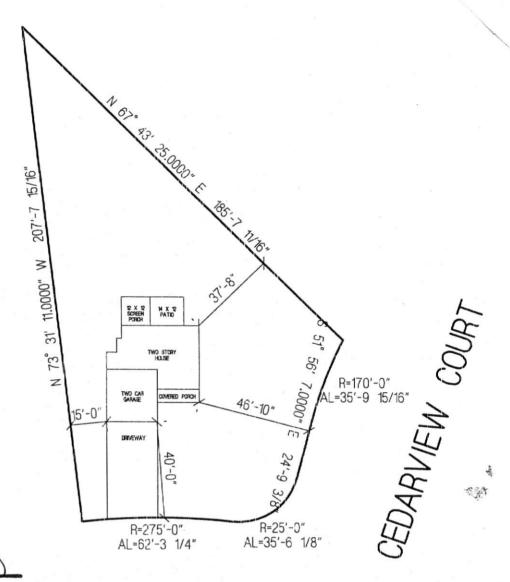
Initial Application Date:	Application # <u>/3-50030690</u> F
	CU#
A	PLICATION Fax: (910) 893-2793 www.hamett.org/permits
LANDOWNER: Craftsuen Const. Mailing Address: 1.C.	Box 727
City: Dun State M Zip 2833 Entact # 910-892-45	34.5 Email: -
APPLICANT: Lumberland Stanes, Sex Mailing Address: P.C.	
City: State: VC Zip: 28.335 Contact # 910 - 892 - 4. *Please fill out applicant information if different than landowner	345 Email: joannorris Clentury line
CONTACT NAME APPLYING IN OFFICE: Joan Nogri'S	Phone # 910-892-4345
PROPERTY LOCATION: Subdivision: Carolina Seasons	Lot#: 89 Lot Size: . 3.5 Acre
State Road # 1201 State Road Name: Ponderosa Rd	Map Book&Page: 2009, 96
Parcel: 09956703 0006 32 FIN: 9556-6	
Zoning RAZOL Flood Zone: X Watershed: NA Deed Book&Page: 2581 + 811	1-1-
*New structures with Progress Energy as service provider need to supply premise number	from Progress Energy.
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 27 W	lest Imel Xilliano
(TR) on Johnsonille, School Land, (TX	D) al Parlence
The state of the s	on ronderosa
My KE MIO SIK , COT ON KIGHT	
PROPOSED USE: See old land, I Use	
	0.4.5
	Monolithic
SFD: (Size * x *) # Bedrooms: # # Baths: * Basement(w/wo bath) Garage: *	Deck: Crawl Space: Slab: Slab:
SFD: (Size ** x **) # Bedrooms: ** # Baths: ** Basement(w/wo bath) Garage: ** (Is the bonus room finished? () yes ()no w/ a closet? () yes ()	Deck: Crawl Space: Slab: Slab:no (if yes add in with # bedrooms)
SFD: (Size * x *) # Bedrooms: # # Baths: * Basement(w/wo bath) Garage: *	Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: On Frame Off Frame
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath) Garage:	Deck: Crawl Space: Slab: Slab: Slab: Slab: No (if yes add in with # bedrooms) Site Built Deck: On Frame Off Frame tions? () yes ()no
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath) Garage: (Is the bonus room finished? () yes ()no w/ a closet? () yes () Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes ()no Any other site built additional distribution of the second floor finished? () yes ()no Any other site built additional distribution of the second floor finished? () yes ()no Any other site built additional distribution of the second floor finished? () yes ()no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution of the second floor finished? () yes () no Any other site built additional distribution	Deck: Crawl Space: Slab:
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath) Garage:	Deck: Crawl Space: Slab:
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath) Garage: (Is the bonus room finished? () yes () no w/ a closet? () yes () Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no	Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Off Frame Off Frame tions? () yes ()no (site built?) Deck: (site built?) #Employees: Closets in addition? () yes ()no
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath) Garage: (Is the bonus room finished? () yes () no w/ a closet? () yes () Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no Any other site built addition Manufactured Home: SW DW TW (Sizex) # Bedrooms: Garage: Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Hours of Operation: Hours of Operation: Addition/Accessory/Other: (Sizex) Use: Water Supply: County Existing Well New Well (# of dwellings using well	Deck: Crawl Space: Slab:
SFD: (Sizex	Deck: Crawl Space: Slab: Slab: Noo (if yes add in with # bedrooms) Site Built Deck: On Frame Off Frame tions? () yes ()no (site built?) Deck: (site built?) #Employees: Closets in addition? () yes ()no) *MUST have operable water before final Checklist) County Sewer
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath) Garage: (Is the bonus room finished? () yes () no w/a closet? () yes () Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? () yes () no Any other site built addition Manufactured Home:SW DWTW (Sizex) # Bedrooms: Garage:	Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Off Frame Off Frame Off Frame Slab: Off Frame Off Frame Slab: Off Frame Off Frame Off Frame Slab: Off Frame Off Frame Off Frame Off Frame Off Frame Off Frame Slab: Off Frame
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SFD: (Size	Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Slab: Off Frame Off Frame Off Frame Slab: Off Frame Off Frame Slab: Off Frame Off Frame Off Frame Slab: Off Frame Off Frame Off Frame Off Frame Off Frame Off Frame Slab: Off Frame
SFD: (Size	Deck: Crawl Space: Slab:
SFD: (Sizex	Deck: Crawl Space: Slab:
SFD: (Size	Deck: Crawl Space: Slab:
SFD: (Sizex x) # Bedrooms: # Baths:	Deck: Crawl Space: Slab:
SFD: (Size	Deck: Crawl Space: Slab:
SFD: (Size	Deck: Crawl Space: Slab: Slab: Slab: Slab: Slab: No (if yes add in with # bedrooms) Site Built Deck: On Frame Off Frame tions? () yes () no (site built?) Deck: (site built?) #Employees: Closets in addition? () yes () no () *MUST have operable water before final () Checklist) County Sewer () yes () no () Other (specify):
SFD: (Size	Deck: Crawl Space: Slab:

