Initial Application Date: 11/6/13 Application # 1350032444
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext: 2 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: MILLENVIUM HOMETELC Mailing Address: Same as below
City: // State: _^ Zip: Contact No: // Email: //
APPLICANT : Culberland Hors /ne. Mailing Address: D.O. Box 727
City:
CONTACT NAME APPLYING IN OFFICE: Sinds or Joan Phone # 910-892-4345
PROPERTY LOCATION: Subdivision Lot # 143 Ballard Colods Lot #: 143 Lot Size: 429
State Road # 1437 State Road Name: Ballard Road Map Book & Page: 2009, 285
Parcel: 080652 0089 29 PIN: 0651-39-2563,000
Zoning: 2A - 30 Flood Zone: X Watershed: N Deed Book & Page: 03067, 0045 Power Company*: Proficess Eherg
*New structures with Progress Energy as service provider need to supply premise number 23956502 from Progress Energy.
PROPOSED USE:  SFD: (Size 50 x 40) # Bedrooms: 3 # Baths: 2½ Basement(w/wo bath): Garage: PATIO 8 Crawl Space: Slab: Monolithic Slab: (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use:Closets in addition? () yes () no
Water Supply: Existing Well New Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer
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: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments:
Front Minimum <u>35</u> Actual <u>40</u>
Rear <u>23</u> /09 0
Sidestreet/corner lot 20 3114"
Nearest Building N/A N/A

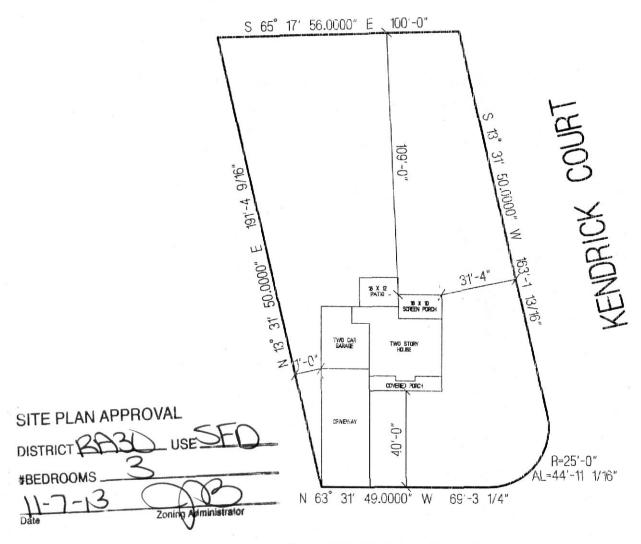
Residential Land Use Application

on same lot

SPECIFIC DIRECTIONS TO T	THE PROPERTY FROM LILLINGTON: Jak Ballard 2d (TR)	e 40/ N out	of Lillington,
Gwen.	dolyn way lot is	on (L)	
If permits are granted I agree to I hereby state that foregoing state that	to conform to all ordinances and laws of the State tatements are accurate and correct to the best of signature of Owner or Owner's Agent	e of North Carolina regulating such work a my knowledge. Permit subject to revocat Date	and the specifications of plans submitted ion if false information is provided.

\*\*\*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\*\*

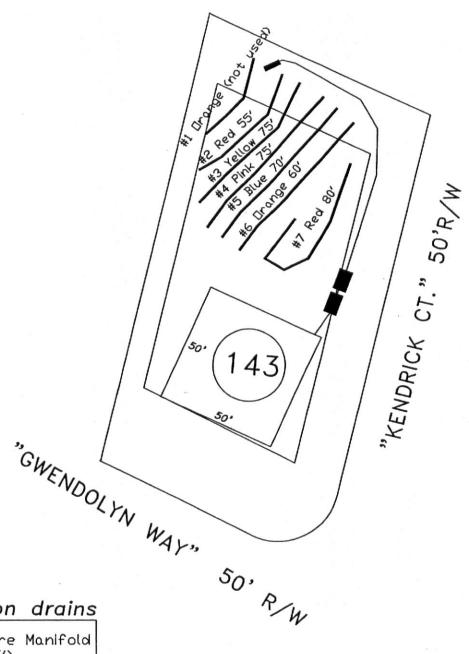


GWENDOLYN WAY

MILLENNIUM HOMES, LLC.
THE CHARLESTON
LOT # 143 BALLARD WOODS
SCALE: 1"=40"



