: howellboot@aol.com
Phone: 919-669-5794

Date of First Furnishing

05/04/2020

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

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: Raise The Roof Homes, LLC Mailing Address: 1631 Midtown Pl. Ste.104 #122
City: Raleigh State: NC Zip: 27609 Contact No: 919-323-2676 Email: Ricky@Raisetherooftui

APPLICANT: JTC Homes, INC Mailing Address: 14 Daniels Street #256
City: Raleigh State: NC Zip: 27605 Contact No: 919-323-2676 Email: ttre24@hotmail.com

*Please fill out applicant information if different than landowner

ADDRESS: NC Hwy 27 Lot 5 PIN: 9597-58-0685.000

Zoning: RA-20R Flood: Minimal Watershed: NO Deed Book / Page: 3778:08

Setbacks - Front: 35' RW Back: 25' Side: 10' Corner: 20'

PROPOSED USE:

- SFD: (Size 65w x 63'4) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): Garage: X Deck: X Crawl Space: X Slab: Slab:
Mod: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
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: X 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: X 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 (X) yes () no

Structures (existing or proposed): Single family dwellings: X 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.

Signature of Owner or Owner's Agent

Date 7/14/2020

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

****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.

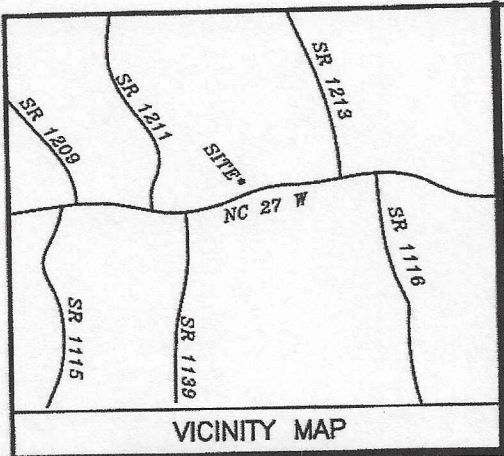
- Accepted Innovative Conventional Any
 Alternative Other _____

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**:

- 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?

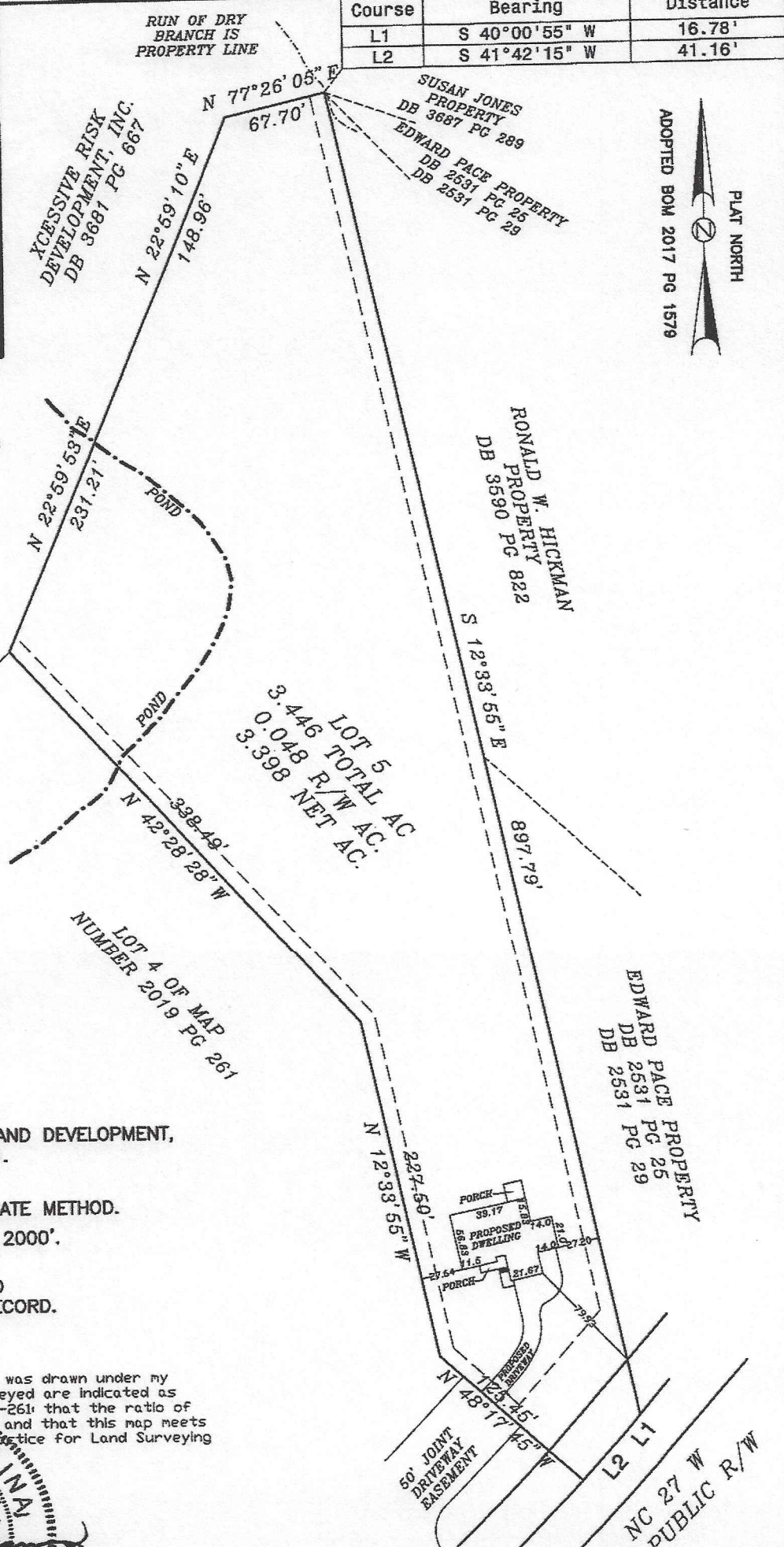
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.