This application expires 6 months from the initial date if permits have not been issued
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Permit Copy



SITE PLAN APPROVAL

DISTRICT BASE USE SFO

#BEDROOMS_

PONDEROSA TRAIL

CRAFTSMEN CONSTRUCTION
LOT # 89 CAROLINA SEASONS
THE FAIRFIELD WITH SCREEN PORCH
SCALE: 1"=40'

Jennifer Brock

From:

Graham Byrd

Sent:

Thursday, April 11, 2013 9:33 AM

To:

Jennifer Brock

Subject:

Cumberland Homes Re: Lots 10 & 11 Carolina Seasons

Jenifer: I is ok to transfer the fees paid for lots 10 & 11 to lots 89 & 115 for Cumberland Homes per Bryan McSwain. Susan requested that you scan a copy of this e-mail into the new application file. Thanks. GHB.

Graham H. Byrd R.E.H.S

Environmental Health Supervisor Environmental Health Section Harnett County Department of Public Health

Phone: 910-893-7547 Fax: 910-893-9371

, NAME	: Craftsu	en Construct	Hon	APPLICATION #:
7 7		*This application to be i	illed out when applying for	r a septic system inspection.*
PERMIT	TOR AUTHORIZ	Department Application IN THIS APPLICATION IS IN ATION TO CONSTRUCT SIN ation submitted. (Complete sin	on for Improvement P	Permit and/or Authorization to Construct THE SITE IS ALTERED, THEN THE IMPROVEMENT
	710-073-132	орцоп 1		CONFIRMATION #
₫ <u>En</u>	vironmental H	lealth New Septic Syste	<u>m</u> Code 800	
•	lines must be	clearly flagged approxim	isible. Place "pink proper	rty flags" on each corner iron of lot. All property en corners.
•		String pools, etc.	ace liads per sile bian del	ed structure. Also flag driveways, garages, decks, veloped at/for Central Permitting.
:	i lace trange	Liviloninental Health ca	rd in location that is easily	Viewed from read to anniet in I
•	evaluation to t	be performed. Inspectors	iental Health requires that s should be able to walk fr	t you clean out the <u>undergrowth</u> to allow the soil
•	THE POLG TO DO	addressed Willill IU Di	ISINASS dave after confi	rmation 625 00 to-
_				
•	800 (after sele	ecting notification permit	oice permitting system at if multiple permitting system at	910-893-7525 option 1 to schedule and use code
•				
□ Env	rironmental H	ealth Existing Tank Ins	Once approved, proceed	to Central Permitting for permits.
•	Follow above i	nstructions for placing fla	gs and card on property.	
•	Prepare for in	spection by removing so	il over outlet and of ten	k as diagram indicates, and lift lid straight up (if
