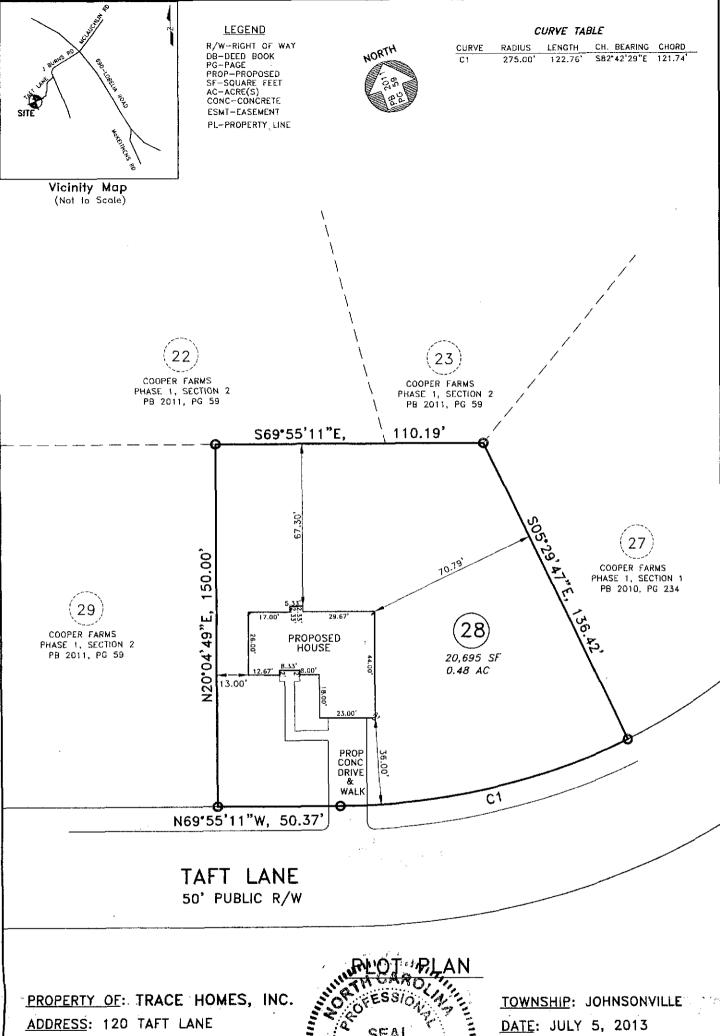
* _ 1	12500211,00
1. 9 July 2013	Application # 1350031 L089
COUNTY OF HARNETT RESIDENTIAL LAND ( Atting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525	JSE APPLICATION 5 Fax: (910) 893-2793 www.harnett.org/permits
Trove Homes Inc - Mailing Address:	3857 Legion Rd
14 1/ 1/ State N/C zin 29348 ontact # 9/10 4	26 2244 Email: strice to trace homes
- II - I - A Mailing Aridress:	300 / Cegion Ru
ty: Hope WILLS State: NC Zip: 28348 Contact # 910 98	7-1787 Email: 07-15001-150
Brian Mclecin	Phone # 910 987 178 9
ROPERTY LOCATION: Subdivision: Cooper Forms	Lot #: 20 Lot Size: 22,6 15
	Map Book&Page: 2011 / 59
arcel: 09 9563 0048 25 PIN: 9563	3-74-620000
Deed Book&Page: Watershed: Deed Book&Page: Joseph	Power Company
New structures with Progress Energy as service provider need to supply premise number	HOITI Flogiosa Eliology
PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
POPOSED USE:	Monolithic
PROPOSED USE:  SFD: (Size $U(x 62)$ # Bedrooms: $U(x 62)$ # Baths: $U(x 62)$ Basement(w/wo bath):Ga	rage: Deck: Crawl Space: Slab: Slab:
SFD: (Size ( x (0 L) # Bedrooms:	yes ()no (if yes add in with # bedrooms)
(is the bonus room illistied?	rage: Site Built Deck: On Frame Off Frame built additions? () yes ()no
(is the bonus room initialized (	rage:Site Built Deck:On FrameOff Frame built additions? () yes ()no _Garage:(site built?) Deck:(site built?)
(is the bonus room ministed (	rage: Site Built Deck: On Frame Off Frame built additions? () yes ()no Garage:(site built?) Deck:(site built?)
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(is the bonus room initialise)	rage: Site Built Deck: On Frame Off Frame  built additions? () yes ()no  Garage:(site built?) Deck:(site built?)  peration: #Employees:  Closets in addition? () yes ()no
(is the bonus room initialise)	rage: Site Built Deck: On Frame Off Frame built additions? () yes ()no Garage:(site built?) Deck:(site built?)  peration: #Employees:  Closets in addition? () yes ()no
(is the bonus room ministed ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) no Any other site ( ) yes ( ) yes ( ) no Any other site ( ) yes ( ) yes ( ) no Any other site ( ) yes ( ) ye	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no  rell ) *MUST have operable water before final (Complete Checklist) County Sewer  direct (500') of tract listed above? () yes (\_)no
(is the bonus room initialised	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no object Checklist) County Sewer dred feet (500') of tract listed above? () yes no other (specify): Checklist) County Sewer dred feet (500') of tract listed above? () yes no other (specify):
Mod: (Sizex # Bedrooms # Baths Basement (w/wo bath) Ga   (Is the second floor finished? () yes () no	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no  rell ) *MUST have operable water before final (Complete Checklist) County Sewer  direct (500') of tract listed above? () yes (\_)no
