



Initial Application Date: 3/24/2022

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: Gemstone Homes LLC Mailing Address: 206 Raleigh St Suite 100

City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-355-6549 Email: office@gemstonehomesnc.com

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 481 Lambert Lane, Fuquay Varina, NC 27526 PIN: 0664-28-6607.000

Zoning: RA-40 Minimal flood risk Southern Coastal Plain Flood: _____ Watershed: _____ Deed Book / Page: 4122 : 0739

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

PROPOSED USE:

[X] SFD: (Size 54'8" x 60'4") # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): _____ Garage: [X] Deck: [X] Crawl Space: [X] Slab: _____ Slab: _____
TOTAL HTD SQ FT: 3469 GARAGE SQ FT: 846 (Is the bonus room finished? [X] yes [] no w/ a closet? [] yes [X] no (if yes add in with # bedrooms)

[] Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (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: _____ TOTAL HTD SQ FT _____

[] Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

[] Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? [] yes [] no
TOTAL HTD SQ FT _____ GARAGE _____

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: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank [X] 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 [X] no

Does the property contain any easements whether underground or overhead [X] yes [] no

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

When 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 Christopher Schiavone

3/24/2022

Signature of Owner or Owner's Agent

Date

*It is the owner/applicant's 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

****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.

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.



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Gemstone Homes LLC Date: 3/24/22
Site Address: 481 Lambert Lane, Fuquay Varina, NC 27526 Phone: 919-355-6549
Subdivision: Purfoy Place Lot: 31
Description of Proposed Work: Single Family New Construction Total Job Cost: 500,000.00

General Contractor Information

Gemstone Homes LLC 919-355-6549
Building Contractor's Company Name Telephone
206 Raleigh St Suite 100, Fuquay Varina, NC 27526 office@gemstonehomesnc.com
Address Email Address
78912 HEATED SQ FT 3469 GARAGE SQ FT 846
License #

Electrical Contractor Information

Description of Work New Construction Electrical Service Size: _____ Amps T-Pole: Yes No
Imperial Electric 919-337-3400
Electrical Contractor's Company Name Telephone
416 Upchurch St., Apex, NC 27502 office@imperial-electricnc.com
Address Email Address
L. 12309
License #

Mechanical/HVAC Contractor Information

Description of Work New Construction Mechanical/HVAC
A. Maynor Heating & Air Conditioning, Inc. 919-683-2421
Mechanical Contractor's Company Name Telephone
1094 Classic Rd Apex, NC 27539 gerald@maynorhvac.com
Address Email Address
L.35159
License #

Plumbing Contractor Information

Description of Work New Construction Plumbing # Baths 3.5
Thorntons Plumbing 919-550-4833
Plumbing Contractor's Company Name Telephone
3160 A Vinson Rd., Clayton, NC 27527 tpioffice2@gmail.com
Address Email Address
L.31034
License #

Insulation Contractor Information

Livegreen Insulation 5001 Old Poole Rd., Raleigh, NC 27610 919-453-6411
Insulation Contractor's Company Name & Address Telephone

*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.

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

3/24/22
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: Christopher Schiavone Date: 3/24/2022

HARNETT REGIONAL WATER

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available

VALID PHOTO I.D. is Required

Today's Date <u>3/24/2022</u>	Set Up Fee All Accounts \$15	DEPOSITS (refunded to applicant only)	
	Same Day Service: \$50		
Date Service Requested _____		APPROVED CREDIT	DENIED CREDIT
		OWNER WATER	\$0
		OWNER SEWER	\$0
		RENTER WATER	\$50
		RENTER SEWER	\$50

This agreement is a formal request for Harnett Regional Water (HRW), through normal procedures and in accordance with the HRW Water & Sewer Ordinance and all relevant departmental policies, to provide water and /or sewer service connections at the following location:

Service Address: 481 Lambert Lane, Fuquay Varina, NC 27526

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) Gemstone Homes LLC 919-355-6549

Applicant Email Address office@gemstonehomesnc.com

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Gemstone Homes LLC</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>206 Raleigh St Suite 100, Fuquay Varina, NC 27526</u>			
SOCIAL SECURITY # OR TIN <u>EIN: 82-1909446</u>	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	

I, the undersigned, do agree to abide by all rules, regulations and policies of Harnett Regional Water as outlined in the HRW Water and Sewer Ordinance. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. All initial and final bills are prorated based on the number of days in the service period. FINAL BILLS with a credit balance of less than \$3.00 will not be refunded. Deposits and/or credit balances are refunded in the applicant's name only. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT REGIONAL WATER IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS.** Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Christopher Schiavone

FOR OFFICE USE ONLY
FEES: Set-Up Fee \$15 Deposit \$ Same Day \$50 Meter Fee \$325 Damage \$ Other \$

Account # Transferred From: _____ **Date To Turn Off:** _____

ACCOUNT #: CID: _____ LID: _____ **WATER** _____ **SEWER** _____ **CREDIT:** APPROVED / DENIED

Turn On: _____ **Unlock Only:** _____ **Read Only:** _____ **Install:** _____ **Customer Serv Rep:** _____