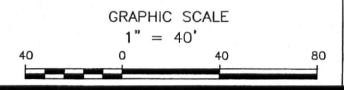
## Dak City Homes Lot 143 Ballard Woods Subdivision 3-Bedroom System Layout



### No foundation drains

System: Pressure Manifold Lines: 2-5, (275') 0.35 LTAR 24" Trench Bottom Accepted Status System Repair: T & J Panel Block Lines: 6-7, (140') 0.35LTAR 28' Trench Bottom 50% Reduction System





Central Carolina Soil Consulting 919-784-9449 Project # 680

### Oak City Homes, Inc. Ballard Woods Phase IV, Lot 143

3-Bedroom Home (360 gal./day)

T TOUTES 44	COLOD	~~					
LINE #	COLOR	$\mathbf{BS}$	$\mathbf{HI}$	$\underline{\mathbf{FS}}$	<b>ELEVATION</b>	LINE LENGTH	<b>Design Length</b>
TBM		3.2		100.0		in field	installation
INST. 1			103.2				
1	Orange			3.7	99.5	42	42
2	Red			4	99.2	57	57
3	Yellow			4.4	98.8	75	75
4	Pink			4.9	98.3	85	85
5	Blue			5.4	97.8	72	60
6	Orange			5.8	97.4	60	60
7	Red			6.2	97	82	60
					Total	473	439

System Type	System Lines 1-4 Accepted Status System EZ-FLOW	Repair Lines 6-7 T & J Panel 50% Reduction
Suggested Soil LTAR (gal/day/ft2)	0.35	0.35
System Installation LTAR	0.35	0.35
Total Line Length	259	180
Square Footage	777	540
Proposed Trench Bottom	24"	28"

Pressure Manifold

T & J Panel

Distribution Method Notes:

NAME:		APPLICATION #:
	*This application to be	
PERMIT OR AUTHORIZ	IN THIS APPLICATION IS ATION TO CONSTRUCT ation submitted. (Complete	e filled out when applying for a septic system inspection.*  tion for Improvement Permit and/or Authorization to Construct  FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT  SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration  site plan = 60 months; Complete plat = without expiration)
Environmental H	opuon 1 Joseph Now Contin Con-	CONFIRMATION #
<ul> <li>All property lines must be</li> <li>Place "orange</li> </ul>	house corner flags" at	<u>visible</u> . Place "pink property flags" on each corner iron of lot. All propert mately every 50 feet between corners.
	Swiffing Dools, Etc.	Tidet lides per sile pian developed atter Central Dermitting
evaluation to	be performed. Inspecto	card in location that is easily viewed from road to assist in locating property.  mental Health requires that you clean out the <u>undergrowth</u> to allow the soints should be able to walk freely around site. <i>Do not grade property</i> .
for failure to	uncover outlet lid. ma	business days after confirmation. \$25.00 return trip fee may be incurred ark house corners and property lines, etc. once lot confirmed ready.
800 (after selection of the selection of	g proposed site call the ecting notification perm umber given at end of i v or IVR to verify results	it if multiple permitting system at 910-893-7525 option 1 to schedule and use code it if multiple permits exist) for Environmental Health inspection. Please note recording for proof of request.  S. Once approved, proceed to Central Permitting for permits.  Inspections Code 800
<ul> <li>Follow above</li> </ul>	instructions for placing	flags and card on property
<ul> <li>Prepare for in possible) and</li> <li>DO NOT LEAV</li> </ul>	Spection by removing then put lid back in place	soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up ( <i>it</i> ace. (Unless inspection is for a septic tank in a mobile home park) TANK
given at end o	f recording for proof of	voice permitting system at 910-893-7525 option 1 & select notification permit <b>00</b> for Environmental Health inspection. Please note confirmation number request.
		Once approved, proceed to Central Permitting for remaining permits.
If applying for authorizati	ion to construct please indi	cate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{}} Innovative	(\(\sigma\) Conventional \(\begin{array}{c}\) Any
{}} Alternative	(_) Other SEE	ATTACHED SOILS WORK
The applicant shall notify question. If the answer is	the local health departme	ent upon submittal of this application if any of the following apply to the property in ATTACH SUPPORTING DOCUMENTATION:
_}YES {) NO	Does the site contain an	y Jurisdictional Wetlands?
_}YES (_X)NO	Do you plan to have an	irrigation system now or in the future?
_)YES (_Y)NO		g contain any drains? Please explain
}YES ()NO	Are there any existing w	vells, springs, waterlines or Wastewater Systems on this property?
_IYES (_V)NO		to be generated on the site other than domestic sewage?
_}YES {_V NO		roval by any other Public Agency?
_}YES {/}YO		s or Right of Ways on this property?
_}YES {NO		y existing water, cable, phone or underground electric lines?
		its at 800-632-4949 to locate the lines. This is a free service.
Have Read This Applicat	ion And Certify That The I	Information Provided Herein Is True, Complete And Correct. Authorized County And
tate Officials Are Granted	Right Of Entry To Condu	act Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
Understand That I Am So	olely Responsible For The I	Proper Identification And Labeling Of All Property Lines And Corners And Making
be Site Accessible So That	A Complete Ste Evaluation	Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

