

Initial Application Date: 2/6/14 Application # 1450032924 CU _____

Owner: Crestview Development COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7925 Fax: (910) 893-2793 www.harnett.org/permits

BUYER: SILVERADO HOMES, LLC Mailing Address: P.O. Box 727

City: Dunala State: NC Zip: 28335 Home #: 910-892-4345 Contact #: 910-892-2120

APPLICANT: Cumberland Homes, Inc Mailing Address: Same as above

City: " State: " Zip: " Home #: " Contact #: "
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: And Phone #: 910-892-4345

PROPERTY LOCATION: Subdivision: Cacalia Seasons Lot #: 19 Lot Acreage: 34

State Road #: 1201 State Road Name: Ponderosa Rd Map Book & Page: 2009 96

Parcel: 09956702 0006 1B PIN: 9567-01-196B.000

Zoning: RA-20R Flood Zone: X Watershed: N/A Deed Book & Page: 02581 0811 Power Company: CEAC

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 27 West From Lillington, Take Right on Johnsonville School Rd, Take Right on Ponderosa Rd, Turn Left into Subdivision, Turn Right on Green Links Drive, (L) ON SPRINGFLOWERS DR. LOT IS ON (R)

PROPOSED USE: (Include Bonus room as a bedroom if it has a closet) Screen Deck PATIO Circle: Slab

SFD (Size 35 x 50) # Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) _____ Garage _____ Crawl Space Slab

Mod (Size _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF

Manufactured Home: _____ SW _____ DW _____ TW (Size _____) # Bedrooms _____ Garage _____ (site built?) _____ Deck _____ (site built?) _____

Duplex (Size _____) No. Buildings _____ No. Bedrooms/Unit _____

Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ #Employees _____

Addition/Accessory/Other (Size _____) Use _____ Closets in addition () yes () no

*Homes with Progress Energy as service provider need to supply premise number from Progress Energy

Water Supply: County Well (No. dwellings _____) MUST have operable water before final
Sewage Supply: New Septic Tank (Complete New Tank Checklist) Existing Septic Tank County Sewer
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO
Structures (existing or proposed): Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks: Comments: _____

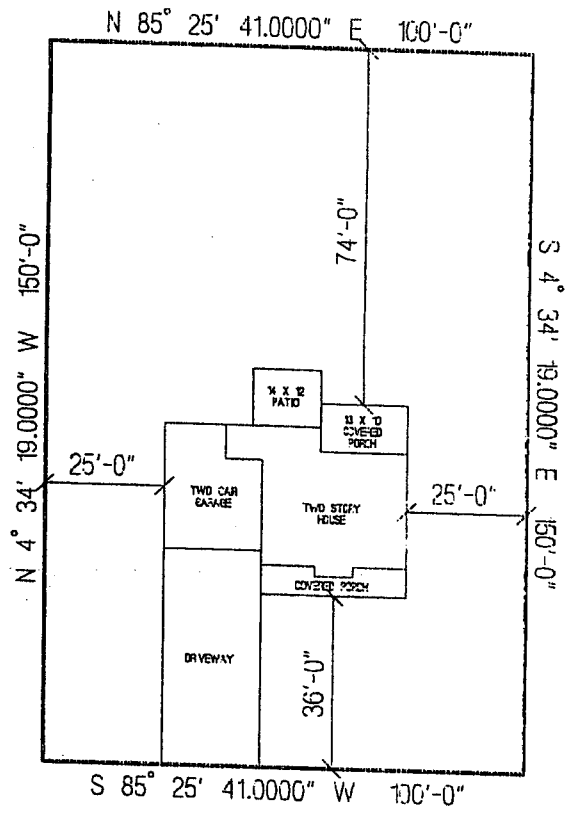
Front	Minimum	<u>35</u>	Actual	<u>36</u>
Rear		<u>25</u>		<u>74</u>
Closest Side		<u>10</u>		<u>25</u>
Sideline/corner lot		<u>20</u>		<u>N/A</u>
Nearest Building on same lot		<u>N/A</u>		<u>N/A</u>

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 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: [Signature] Date: 2/10/14