IMPERVIOUS SURFACE COVERAGE
 2727 SQ.FT. - HOUSE, GARAGE & PORCH
 1605 SQ.FT. - DRIVEWAY
 84 SQ.FT. - STEPS & WALKWAY
 4416 TOTAL SQ.FT. - PROPOSED COVERED AREA

| Course | Bearing | Distance |
|--------|---------------|----------|
| L1 | S 40°00'55" W | 16.78' |
| L2 | S 41°42'15" W | 41.16' |



**PLOT PLAN FOR
 RAISE THE ROOF BUILDERS
 BARBECUE TOWNSHIP
 HARNETT COUNTY
 NORTH CAROLINA**

NOTE: BEING LOT 5 OF P AND P LAND DEVELOPMENT,
 RECORDED IN MAP NUMBER 2019-261.

NOTE: AREA COMPUTED BY COORDINATE METHOD.

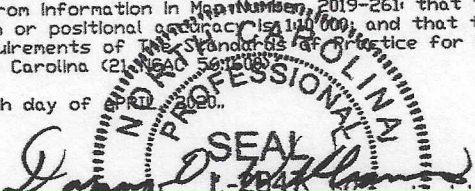
NOTE: NO NCGS MONUMENT WITHIN 2000'.

NOTE: THIS PROPERTY IS SUBJECT TO
 EASEMENTS AND RESTRICTIONS OF RECORD.

"I, Danny D. Williams, certify that this map was drawn under my supervision that the boundaries not surveyed are indicated as drawn from information in Map Number 2019-261 that the ratio of precision or positional accuracy is 1/40,000, and that this map meets the requirements of the Standards of Practice for Land Surveying in North Carolina (21 NCAC 15B-0108).

This 28th day of April, 2020.

Seal





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Todd & Scarboro Inc. 2499 Wendell Blvd Wendell NC 27591 | CONTACT NAME: Crystal Callahan PHONE (A/C, No, Ext): 919-365-7255 E-MAIL ADDRESS: crystal@triangleinsurance.com FAX (A/C, No): | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|---|--|-------------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|
| | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Builders Mutual Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B : Unknown Writing Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Builders Mutual Insurance Co. | | INSURER B : Unknown Writing Company | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : |
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| INSURER D : | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | |
| INSURED JTC Homes, Inc. 1613 Sunrise Ave Raleigh NC 27608 | JTCHOME-01 | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 452684900 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CPP 0086659 | 12/6/2019 | 12/6/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N | PWC1013788-0 | 1/4/2020 | 1/4/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| | | | N/A | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

| | |
|--|---|
| Harnett County Central Permit 108 E Front St Lillington NC 27601 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Crystal B. Callahan</i> |
|--|---|