### CONTRACT TO PURCHASE

This contract made and entered into this 15th day of 12013, by and between 1011 Action as SELLER, and 1111 Lordes 1c., as BUYER.	_

#### WITNESSETH

THAT SELLER hereby contracts to sell and convey to BUYER, and BUYER hereby contracts to purchase from SELLER, the following described residential building lot/s, to wit:

Being all of LOT/S, 90, 143, 176, 180 of the Subdivision known as BAWALOWOODS PHASE a map of which is duly recorded in Book of Plats Map 2008 age 329, Harnett County Registry.

Price is \$ 20,000 eq, payable as follows:

Down Payment (payable upon execution of this contract): \$ -0-

Balance of Sale Price (payable at closing):

\$ 80,000

- The LOT/S shall be conveyed by SELLER to BUYER by a General Warranty
  Deed free of all encumbrances other than taxes for the current year, which taxes
  shall be prorated as of closing. The Deed shall be subject to all Restrictive
  Covenants, Utility Easements and applicable zoning ordinances on record at
  the time of closing.
- 2. BUYER acknowledges inspecting the property and that no representations or inducements have been made by SELLER, other than those set forth herein, and that the Contract contains the entire agreement between the parties.
- 3. Closing (Final Settlement) is to take place not later than: NOV31,2013 at the offices of TBA Should BUYER fail to close, the SELLER, at his option, may retain the sum paid as a Down Payment upon the Purchase Price as liquidated damages and declare this Contract null and void and may proceed to resell the LOT/S to a subsequent Buyer.

#### 4. Other Conditions:

Restrictive Covenants for subdivision are recorded in the Office of the Register of Deeds for <u>Harnett County</u> in Book <u>2684</u> Page <u>212-220</u>, or \_\_\_\_\_\_\_, a copy of which has been provided to Buyer.

Building side lines shall be per plat unless otherwise controlled by governmental authority. Property has been surveyed by **Bennett Surveys**, **Inc**.

BUYER must submit house plans to SELLER for architectural conformity and Covenant approval prior to breaking ground.

If the buyer of this transaction elects not the build on said lot(s) and decides to sale the purchased lots instead, TOM NELSON have the first right of refusal to purchase the said lot(s) back from the buyer MCCENNIUM HOMES, LLC

Buyer and Seller and/or their assignees agree that the exclusive marketing for houses built on the above lots will be through ERA Strother Real Estate/LWS Homes/Larry W. Strother. It is intended by this provision that ERA Strother Real Estate/LWS Homes/Larry W. Strother is to be a third party beneficiary of this contract. BUYER covenants and agrees that, should it in turn sell any or all of the lots purchased hereunder to a third party builder, then, and in that event, BUYER covenants to include in its contract to sell such lots that ERA Strother Real Estate/LWS Homes/Larry Strother shall be the exclusive marketing agent therefore and a third party beneficiary under such contract. BUYER'S failure to include such a binding provision in its contract of sale for such lot(s) to a third party builder, as is set forth herein above, shall result in the accrual of liquidated damages payable by BUYER to ERA Strother Real Estate/LWS Homes/Larry Strother in an amount equivalent to twice the amount BUYER originally paid SELLER for such lot(s). BUYER agrees that this liquidated damages clause is not to be construed as a penalty and that same represents a fair estimate of SELLER'S future damages for the breach of this paragraph, which damages would otherwise not be susceptible of accurate calculation.