	DO NOT LEAVE	E LIDS OFF OF SEPTIC TA	e. (Onless inspection is to	or a septic tank in a mobile home park)
•	After uncovering	ng outlet end call the vo	ice permitting system at 9	10-893-7525 option 1 & select notification permit
	given at end of	recording for proof of re	nuest	th inspection. Please note confirmation number
CERMY	Use Click2Gov	or IVR to hear results. C	nce approved, proceed to	Central Permitting for remaining permits.
11 apply11 {}} Ac	ng for authorizati	on to construct please indicated [] Innovative		be ranked in order of preference, must choose one.
	ternative	{} Other	{✓∕ Conventional	{}} Any
10200-0-0-50				
question.	If the answer is	"yes", applicant MUST A	t upon submittal of this appli FTACH SUPPORTING DO	ication if any of the following apply to the property in OCUMENTATION:
{_}}YES		Does the site contain any.	Jurisdictional Wetlands?	
{_}}YES			igation system now or in the	
(_}YES			contain any <u>drains</u> ? Please ex	
{}}YES	(_ V) NO			stewater Systems on this property?
{_}}YES		Is any wastewater going to	be generated on the site oth	er than domestic sewage?
{_}}YES			val by any other Public Ager	
{_}}YES	(T) NO	Are there any Easements of	r Right of Ways on this prop	perty?
{}}YES	{ ▼ } NO	Does the site contain any e	xisting water, cable, phone of	or underground electric lines?
		If yes please call No Cuts	at 800-632-4949 to locate th	e lines. This is a free service.
Have Rea	d This Applicati	on And Certify That The Inf	ormation Provided Herein Is	True, Complete And Correct. Authorized County And
				, - suppose And Correct Authorized County And

IH 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 Sate Evaluation Can Be Performed.

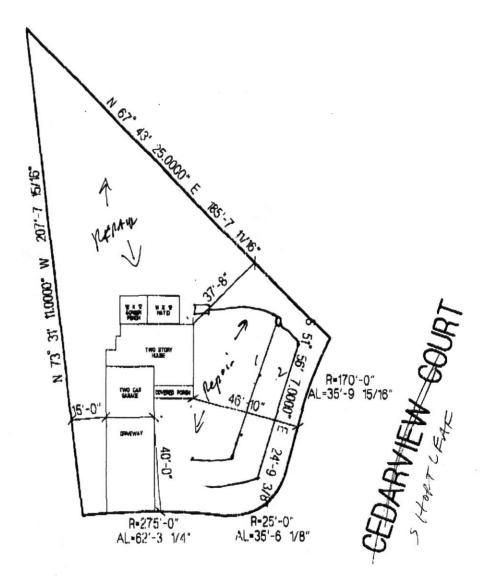
Mike Acres' work Attached.

10/10

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHE	HEET	HEE	AII.	DET	EM I	SYSTE	OSAL	DIS	STE	WA	CE	FA	URI	UBSI	POSED	PRO
--	------	-----	------	-----	------	-------	------	-----	-----	----	----	----	-----	------	-------	-----

SUBDIVIS	ION CAPOLINA SEASO	LOT 89			
INITIAL S	SYSTEM Approved 25%	REPAIR TBO			
<u>DISTRIBU</u>		DISTRIBUTION TRO			
BENCHMA	ARK /00.0	-	LOCATION TOP ELEC BOX PAD		
NO. BEDR	200MS 3	_	PROPOSED LTAR 0.6 600/F71		
LINE	FLAG COLOR	ELEVATION	LENGTH (FT)		
/	W	102.00	75',		
		101.34	150'		
ву <i>№</i>	1. EAKEN		DATE 03/2013		
TYPICAL		-	DATE - 2/		
	cr 2 748"	 			
INST	ANATION DEATH	win ±301mcmes			



