



Initial Application Date: 09/24/2024

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

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: POP Homes – RDU, LLC Mailing Address: 117 Christopher Drive

City: Clayton State: NC Zip: 27520 Contact No: 919-525-5856 Email: patrick@mypophomes.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

ADDRESS: 605 Wondertown Drive, Erwin PIN: 1507-31-8385.000

Zoning: RA-20R Flood: N/A Watershed: 133A Deed Book / Page: 4210 : 1826

Setbacks – Front: 35 Back: 25 Side: 8 Corner: \_\_\_\_\_

**PROPOSED USE:**

SFD: (Size 40 x 37) # Bedrooms: 4 # Baths: 2.5 Basement (w/wo bath): N/A Garage:  Deck: N/A Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Slab:  **TOTAL HTD SQ FT** 1710 **GARAGE SQ FT** 428 (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) 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:  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  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.

Suzanne Runley Director of Marketing and Administration  
Signature of Owner or Owner's Agent

09/24/2024  
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

**\*\*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.

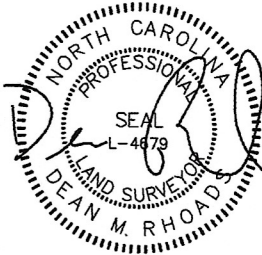
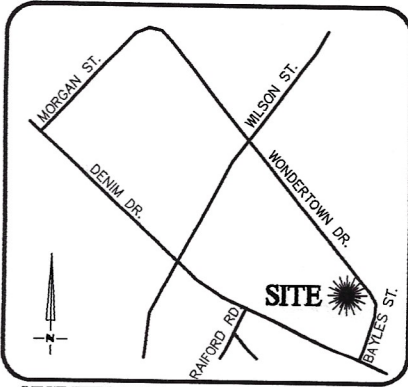
- Accepted       Innovative       Conventional       Any  
 Alternative       Other \_\_\_\_\_

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.**



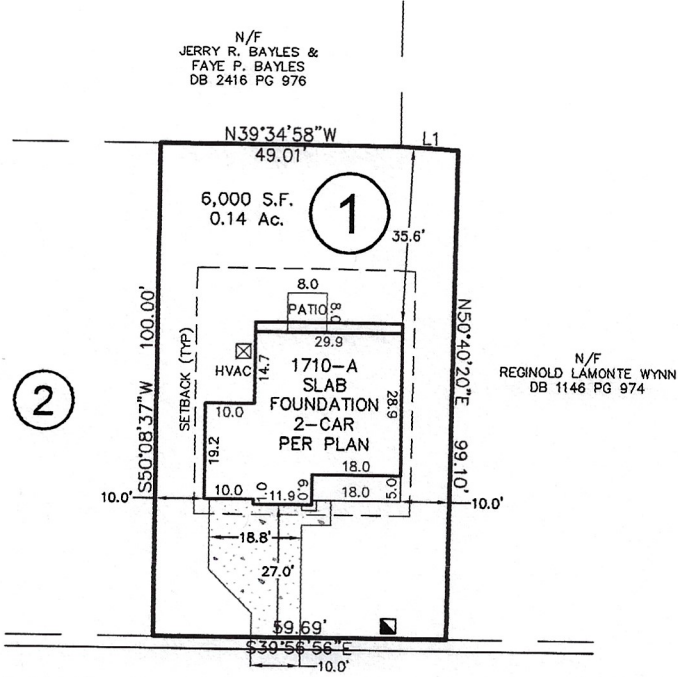
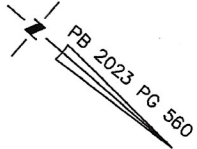
IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE & PORCH	1,220 S.F.
PATIO/HVAC	73 S.F.
DRIVEWAY & WALKS	459 S.F.
TOTAL (PROPOSED) =	1,752 S.F.
LOT AREA =	6,000 S.F.
% IMPERVIOUS AREA	=29.0%