IN WITNESS WHEREOF the parties have executed this contract this 151 day of

SELLER

BUYER

by Whomever performing work.

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

# Application # 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

Site Address: State HAS Solard Locals Phone: 710-811-13415  Directions to iob site from Hill West aut at Minchan 13415  Directions to iob site from Hill West aut at Minchan 13415  Description of Proposed Work: M.F. # of Bedrooms: 3  Description of Proposed Work: M.F. # of Bedrooms: 3  Description of Proposed Work: M.F. # of Bedrooms: 3  Haated SF: 1979 Unheated SF: 588 Finished Bonus Room? V.S. Craw Space: Slab: V.S. Seneral Contractor Information  License # 1	Owner's Name: MILLENNIUM Homes, U.S.	11/1/2
Subdivision: Baland Service State of Service State Service Service State Service Service Service Service Service Service Service State Service Ser	Site Address Sot #/43 Ballard 11	Date: 11 / 6/19
Subdivision: Description of Proposed Work: NSF # of Bedrooms: 3  Heated SF: 1979 Unheated SF: 588 Finished Bonus Room? VS Crawl Space: Slab: V  General Contractor Information  Building Contractor's Company Name  Description of Work New Statement	Directions to job site from Lillington: 4/1/ West	Phone: 7/0-897-4345
Description of Proposed Work:  Heated SF: 1779 Unheated SF: 588 Finished Bonus Room? S Crawl Space:  General Contractor Information  Building Contractor's Company Name    Signature of Owner/Contractor/Officer(s) of Corporation   Signature of Owner/Contractor/Officer(s) of Corporation   Address   Service Size 200 Amps T-Pole: Yes No     Signature of Owner/Contractor/Officer(s) of Corporation     Signature of Owner/Contracto	Bollard Rd (D) 14 (1)	at Sillincted (R) ON
Description of Proposed Work:  Heated SF: 1779 Unheated SF: 588 Finished Bonus Room? S Crawl Space:  General Contractor Information  Building Contractor's Company Name    Signature of Owner/Contractor/Officer(s) of Corporation   Signature of Owner/Contractor/Officer(s) of Corporation   Address   Service Size 200 Amps T-Pole: Yes No     Signature of Owner/Contractor/Officer(s) of Corporation     Signature of Owner/Contracto	- Way lot is an (1)	CITA (2) onto Gwendaly
Description of Proposed Work:  Heated SF: 1979 Unheated SF: 588 Finished Bonus Room? Ves Crawl Space:  Separal Contractor Information  Building Contractor's Company Name  Description of Work New Separation  Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor's Company Name  Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical/HVAC Contractor Information  Description of Work New Separation  Plumbing Contractor Information  Description of Work New Separation  Plumbing Contractor Information  Description of Work New Separation  Plumbing Contractor Separation  Mechanical/HVAC Separation  Plumbing Contractor Separation  Plumbing Contractor Separation  Email Address		
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General Contractor Information  Building Contractor's Company Name  JOSY 1345  Address  Signal of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information  Description of Work New Residential  Service Size (20) Amps T-Pole: Yes No  Address  Electrical Contractor Information  Service Size (20) Amps T-Pole: Yes No  Address  Email Address  Email Address  License #  Mechanical/HVAC Contractor Information  Description of Work New Size (1) of Corporation  Mechanical/HVAC Contractor Information  Description of Work New Size (1) of Corporation  Mechanical/HVAC Contractor Information  Description of Work New Size (1) of Corporation  Mechanical/HVAC Contractor Information  Description of Work New Size (1) of Corporation  Mechanical/HVAC Contractor Information  Description of Work New Size (1) of Corporation  Description of Work New Size (1) of Corporation  Email Address  JUD-531-3111  Telephone  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work New Size (1) of Corporation  Email Address  JUD-531-3111  Telephone  Signature of Owner/Contractor/Officer(s) of Corporation  License #  L	10708	# of Bedrooms: 3
Building Contractor's Company Name  Telephone  Joenant's Cechurylink. A  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information  Description of Work Acu School Information  Email Address  License #  Description Information  Email Address  License #  Li	General Contractor Information	Yes Crawl Space: Slab: _1
Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work Acus Service Size Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information  Address  Service Size Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical/HVAC Contractor Information  Description of Work Acus Size Owner/Contractor/Officer(s) of Corporation  Mechanical Contractor Information  Description of Work Acus Size Owner/Contractor Information  Description of Work Acus Size Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information  Description of Work Acus Size Owner/Contractor Information  Plumbing Contractor Information  Email Address  Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  Email Address  Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  License #  Email Address  Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  License #  Do Sale Acus Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature of Owner/Contractor/Officer(s) of Corporation  License #  Description of Work Signature o	Cumberland House Pin	ion
Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  Address  Electrical Contractor Information  Electrical Contractor Information  Electrical Contractor Information  Electrical Contractor Size 20) Amps T-Pole: Yes No  219 - 499 - 5389  Electrical Contractor's Company Name  Electrical Contractor's Company Name  Electrical Contractor's Company Name  Electrical Contractor's Company Name  Electrical Contractor Information  Email Address  License #  Mechanical/HVAC Contractor Information  Description of Work  Email Address  License #  Email Address  License #  Email Address  Email Address  Email Address  Email Address  Email Address  License #  Electrical Contractor Information  Description of Work  Email Address  License #  Email Address  License #  Electrical Contractor Information  Description of Work  Email Address  License #  Electrical Contractor Information  Electrical Contractor Information  Email Address  License #  Electrical Contractor Information  Email Address  Email Address  Email Address  Email Address  License #  License	Building Contractor's Company Name	710-890-4345 Telephone
Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  License #  Electrical Contractor Information  Service Size W Amps T-Pole: Yes No  199-499-5389  Telephone  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  Mechanical/HVAC Contractor Information  Description of Work  License #  Mechanical/HVAC Contractor Information  Description of Work  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  Plumbing Contractor/Officer(s) of Corporation  Description of Work  Plumbing Contractor Information  Plumbing Contractor Information  Description of Work  Plumbing Contractor Information  P	Address Dox 127 DWN, NC 28335	
Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  License #  Electrical Contractor Information  Service Size (W) Amps T-Pole: Yes No  License #  Telephone  Address  Email Address  Becapital Contractor of Corporation  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  Address  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  Address  Signature of Owner/Contractor Officer(s) of Corporation  Plumbing Contractor Information  Description of Work  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information  Description of Work  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information  Description of Work  Address  Email Address  License #  Plumbing Contractor Scompany Name  Baths 2/2  Plumbing Contractor's Company Name  Email Address  License #  Email Address  License #  Email Address  License #  Email Address  License #  Lic	ardies 1	Amail Address
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Service Size: 200 Amps T-Pole: Yes No    199 - 499 - 5389   Telephone		License #
Electrical Contractor's Company Name  SHo Les in Sanford, NC  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  Mechanical/HVAC Contractor Information  Description of Work  Mechanical Gontractor Scompany Name  Telephone  Telephone  Email Address  Westard Gontractor Information  Telephone  Email Address  Email Address  Email Address  Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information  Description of Work  Plumbing Contractor Information  Plumbing Contractor Information  Plumbing Contractor Scompany Name  Social Lizabelina May Daslaro, NC  Address  Email Address  Email Address  Email Address  Email Address  Email Address  Email Address  License #  Email Address  License #  Lice	Description of Work New Residential Service Size	ESO) Amps T-Pole: //oc No
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Description of Work    Contractor Information   Description of Work   Company Name   Description   Descripti	Signature of Owner/Contractor/Officer(s) of Corporation	
Mechanical Contractor Scompany Name  Signature of Work  Plumbing Contractor Information  Description of Work  Plumbing Contractor Scompany Name  Plumbing Contractor Scompany Name  Soso Elizabethan Austral  Address  Email Address  # Baths  # Baths	Mechanical/HVAC Contractor Infor	License # mation
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Address  Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work  Plumbing Contractor Information  Plumbing Contractor's Company Name  Sose Lizabethour May Lastwo, NC  Address  Signature of Owner/Contractor/Officer(s) of Corporation  License #  Email Address  Email Address  Email Address  License #	Centitied fleating & Air 110	910-818-11/00
Email Address  Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information  Description of Work  Residential  # Baths  2/2  Plumbing Contractor's Company Name  Funds  Funds  Funds  Funds  Funds  Funds  Funds  Funds  Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  Email Address  Email Address  License #		Telephone/
Signature of Owner/Contractor/Officer(s) of Corporation  Description of Work   Contractor Information   License #  Plumbing Contractor Information   # Baths   2/2  Plumbing Contractor's Company Name   Plumbing Contractor's Company Name   Telephone    Sose Elizabeth four May Lastwo NC   Address   Email Address   Table    Signature of Owner/Contractor/Officer(s) of Corporation   License #		3 N/A
Description of Work New Residential #Baths 2/2  Curtis Taircloth Plumbing #Baths 2/2  Plumbing Contractor's Company Name 9/0-53/-3///  Telephone 9/0-53/-3///  Telephone Email Address 1/269  Signature of Owner/Contractor/Officer(s) of Corporation License #	Land Del	Email Address
Description of Work New Residential #Baths 2/2  Curtis Taircloth Plumbing #Baths 2/2  Plumbing Contractor's Company Name 9/0-53/-3///  Telephone 9/0-53/-3///  Telephone Email Address 1/269  Signature of Owner/Contractor/Officer(s) of Corporation License #	Signature Own Contractor/Officer(s) of Corporation	20012
Description of Work New Residential #Baths 2/2  Luris Faircloth Plumbing #Baths 2/2  Plumbing Contractor's Company Name #Baths 2/2  Telephone  Email Address  Links Fairclothus Alwy Rasebro NC  Signature of Owner/Contractor/Officer(s) of Corporation  License #	Plumbing Contractor Information	License # on
Plumbing Contractor's Company Name  SOSG Elizabeth four May Lastoro, NC  Address  Limits Frincloff  Signature of Owner/Contractor/Officer(s) of Corporation		$\gamma u$
Sold Elizabeth law Lasebro NC  Address  Signature of Owner/Contractor/Officer(s) of Corporation  Telephone  Email Address  License #	Curtis Faircloth Plumbing	04.
Address  Links Faincloff  Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  7269  License #	Flumbing Contractor's Company Name	
Signature of Owner/Contractor/Officer(s) of Corporation  Email Address  7169  License #	Address.	
Signature of Owner/Contractor/Officer(s) of Corporation  Insulation Contractor Information  License #  Insulation Contractor's Company Name & Address 124 State   199 State	Custo Fainchelle	Email Address
Insulation Contractor Information  FN SULPT ING TING 5902 FAVETTEVILLE RD 919 398-2952  Insulation Contractor's Company Name & Address 124 Street License #	Signature of Owner/Contractor/Officer(s) of Corporation	1269
Insulation Confractor's Company Name & Address Payetter, we RD 919 398-2952	Insulation Contractor Information	
ITISUIGNOT CONTRACTOR'S COMPANY Name & Address 14.	TNOUGHTING INC. 5902 FAVETTEVILLE	RD 919 398-2952
WIT LEIGHT NC Telephone	Insulation Contractor's Company Name & Addres RALEIGH NO	Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