PONDEROSA TRAIL

CRAFTSMEN CONSTRUCTION
LOT # 89 CAROLINA SEASONS
THE FAIRFIELD WITH SCREEN PORCH
SCALE: 1"-40'

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

Application # 13 500 306 90

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

Application for Residential Building and Trades Permit

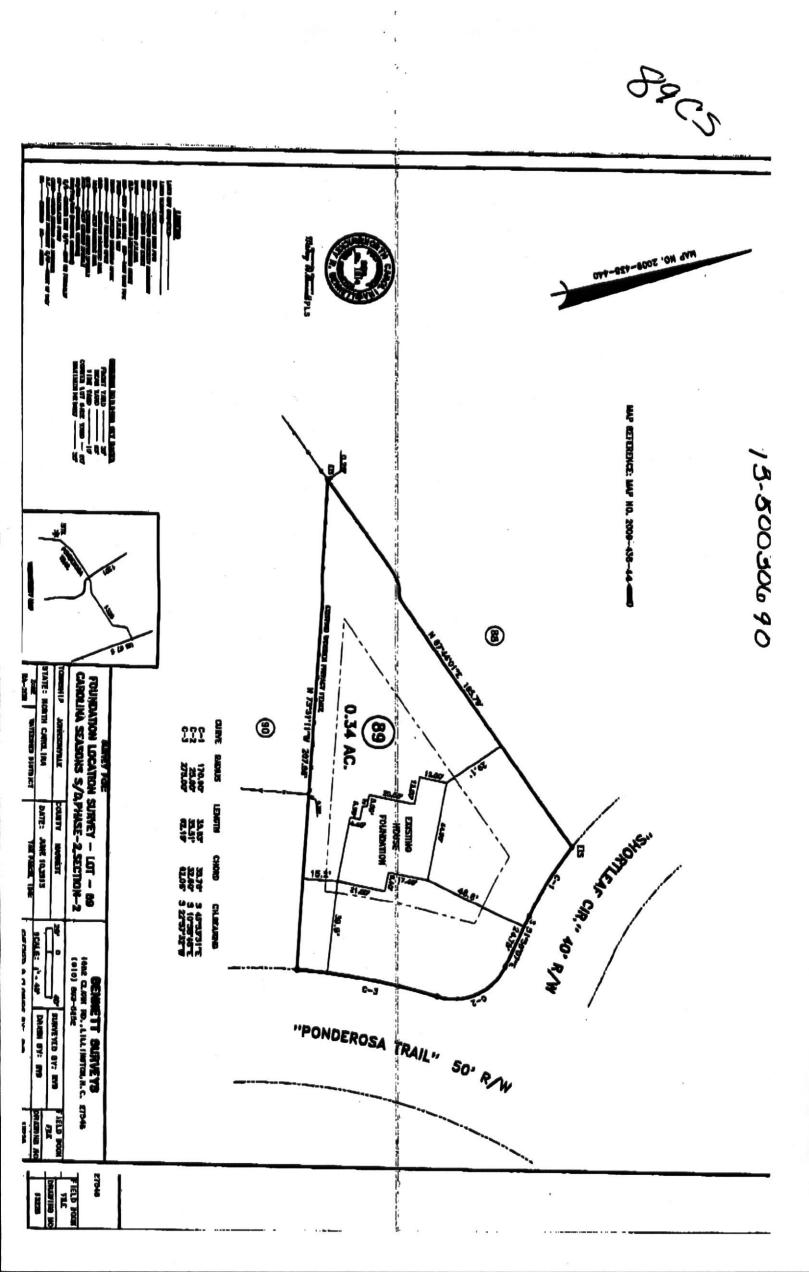
Owner's Name: Craffsuch Construction	Date: 2/8/13
Site Address: Lot #89 Parolina Seasons	Phene: 9/0-891-4345
Directions to job site from Lillington: 27 W frank Killing	
School Rd (TD) and Badenson Id &	1) 104 5/1
The Dil	X A & Saelly 2
Tot on Right	* Back Section
Subdivision: Carolina Seasons	Lot:
Description of Proposed Work: NST	# of Bedrooms:
Heated SF: 1670 Unheated SF: 453 Finished Bonus Room? General Contractor Information	<u>No</u> Crawl Space: Slab: <u>V</u>
Justine Land House Man	910-892-4345
Building Contractor's Company Name	Telephone
P.O. Box 727 Dury, NC 28335	Telephone joannorris Century link. net Email Address
Address	Email Address
J 2 A	59493
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work New Residential Service Size	Amps T-Pole: Yes No
Wester & Pace Electric	919-499-5389
Electrical Contractor's Company Name	Telephone
546 Leslie Dr. Sanford, NC	NA
Address	Email Address
William Wester	12007-11.
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical/HVAC Contractor Inform	License#
Description of Work New Residential	
Interrated States of the Trancle Lot.	Telephone Email Address Heating
Mechanical Contractor's Company Name	Telephone er
107 ACC Blid Laters AC 27617	J. Line
Address //	Email Address
The stocket	10/07
Signature of Own (Contractor/Officer(s) of Corporation Plumbing Contractor Informatio	License #
	- 4 1/4
	# Baths d
Plumbing Contractor's Company Name	7/0-33/-3/// Telephone
5056 Elizabethtown Hur. Roseboro NC	relephone
Addgess,	Email Address
Centis Fainclothe	7269
Signature of Owner/Contractor/Officer(s) of Corporation	
	License #
Insulation Contractor Information	<u>n</u>