**VICINITY MAP**  
Not To Scale

SETBACKS (ZONING - R6):

- FRONT - 25'
- SIDE - 8'
- REAR - 25'



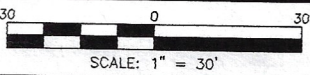
**WONDERTOWN DRIVE**  
30' PUBLIC R/W

LINE	BEARING	DISTANCE
L1	N37°01'40"W	11.60'

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

**PRELIMINARY PLAT**  
NOT FOR RECORDATION, CONVEYANCES, OR SALES



**RESIDENTIAL LAND SERVICES, PLLC.**

1917 Evans Road  
Cary, North Carolina 27513  
Phone (919) 378-9316  
Firm License # P-0873

**HOUSE LOCATION PLOT PLAN**

FOR  
#605 WONDERTOWN DRIVE  
LOT 1, CHANDLER PLACE SUBDIVISION  
Duke Township, Harnett County, North Carolina

PROPERTY OF: POP HOMES  
PLAT BOOK 2023 PAGE 560 DEED REFERENCE \_\_\_\_\_

DRAWN: JTC    SURVEYED: N/A    CHECKED: XXX    DATE: SEPTEMBER 11, 2024



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

\* 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: PoP Homes – RDU, LLC Date \_\_\_\_\_

Site Address: 605 Wondertown Drive Phone 919-525-5856

Subdivision: \_\_\_\_\_ Lot 1

Description of Proposed Work: New Single Family Residence Total Job Cost \$ 130,050

**General Contractor Information**

PoP Homes-RDU, LLC 919-525-5856  
Building Contractor's Company Name Telephone

117 Christopher Drive, Clayton NC 27520 patrick@mypophomes.com  
Address Email Address

87042 **HEATED SQ FT** 1710 **GARAGE SQ FT** 428  
License #

**Electrical Contractor Information**

Description of Work Wire new home  Service Size: 200 Amps T-Pole:  Yes  No

W3 Electric Inc 919-550-7341  
Electrical Contractor's Company Name Telephone

308 W Main St STE A Clayton NC 27528 siones@w3electric.com  
Address Email Address

U.34522  
License #

**Mechanical/HVAC Contractor Information**

Description of Work HVAC new home \_\_\_\_\_

Comfort Air, Inc. 336-794-9730  
Mechanical Contractor's Company Name Telephone

PO Box 552 Clemmons, NC 27012 kayaustinatac@outlook.com  
Address Email Address

L-4218  
License #

**Plumbing Contractor Information**

Description of Work Plumb new home # Baths 2.5

Thornton's Plumbing, Inc 919-550-4833  
Plumbing Contractor's Company Name Telephone

3160 A Vinson Rd Clayton, NC 27527 tpiplanner@gmail.com  
Address Email Address

L.22152  
License #

**Insulation Contractor Information**

TriCity Insulation 2701 Rowland Dr STE 300 Raleigh, NC 27615 252-243-4999  
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.**

*Margaret Runkley*  
Signature of Owner/Contractor/Officer(s) of Corporation

9/24/2024  
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: *Margaret Runkley* Director of Marketing & Administration Date: 9/24/2024

**DO NOT REMOVE!**

# Details: Appointment of Lien Agent

Entry #: 2231954

Filed on: 09/23/2024

Initially filed by: Plamm

## Designated Lien Agent

Chicago Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com) ([lien@www.liensnc.com](mailto:lien@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](mailto:support@liensnc.com) ([lien@support@liensnc.com](mailto:lien@support@liensnc.com))

## Project Property

Lot 1 Chandler Place  
605 Wondertown Drive  
Erwin, NC 28339  
NC 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

POP Homes - RDU, LLC  
117 Christopher Drive  
Clayton, NC 27520  
United States  
Email: [patrick@mypophomes.com](mailto:patrick@mypophomes.com)  
Phone: 919-525-5856

View Comments (0)

Technical Support Hotline: (888) 690-7384