Homeowners Applying to Ruild Their Own H	
Homeowners Applying to Build Their Own Home  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 requestions)	on. :t)
Do you own the land on which this building will be constructed?  Yes No	·L)
2. Have you hired or intend to hire an individual to superintend and	
Yes No     Do you intend to directly control & supervise construction activities? Yes No	
4. Do you intend to schedule, contract, or directly pay for all phases of	
YesNo 5. Do you intend to personally occurs the building.	
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	
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 if <a href="mailto:any">any</a> 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.  Date	<b>;</b>
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 waste forth in the permit:	
Has three (3) or more employees and has obtained workers' compensation insurance to cover the	n.
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.	æ
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 properties of the permitted work from a compensation insurance properties.	
carrying out the work.	ior
co issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.  Company or Name:	ior

```
LILLINGTON, NC 27546
    For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
    Bldq Insp scheduled before 2pm available next business day.
  Application Number . . . . . 13-50032444
Property Address . . . . . 207 GWENDOLYN WAY
                                                Date 1/06/14
  PARCEL NUMBER . . . 08-0652- - -0089- -29-
  Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . BALLARD WOODS 4-B 21LOTS
  Property Zoning . . . . . . RES/AGRI DIST - RA-30
                                  Contractor
  Owner
  ______
                                  NELSON THOMAS W & LORRAINE B
                                 CUMBERLAND HOMES INC
                                 PO BOX 727
  3075 AB CARTER RD
  FAYETTEVILLE NC 28312
                                 DUNN
                                                   NC 28335
                                  (910) 892-4345
 Applicant
  CUMBERLAND HOMES INC #143
 PO BOX 727
                  NC 28335
 DUNN
 (910) 892-4345
 Structure Information 000 000 50X40 3BDR SLAB W/ GARAGE
 Flood Zone . . . . . . FLOOD ZONE X
 Other struct info . . . . # BEDROOMS
                                                  3000000.00
                          PROPOSED USE
                                                 SFD
                         SEPTIC - EXISTING?
WATER SUPPLY
                                               NEW TANK
COUNTY
______
 Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT
 Additional desc . .
 Phone Access Code .
                   1008465
 Issue Date . . . 1/06/14
Expiration Date . . 1/06/15
                                  Valuation . . . .
                                                             0
 ______
  Special Notes and Comments
  T/S: 11/07/2013 02:54 PM JBROCK ----
  BALLARD WOODS LOT 143
  PREMISE # 23956502
  PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
  INSULATION AND LAND USE.
  Work must conform and comply with the
  STATE BUILDING CODE and all other State
  and local laws, ordinances & regulations
```