Mod: (Sizex # Bedrooms # Baths Basement (w/wo bath) Ga	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no object Checklist) County Sewer dred feet (500') of tract listed above? () yes no other (specify): Checklist) County Sewer dred feet (500') of tract listed above? () yes no other (specify):
Mod: (Sizex # Bedrooms # Baths Basement (w/wo bath) Ga  (Is the second floor finished? () yes () no Any other site   Manufactured Home:SW DW TW (Sizex) # Bedrooms:   Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:   Home Occupation: # Rooms: Use: Hours of C   Addition/Accessory/Other: (Sizex) Use:   Water Supply: County Existing Well New Well (# of dwellings using w   Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank   Does owner of this tract of land, own land that contains a manufactured home within five hun   Structures (existing or proposed): Single family dwellings: Manufactured H   Required Residential Property Line Setbacks: Comments:	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no object Checklist) County Sewer dred feet (500') of tract listed above? () yes no other (specify): Checklist) County Sewer dred feet (500') of tract listed above? () yes no other (specify):
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Mod: (Sizex # Bedrooms # Baths Basement (w/wo bath) Ga	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no (Complete Checklist) County Sewer dred feet (500') of tract listed above? () yes () no Other (specify):
Mod: (Sizex # Bedrooms # Baths Basement (w/wo bath) Ga	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no of the checklist) County Sewer dred feet (500') of tract listed above? () yes no Other (specify):
Mod: (Sizex # Bedrooms # Baths Basement (w/wo bath) Ga	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no of the checklist) County Sewer dred feet (500') of tract listed above? () yes no Other (specify):
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Ga	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no of the checklist) County Sewer dred feet (500') of tract listed above? () yes no Other (specify):
(Is the Bonus room filinished? (	rage: Site Built Deck: On Frame Off Frame obuilt additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no (Complete Checkilst) County Sewer dired feet (500') of tract listed above? () yes ()no Other (specify):  Tollina regulating such work and the specifications of plans submitted ge. Permit subject to revocation if false information is provided.  7/9/13  Date
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Ga	rage: Site Built Deck: On Frame Off Frame built additions? () yes ()no Garage: (site built?) Deck: (site built?)  peration: #Employees: Closets in addition? () yes ()no (Complete Checklist) County Sewer dred feet (500') of tract listed above? () yes ()no Other (specify): Other (specify):



