

RESIDENTIAL BUILDING APPLICATION

Site Address: CORTEZ-MORRISON RD PIN: 0611-54-6172
Owner: CURTIS PETERMAN Phone: 301-606-6363 Email: CM.PETERMAN62@GMAIL.COM
Description of Proposed Work: NEW SINGLE FAMILY DWELLING Total Job Cost: \$607,000

GENERAL CONTRACTOR INFORMATION

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

FOOTHILLS BUILDING GROUP 916 601 7227
General Contractor's Company Name Phone
3562 SPANGENBERG AVE, CLEMMONS, NC RYAN.KIRSCH@TEAM1245.COM
Address 27012 Email
87181
License #

ELECTRICAL CONTRACTOR INFORMATION - PENDING

Description of Work: ROUGH / FINISH ELECTRICAL - NEW RES Service Size: 200 Amps T-Pole: YES ☒ NO ☐
BBHA ELECTRIC (336) 260 7947
Electrical Contractor's Company Name Phone
331 WESTBRIDGE PLACE MT ARMY NC 27030 BRANDON@BBHAELECTRIC.COM
Address Email
U 36531
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION - PENDING

Description of Work: HVAC SYSTEM INSTALLATION
MP MECHANICAL (919) 937 7844
Mechanical Contractor's Company Name Phone
274 WADON PARKWAY RD TIMBERLAKE NC 27583 MICHAEL@HEATDOWNSRIGHTS.COM
Address Email
31404
License #

PLUMBING CONTRACTOR INFORMATION - PENDING

Description of Work: UNDERGROUND, ROUGH FINISH PLUMBING # of Fixtures: _____
PLUMBSERVE LLC (919) 964-9504
Plumbing Contractor's Company Name Phone
4009 ESTATE DRIVE BLDG 3 CROFTMORE NC ADMIN@PLUMBSERVE.COM
Address 27522 Email
L35021
License #

INSULATION CONTRACTOR INFORMATION - PENDING

PIEDMONT PRO FOAM 336 954 0763
Insulation Contractor's Company Name Phone



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.

Ryan Gail
Signature of Owner/Contractor/Officer of Corporation

9/15/25
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

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

- ☒ 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.

Ryan Gail
Signature of Owner/Contractor/Officer of Corporation

9/15/25
Date

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 2492395

Filed on: 11/19/2025

Initially filed by: FBGAdmin

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (info@liensnc.com)Address: 223 S. West Street, Suite 900 /
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (info@liensnc.com)**Project Property**PIN 0611-54-6172, Curtis Peterman
Cortez Morrison Rd
Lillington NC, NC 27546
Harnett 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

Foothills Building Group, LLP

3562 Spangenberg Ave
Clemmons, NC 27012
United StatesEmail: rob@foothillsbuildinggroup.com
Phone: 336-521-2022**Date of First Furnishing**

11/11/2025

[View Comments \(0\)](#)**Technical Support Hotline:** (888) 690-7384

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: CORTEZ - MORRISON RD PIN: 0611-54-6172

LANDOWNER: CURTIS PETERMAN Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

*Please fill out applicant information if different than landowner.

APPLICANT: FOOTHILLS BUILDING GROUP d/o RYAN KIRSCH Mailing Address: 3562 SPANBERG AVE

City: CLEMONS State: NC Zip: 27012 Phone: 916 601 7227 Email: RYAN.KIRSCH@TEAM1845.COM

PROPOSED USE:

☒ **Single Family Dwelling:** (Size 85 x 35) # Bedrooms: 3 # Baths: 2 Garage: Attached Detached Accessory: Deck Patio Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: 1925 GARAGE SQ FT: 1050 Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☒ Basement: ☐

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

TOTAL HTD SQ FT: _____

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size ____ x ____) # Bedrooms: ____ Garage: Attached, Detached Accessory: Deck, Patio
(Circle One) (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 1) ☒

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)

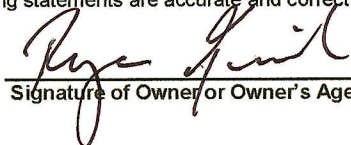
GENERAL PROPERTY INFORMATION:

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.


Signature of Owner or Owner's Agent

9/15/25
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

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

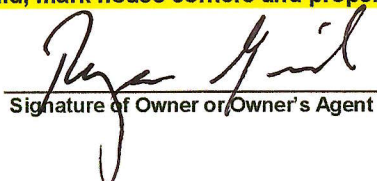
If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- ☐ 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: RESIDENTIAL WASTE DRAINS
- 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.



Signature of Owner or Owner's Agent

9/15/25

Date

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become *invalid*. The Construction Authorization will expire within five years from the date of issue.

APPLICANT INFORMATION

CURTIS PETERMAN (301) 606-6363
Applicant/Owner Phone Number
128 TRENBURG PL CLAYTON NC 27520
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.
8. Are there any current/pending groundwater restrictions and variances pertaining to the property?

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family ☒ Multifamily ☐ Church ☐ Restaurant ☐ Business ☐ Irrigation ☐

Street Address CORTEZ MORRISON RD Subdivision/Lot # _____
Parcel # _____ PIN # 0611-54-6172

Directions to the Site

END OF CORTEZ MORRISON RD

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

[Signature] 1/22/25
Property Owner's or Owner's Legal Representative Signature Required Date