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . . 13-50032444
Property Address . . . . . . 207 GWENDOLYN WAY Date 1/06/14. PARCEL NUMBER . . 08-0652- - -0089- -29-Application description . . . CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . BALLARD WOODS 4-B 21LOTS Property Zoning . . . . . RES/AGRI DIST - RA-30 Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . . Phone Access Code . 1008465

#### Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE		1 1
20	103	B103	R*BLDG FOUND & TEMP SVC POLE		
20-30	814	A814	ADDRESS CONFIRMATION	·	' <sub>/</sub> ' <sub>/</sub>
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	· · · · · · · · · · · · · · · · · · ·	—' <sub>/</sub> —' <sub>/</sub> —
30-999	309	P309	R*PLUMB UNDER SLAB		—·/—·/—
30	104	B104	R*FOUND & SETBACK VERIF SURVEY		
40-50	129	I129	R*INSULATION INSPECTION		—'/—'/—
40-60	425	R425	FOUR TRADE ROUGH IN		— <i>'</i> /—'/—
40-60	125	R125	ONE TRADE ROUGH IN		
40-60	325	R325	THREE TRADE ROUGH IN		
40-60	225	R225	TWO TRADE ROUGH IN		
50-60	429	R429	FOUR TRADE FINAL		<u> </u>
50-60	131	R131	ONE TRADE FINAL	· · · · · · · · · · · · · · · · · · ·	
50-60	329	R329	THREE TRADE FINAL		— <sub>'</sub> /—-'/—
50-60	229	R229	TWO TRADE FINAL		
999		H824	ENVIR. OPERATIONS PERMIT	··	—' <i>/</i> —' <i>/</i> —

Plan Box #_A	<del>}</del> \	Date Job Name	e Cumber	ond
App # 324	44 v	aluation 15898		2447
Inspections for S	FD/SFA			
Crawl	Slab	Mono	Basement	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation	
			Final	
Foundation Surve	eyEn	vir. Health		
Foundation Surve	•••••••	vir. Health	Final	52
Additions / Other Footing	•••••••	vir. Health	Final	52
Additions / Other	•••••••	vir. Health	Final	52
Additions / Other  Footing Foundation	•••••••	vir. Health	Final	52
Additions / Other  Footing  Foundation Slab Mono	•••••••	vir. Health	Final	52

