Harnett COUNTY NORTH CAROLINA
strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 36 Peach Grove Way, ~~Raleigh~~ Lillington **PIN:** _____

LANDOWNER: Neills Creek Farm NC, LLC Mailing Address: 3100 Smoketree Ct # 210

City: Raleigh State: NC Zip: 27604 Phone: 410-212-4060 Email: bblough@cheshomes.com

**Please fill out applicant information if different than landowner.*

APPLICANT: Chesapeake Homes Mailing Address: 3100 Smoketree Ct # 210

City: Raleigh State: NC Zip: 27604 Phone: 410-212-4060 Email: bblough@cheshomes.com

PROPOSED USE:

☒ **Single Family Dwelling**: (Size ____x____) **# Bedrooms:** 3 **# Baths:** 2.5 **Garage:** (Attached) Detached (Circle One) **Accessory**: Deck, Patio, (Porch) (Circle One)

TOTAL HTD SQ FT: 2176 GARAGE SQ FT: 367 **Foundation Type**: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☒ Basement: ☐

☐ **Modular**: (Size ____x____) **# Bedrooms:**___ **# Baths:**___ **Garage**: Attached, Detached (Circle One) **Accessory**: Deck, Patio, Porch (Circle One)

TOTAL HTD SQ FT:_____

☐ **Manufactured Home**: SW ☐ DW ☐ TW ☐ (Size ____x____) **# Bedrooms**: ____ **Garage**: Attached, Detached (Circle One) **Accessory**: Deck, Patio (Circle One)

ZONING:_____

☐ **Duplex**: (Size ____x____) **# Buildings:**_____ **# Bedrooms Per Unit:**_____ TOTAL HTD SQ FT:_____

☐ **Addition/Accessory/Other**: (Size _____x_____) Use:_____

UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well _____) ☐

Sewage Supply: New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☒

(Complete Environmental Health Checklist on other side of application if Septic is selected)

GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? 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 the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

_____ 10/2/25
Signature of Owner or Owner's Agent **Date**

*****Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. 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.*****

APPLICATION CONTINUES ON BACK

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Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

❑ NEW SEPTIC SYSTEM INSPECTION

- ***All property irons must be made visible.*** Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place **orange flags** at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post **orange** Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to 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.**

❑ EXISTING TANK INSPECTION

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place**. ***Does not apply to septic tank in a mobile home park****
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

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 rights-of-way 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. I understand that a $25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

_____ 10/2/25

Signature of Owner or Owner's Agent **Date**

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RESIDENTIAL BUILDING APPLICATION

Site Address: 36 Peach Grove Way, ~~Raleigh NC~~ Lillington, NC **PIN:** _____

Owner: Chesapeake Homes **Phone:** 410-212-4060 **Email:** bblough@cheshomes.com

Description of Proposed Work: Build new residential SFH **Total Job Cost:** 270000

GENERAL CONTRACTOR INFORMATION

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

Chesapeake Homes — General Contractor's Company Name
410-212-4060 — Phone
3100 Smoketree Court Ste 210 Raleigh NC — Address
bblough@cheshomes.com — Email
63660 — License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Install new electrical per plan Service Size: 200 Amps T-Pole: YES ☒ NO ☐

Romanoff Electrical — Electrical Contractor's Company Name
919-848-4652 — Phone
3006 Industrial Drive ste 120 Raleigh, NC 27604 — Address
jbolen@romanoffgroup.cc — Email
U-12915 — License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Install new mechanical per plan

Yellow Dot Heating and Air Conditioning — Mechanical Contractor's Company Name
919-925-4235 — Phone
2400 Summer Blvd Ste 120 Raleigh, NC — Address
dhernandez@ydhvac.com — Email
32872 — License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Install new plumbing per plan # of Fixtures: 5

All-Max Plumbing — Plumbing Contractor's Company Name
919-678-0111 — Phone
2428 Reliance Ave, Apex NC 27534 — Address
uwe@all-mxplumbing.com — Email
29022 — License #

INSULATION CONTRACTOR INFORMATION

Tri City Insulation 7204 Becky Cir, Raleigh — Insulation Contractor's Company Name
919-514-1714 — Phone

APPLICATION CONTINUES ON BACK

Harnett COUNTY NORTH CAROLINA

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is $150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer of Corporation — Date: 10-2-25

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

_____ General Contractor _____ Owner ___X___ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

___X___ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signature of Owner/Contractor/Officer of Corporation — Date: 10/2/25

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 _____ Set Up Fee All Accounts $15 Same Day Service: $50 Date Service Requested Will call	DEPOSITS (refunded to applicant only)		
		APPROVED CREDIT	DENIED CREDIT
	OWNER WATER	$0	$50
	OWNER SEWER	$0	$50
	RENTER WATER	$50	$100
	RENTER SEWER	$50	$100

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: 36 Peach Grove way, ~~Raleigh~~ Lillington

Owner X Renter_____ (PROPERTY OWNER & PHONE NO.) Chesapeake Homes 410-212-4060

Applicant Email Address bblough@cheshomes.com

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) Chesapeake Homes		NAME (FIRST, LAST)	
MAILING ADDRESS: 3100 Smoke tree ct Raleigh, NC 27604			
SOCIAL SECURITY # OR TIN	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 as long as the service is not turned off by request. 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 _____

FOR OFFICE USE ONLY

FEES: Set-Up Fee $15___Deposit $_____Same Day $50___3/4 Meter $425___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: _____