

\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application # \_\_\_\_\_

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

# **Application for Residential Building and Trades Permit**

Owner's Name: Southern Built CC	Date <u>4-10-2024</u>
Site Address: 7834 NC Hwy 27 Conto 27521	Phone <u>919-868-2515</u>
Subdivision: Not in a publinesion	Lot _4C
Description of Proposed Work: Single Furnily Dwelling	
General Contractor Information	-
Southern Built ICC	(919) 291-6240
Building Contractor's Company Name	Telephone
PO Box 1112 Clinton NC	juliestancil moore Egmail. com Email Address
Address	Email Address
27897 HEATED SQ FT 1514 GARAGE SC	FT 484
License #	_
Description of Work 5FD Electrical Contractor Information Service Size:	n 200 Amps T-Pole:
SNO Electrical	(919) 427-6952
Electrical Contractor's Company Name	Telephone
19655 NC 210 Hwy arrive	
Address	Email Address
13095-L	
License #  Mechanical/HVAC Contractor Inform	-fi
	ation
Description of Work SFD	10:01 000 0101
Mechanical Contractor's Company Name	(919) 329-0686
343 Shipunsh Dr. Marrie	Telephone
Address	Email Address
18644	Lindii Addiess
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work SFD	_# Baths
J. D. Plumbrie	(910) 214-0396
Plumbing Contractor's Company Name	Telephone
2652 Southeast Blood. Clinton NC	
Address	Email Address
16489 - P	
License #  Insulation Contractor Informatio	n:
Jatum Societion 519 Ned Drug Store	(919) 661 - 0999
Insulation Contractor's Company Name & Address D.J. Manual	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.

4-10-2024 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:		



Initial Application Date:	Application #	
COUNTY OF H Central Permitting 420 McKinney Pkwy, Lillington,	CU# ARNETT RESIDENTIAL LAND USE APPLICATION NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits	
	FFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**	
	Mailing Address: PO Box 1112	
	: 38329 Contact No: (919) 868-2515 Email: juliestancilmoore@gmail.	
	5 20/	
APPLICANT": Southern Built UC	Mailing Address: PO Boy 1112	
City: State: W Zip. *Please fill out applicant information if different than landowner.	28329 Contact No: (919)291-6240 Email: juliestarcil moore@gma:1.	
	27521 PIN: 1610-51-9625.000	
Zoning:Flood:Watershed:		
Setbacks - Front: Back: Side:	•	
PROPOSED USE:	<del></del>	
SFD: (Size 69 x 51 ) # Bedrooms: 3 # Baths: 2		
TOTAL HTD SQ FT 1514 GARAGE SQ FT 484 (Is the b	onus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)	
	Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame d floor finished? () yes () no Any other site built additions? () yes () no	
(10 110 0000)	Any other site built additions? () yes () no	
☐ Manufactured Home:SWDWTW (Size	x) # Bedrooms: Garage:(site built?) Deck:(site built?)	
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit: TOTAL HTD SQ FT	
☐ Home Occupation: # Rooms: Use:Use:	Hours of Operation:#Employees:	
☐ Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no	
TOTAL HTD SQ FT GARAGE		
Sewage Supply: New Septic Tank Expansion (Complete Environmental Health Checklist or Does owner of this tract of land, own land that contains a ma	nufactured home within five hundred feet (500') of tract listed above? () yes ( <u></u> ) no	
Does the property contain any easements whether underground	· · · · · · · · · · · · · · · · · · ·	
	Manufactured Homes:Other (specify):	
If permits are granted I agree to conform to all ordinances an I hereby state that foregoing statements are accurate and con	d laws of the State of North Carolina regulating such work and the specifications of plans submitted. rrect to the best of my knowledge. Permit subject to revocation if false information is provided.	
Signature of Owner or Ow	4-10-2024 ner'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.***		

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 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

- <u>All property irons must be made visible</u>. 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 <u>undergrowth</u> 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"

<b>SEPTIC</b>		
If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one
{}} Acce	epted	{}} Innovative {} Conventional {} Any
{_}} Alter	mative	{}} Other
The applica question. It	nt shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{ <b>✓</b> } NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{ <b>∠</b> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	{ <b>∠</b> } NO	Does or will the building contain any drains? Please explain
{}}YES	{ <u>✓</u> } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	{ <b>∠</b> } NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	{ <b>∠</b> } NO	Is the site subject to approval by any other Public Agency?
{ <b>∠</b> }YES	{}} NO	Are there any Easements or Right of Ways on this property?
{ <u>✓</u> }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.



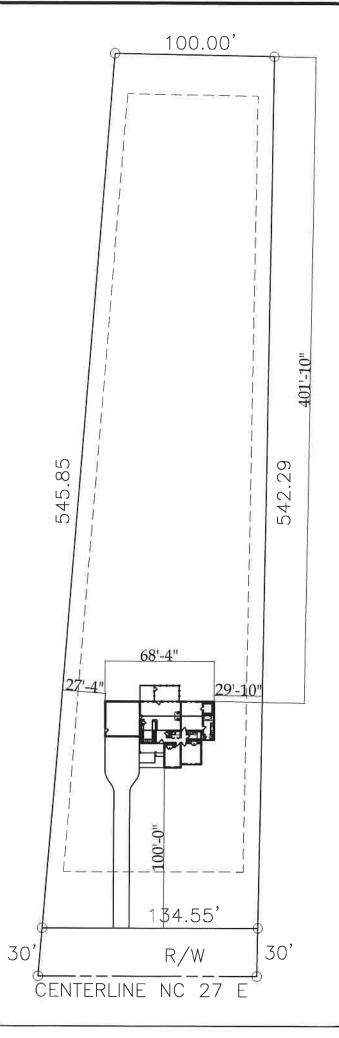
# SETBACKS:

FRONT 35'
REAR 25'
SIDE 10'
CORNER SIDE 20'



LOT 4C NC 27 E

SCALE 1" = 60'-0"



### **DO NOT REMOVE!**

# Details: Appointment of Lien Agent

Entry #: 1904930

Filed on: 04/25/2023

Initially filed by: SouthernBuilt

#### Designated Lien Agent

**Project Property** 

lot 4c 7834 Highway 27

Fidelity National Title Company, LLC

Online: www.liensnc.com

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603 Phone: 888-690-7384 Fax: 913-489-5231

Email: support@liensnc.com weeks support@liensnc.com

Property Type

coats , NC 27521 Harnett County

1-2 Family Dwelling

Owner Information

Southern Built LLC PO Box 1112 Clinton, NC 28329 United States

Email: juliestancilmoore@gmail.com

Phone: 919-868-2515

Date of First Furnishing

05/01/2023

View Comments (0)

Technical Support Hotline: (888) 690-7384

### 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.