CITY: NEAR JOHNSONVILLE, NC

**COUNTY: HARNETT** 

TAX PIN: 9563-74-6261.000

SEAL L-3889 5-Jul-2013 DAVID R. BECKWITH PLS#L-3889

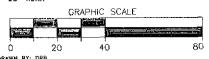
<u>SCALE</u>: 1" = 40'

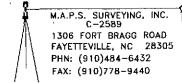
REFERENCE: LOT 28

COOPER FARMS PHASE 1, SECT. 2 PB 2011, PG 59

MINIMUM SETBACKS; RA-20R:

35'-FRONT 10'-SIDE 25'-REAR





#### NOTES

- ) THIS MAP IS FOR PERMITTING PURPOSES ONLY
- 1) THIS MAP IS FUR PERMITTING PURPOSES ONLY
  2) THIS MAP IS NOT DRAWN IN ACCORDANCE WITH G.S. 47-30
  3) THIS MAP CAN NOT BE USED FOR RECORDATION OR
- ATTACHED TO A DEED TO BE RECORDED.

NAN	лЕ:	Trace	tomes Inc		APPLICATION #: 13003 1689
IF TI PERI	HE INFO MIT OR nding up	Y Health De DRMATION IN AUTHORIZA ion documentati	epartment Applicate THIS APPLICATION IS TION TO CONSTRUCT Son submitted. (Complete	tion for Improvement FALSIFIED, CHANGED, OR	Permit and/or Authorization to Construct THE SITE IS ALTERED. THEN THE IMPROVEMENT The permit is valid for either 60 months or without expiration te plat = without expiration)  CONFIRMATION #
x		0-893-7525 (	option i <i>alth New Septic Sys</i>	temCode 800	CONFIRMATION #
	• All line • Pla	property in es must be cace "orange la t buildings, s	ons must be made learly flagged approximouse corner flags" at wimming pools, etc.	visible. Place "pink proper mately every 50 feet betweet each corner of the proper place flags per site pland	sed structure. Also flag driveways, garages, decks, leveloped at/for Central Permitting.
	<ul><li>Pla</li><li>If p</li></ul>	ace orange E property is the aluation to be	invironmental Health of ickly wooded, Enviror e performed. Inspector	card in location that is eas nmental Health requires to ors should be able to walk	sily viewed from road to assist in locating property. hat you clean out the <u>undergrowth</u> to allow the soil a freely around site. <i>Do not grade property.</i> Infirmation. \$25.00 return trip fee may be incurred.
	• Aft	r failure to u ter preparing <b>0</b> (after sele	ncover outlet lid, ma proposed site call the cting notification perm	erk house corners and per voice permitting system	at 910-893-7525 option 1 to schedule and use code to for Environmental Health inspection. Please note
	•	e Click2Gov	or IVR to verify result	s. Once approved, proce	eed to Central Permitting for permits.
	Enviro	onmental He	alth Existing Tank Ir	nspections Code 800	
	• Pre	epare for ins essible) and t	spection by removing	lace. (Unless inspection i	ty. tank as diagram indicates, and lift lid straight up (if s for a septic tank in a mobile home park)
	Aft     if if	ter uncoverir multiple periven at end of	ng outlet end call the mits, then use code to recording for proof of	voice permitting system a <b>800</b> for Environmental Harageet.	at 910-893-7525 option 1 & select notification permit lealth inspection. Please note confirmation number
	• Us	se Click2Gov	or IVR to hear results	s. Once approved, procee	ed to Central Permitting for remaining permits.
SEF	TIC	for authorizati	on to construct please ind	licate desired system type(s):	can be ranked in order of preference, must choose one.
	Acce		{}} Innovative	{  X  } Conventional	
{	} Alter	rnative	{}} Other		<del></del> -
The que:	applica stion. I	nnt shall notify f the answer is	the local health departr s "yes", applicant MUS	nent upon submittal of this a	application if any of the following apply to the property in G DOCUMENTATION:
{	}YES	{}} NO	Does the site contain a	any Jurisdictional Wetlands'	?
{_	}YES	{} NO	Do you plan to have a	n <u>irrigation system</u> now or i	n the future?
	}YES	NO	Does or will the build	ing contain any <u>drains</u> ? Plea	se explain.
	)YES	{ } NO	Are there any existing	wells, springs, waterlines o	r Wastewater Systems on this property?
	}YES	{}} NO			e other than domestic sewage?
-	YES	{ _ } NO	•	pproval by any other Public	
	}YES	{_}} NO		nts or Right of Ways on this	

1 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. 7/9/13 DATE

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.