õ	Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exe Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon rec	mption. (uest)
	Do you own the land on which this building will be constructed? YesNeg	o
	Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No	0
	Do you intend to directly control & supervise construction activities?YesNo.	o
	Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? Yes No	o
	5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? Yes No	i
	I hereby certify that I have the authority to make necessary application, that the application is corrected 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 if any changes occur including listed contractors, site planumber of bedrooms, building and trade plans, Environmental Health permit changes or proposed us changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department any and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue is as per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation Date	nd ve n, se of
	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 set forth in the permit:	e work
	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 continuous.	
- (Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurcovering themselves.	ance
-	Has no more than two (2) employees and no subcontractors.	
t	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 to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.	prior
C	Company or Name: Lumberland Houses, luc	
	The same of the same	

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of	Structure: Craftsur	en Const	raction P	hone: <u>9/0-89</u>	2-4345
Owner (s) Ma	illing Address: <u> P. O.</u>	Box 7	127 D	un, nc a	28.335
Construction	Name (s): Crafts or Site Address Not #	4 Caroli	ina Sea	Phone: 910 - Cons.	
Job Cost:	89Description of	f Work to be done	1		
Mechanical:	New Unit With Ductwor	k New Unit V	Without Ductwork	c Gas Piping _	Other
Electrical*:	200 Amp <200 Am * For Progress Energy.c	p Service Cha	ange Serviced the premise n	e Reconnect (Other
Plumbing:	Water/Sewer Tap	Number of E	Baths W	ater Heater	
Specific Dire	ctions to Job from Lillingt	on:	, ,		
		See.	land U	50	
•	Lating Minwill pro	ovide the		labor on this	
I am the build	ding owner or my NC stat	te license number	is <u>200/2</u>	, which enti	tles me to
perform such	work on the above struc	cture legally. All w	vork shall comply	with the State Buil	ding Code and
other applica	ble State and local laws,	ordinances and r	egulations.		
Contractor's P.O. Box Address	Company Names -	Air, LL fills, NC à	18348	910 - 818- Telephone MA Email Address	0600
License # Structure Ov	vner / Contractor Signatu	re: A	1/1	Date:	4/8/13
By signing the purchase pe	nis application you affirm rmits on their behalf. If do operty for 12 months after	that you have obt	owner you unders	from the above listand that you cann	ted license hold ot rent, lease or

*Company name, address, & phone must match information on license



COUNTY OF HARNETT Building Inspections Department Planning Services Certificate of Compliance: Occupancy: Certificate issued pursuant to the requirements of North Carolina General Statute 153A-363 and Harnett County Zoning Ordinances. This certifies at the time of issuance, this structure was in compliance with the various ordinances of the County of Harnett and the North Carolina State Building-Codes. For the following: Use Classification: ___ **Permit Numbers** Building: Electrical: Address: __ Insulation: Plumbing: Mechanical: MFG Home: Date: **Building Official:**

PREPARED 12/04/13, 14:14:30

INSPECTION TICKET

INSPECTOR: IVR

PAGE

DATE | 12/05/13

ADDRESS . : 1774 PONDEROSA TRL

SUBDIV: CAROLINA SEASONS PH2 SECT 2 59

CONTRACTOR : CUMBERLAND HOMES INC

PHONE: (910) 892-4345

OWNER . . : CRESTVIEW DEVELOPMENT LLC

PHONE :

PARCEL : . : 09-9567-03- -0006- -32-

Harnett County

APPL NUMBER: 13-50030690 CP NEW RESIDENTIAL (SFD)

DIRECTIONS: T/S: 02/20/2013 01:19 PM JBROCK ----

27 W R ON JOHNSONVILLE SCHOOL RD R ON

PONDEROSA RD L INTO S/D LOT 89

STRUCTURE: 000 000 38.4X52 3BDR SLAB W/ GARAGE

FLOOD ZONE . . . : FLOOD ZONE X

BEDROOMS : 3000000.00 PROPOSED USE SFD

SEPTIC - EXISTING? . . . : NEW TANK WATER SUPPLY : COUNTY .

	CPSF 00 CP * : REQUESTED COMPLETED	SFD INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/29/13	FS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 002388151
	5/29/13	AΡ	T/S: 05/29/2013 03:05 PM FSPIVEY
B1 03 01	6/17/13	KS	R*BLDG FOUND & TEMP SVC POLE TIME: 17:00 VRU #: 002396071
	6/17/13	DA	T/S: 06/17/2013 09:38 AM KSLATTUM
			1. Insulation shall be installed for foundation
			inspection. 2. Need a portajon.
B103 02	6/18/13	FS	R*BLDG FOUND & TEMP SVC POLE VRU #: 002397846
	6/18/13	AP	T/S: 06/18/2013 03:13 PM FSPIVEY
A814 01	6/18/13	TW	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002396080 ;
	6/13/13	AP	1774 PONDEROSA TRL CAMERON 28326
	,		T/S: 06/13/2013 10:20 AM TWARD
P309 01	6/21/13	FS	R*PLUMB UNDER SLAB VRU #: 002400280
	6/21/13	AP	T/S: 06/21/2013 03:15 PM FSPIVEY
B111 01	7/01/13	FS	R*BLDG SLAB INSP/TEMP SVC POLE TIME: 17:00 VRU #: 002404978
	7/01/13	AP	T/S: 07/01/2013 03:25 PM FSPIVEY
B104 01	8/27/13	JB	R*FOUND & SETBACK VERIF SURVEY TIME: 17:00 VRU #: 002432391
	8/27/13	AP	T/S: 08/27/2013 02:08 PM JBROCK
R425 01	8/28/13	FS	FOUR TRADE ROUGH IN TIME: 17:00 VRU #: 002432409
	8/28/13	AP	T/S: 08/28/2013 03:40 PM FSPIVEY
I129 01	9/03/13	FS	R*INSULATION INSPECTION VRU #: 002434191
	9/03/13	AP	T/S: 09/03/2013 02:56 PM FSPIVEY
H824 01	10/17/13	OT	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002455624
	10/17/13	AP	T/S: 10/21/2013 01:10 PM SSTEWARTi
			T/S: 10/21/2013 01:11 PM SSTEWART
R429 01	12/05/13	#4	FOUR TRADE FINAL VRU #: 002472489

----- COMMENTS AND NOTES -----