OWNERS OF OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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

## Application # 1350031685

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: Trace Homes Inc	Date:
Site Address: 120 Tapt La	Phone: 910 426 2244
Directions to job site from Lillington:	
Subdivision: Coopers Farms	Lot: 28
Description of Proposed Work: Single Family Duelling	# of Bedrooms:
Heated SF. 14 Sleated SF: 60+ Finished Bonus Room?	Orawl Space: Slab:
General Contractor Information	IIIC
Mclean Contracting and Injustments	910 9871789
Building Contractor's Company Name	Telephone
Address Fayetteville NX 28306	office @ trace homes no com
Address Fayetteville NX 28306	Email Address
70605	
License #	<b>n</b>
Description of Work Rough In Finish Out Service Size:	Amps T-Pole: Yes No
Lyrus Electric	916 797 3095
Electrical Contractor's Company Name	Telephone
7544 Documentary Dr.	
Address Fay NC 28306	Email Address
25212 EL-L	
License #	antin m
Mechanical/HVAC Contractor Inform	lation
Description of Work Rough In / Finish out	
Certified Heating ! AC	910 858 0000
Mechanical Contractor's Company Name	Telephone
POBOX 1071	Email Address
Address Hope Mills VC 28348	Email Address
Z0012 H3-1 License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work Rough In / Finish Out	# Baths
	910 978 3288
Kevin Jones Plumbing Plumbing Contractor's Company Name	Telephone
6879 Family St.	
Address Fay NC 28314	Email Address
27018 P-1	
License #	_
Insulation Contractor Informatio	
Mclean Contracting and investments LLC Insulation Contractor's Company Name & Address	<u>910 987 - 1789</u> Telephone
insulation contractor's company Name & Address	relephone

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.  Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)
Do you own the land on which this building will be constructed?  Yes No
Have you hired or intend to hire an individual to superintend and manage construction of the project?  Yes No
3. Do you intend to directly control & supervise construction activities? Yes No
Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?  Yes No
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? YesNo
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.
1123113
Signature of Owner/Contractor/Officer(s) of Corporation  7/23/13  Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Affidavit for Worker's Compensation N.C.G.S. 87-14
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
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
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:
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
Affidavit for Worker's Compensation N.C.G.S. 87-14  The undersigned applicant being the:  General ContractorOwnerOfficer/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
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.  X 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.
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.  X 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

Print & Post

Contractors:

Please post this notice on the Job Site.

Scan this image with your smart phone to v

iew this filing. You can then file a Notice t

Suppliers and Subcontractors:

o Lien Agent for this project.

## DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 33154

Filed on: 08/01/2013 Initially filed by: Trace.Homes

### Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5231

Property Type

Email: support@liensnc.com (mailto:support@liensnc.com)

#### **Project Property**

### Pre-Permit Workers

NONE

Other

#### Owner Information

Trace Homes Inc. 3857 Legion Rd Hope Mills, NC 28348 United States Email: office@tracehomesnc.com Phone: 910-426-2244

#### Contractor Information

McLean Contracting and Investments, LLC 3350 Footbridge Ln St. 124 Fayetteville, NC 28306

Email: mclean\_contracting@hotmail.com

Phone: 910-987-1789

Lot 9- 224 Harding Ln. 9563-75-3037 099563 00 48 17 Lot 10- 215 Harding Ln. 9563-74-2887 099 563 0048 18 Lot 11-16 Nixon Ln. 9563-74-4800 099563 0048 19 Lot 28- 120 Taft Ln. 9563-74-62 61 099563 0048 25 Lot 30- 174 Taft Ln. 9563-74-4310 099563 0048 27 Tax Map: 2011-59 Cooper Farms Cameron, NC 28326

# 11 135 31753 10 31752 9 31751 28 31689

Technical Support Hotline: (888) 690-7384

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 S	Structure: Trace Homes Inc. Phone: 916 426 2241
Owner (s) Mail	iling Address: 3857 Legion Rd
	Hope Mills NC 28348
Land Owner N	Name (s): Trace Homes Inc. Phone: 910 426 2244
Construction o	or Site Address:
	Parcel #
Job Cost:	Description of Work to be done
Mechanical:	New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
	200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number
Plumbing:	Water/Sewer Tap Number of Baths Water Heater
Specific Direct	tions to Job from Lillington:
Subdivision: _	Lot #:
2 TATHEEL	PRIDE ELECTRIC Electrical labor on this structure.
(Contr	tractors Name) will provide the (Trade)
7.6.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	ing owner or my NC state license number is 22985 L, which entitles me to
	work on the above structure legally. All work shall comply with the State Building Code and a
)	ple State and local laws, ordinances and regulations.
other applicable	to state and local laws, orallarious and regulations.
larhee	Pride Electric Corp 9109731527
	Company Name Telephone
PO Box	458 Stedman NC 28391
Address 22985	Email Address
/ 4 1 7 3	
License #	
	$\rightarrow 11$
License #	ner / Contractor Signature: Date: 19 Aug

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