"This application expires 6 months from the initial date if no permits have been issued"

A RECORDED SURVEY MAP, RECORDED DEED (ON OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
Please Use Blue or Black Ink ONLY



SITE PLAN APPROVAL
 DISTRICT BAACR USE SFD
 #BEDROOMS 3
 Date 2-18-14
 Zoning Administrator [Signature]

SILVERADO HOMES, LLC.
 LOT # 19 CAROLINA SEASONS
 THE CHARLESTON WITH COVERED PORCH
 SCALE: 1"=40'

NAME: _____

APPLICATION #: _____

This application to be filled out when applying for a septic system inspection.

County 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 IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you 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.**
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

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 3 BEDROOM

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any easements or Right of Ways 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.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2/6/14
DATE

CONTRACT TO PURCHASE

This contract made and entered into this 18th day of FEB, 2014, by and between Crestview Development, LLC, as SELLER, and SILVERADO HOME, 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 19 of the Subdivision known as Carolina Seasons Phase 2 Section 1 a map of which is duly recorded in Book of Plats Map 2009 Page 438-440, Part _____, Harnett County Registry.

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

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

Balance of Sale Price (payable at closing): \$20,000

1. 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 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: August 15, 2014 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 Registrar of Deeds for Harnett County in Book 2652 Page 530-538, 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.

Buyer may be charged a fee of \$150.00 by Carolina Season HOA.

Buyer and Seller and/or their assigns 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.

Additionally: _____

IN WITNESS WHEREOF the parties have executed this contract this day 28th of June 2011.


SELLER
Crestview Development, LLC.


BUYER

Harnett County
102 EAST FRONT ST
P O BOX 65
LILLINGTON NC 27546

DATE: 2/18/14
TIME: 9:33:49

RECEIPT #: 0000010615
CASHIER: JBROCK

APPLICATION NBR: 14-50032924
LOCATION ADDR: 162 SPRING FLOWERS DR
REFERENCE: NEW TANK

ITEM DESCRIPTION	PAID
-----	-----
SOIL EVAL/NEW SEPTIC TANK	750.00
TOTAL AMOUNT PAID:	750.00
PAYMENT TYPE: ESCROW	

*Caroline
Seasons
Lot 19*

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

Application # 1450032924

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

Application for Residential Building and Trades Permit

Owner's Name: SILVERADO HOMES, LLC Date: 2/6/14
Site Address: 1162 SPRING FLOWERS DR Phone: 910-892-4345
Directions to job site from Lillington: 27 West Front Lillington, (R) on Johnsonville School Rd, (R) on Paddarasa Rd, (L) into 510, (R) on Green Links Dr, (L) ON SPRING FLOWERS, LOT ON (R)
Subdivision: Carolina Seasons Lot: 19
Description of Proposed Work: NSF #Bedrooms: 3
Heated SF 1979 Unheated SF _____ Finished Rec Room? YES Crawl Space () Slab

General Contractor Information

Cumberland Homes 910-892-4345
Building Contractor's Company Name Telephone
PO Box 727 Dunn, NC 28335 59493
Address License #
Dany Harris
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out second page

Electrical Permit Information

Description of Work New Service Size: 200 Amps TPole yes/no
Wester + Pace 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 27330 12007-U
Address License #
William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work New RESIDENTIAL
CERTIFIED HEATING & AIR, LLC 910 818-0600
Mechanical Contractor's Company Name Telephone
P.O. BOX 1071, HOPE MILLS, NC 20012
Address License #
Carry Parker
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work New RESIDENTIAL # Baths 2 1/2
CURTIS FAIRCLOTH PLUMBING 910-531-3111
Plumbing Contractor's Company Name Telephone
5056 ELIZABETH TOWN HWY 7269
Address License #
C Faircloth ROSEBORO NC
Signature of Officer(s) of Corporation 28382

Insulation Permit Information

INSULATING INC. 5902 FAYETTEVILLE RD 910 398-2952
Insulation Contractor's Company Name & Address Telephone
RALEIGH NC
27603

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 request)

1. Do you own the land on which this building will be constructed? yes no
2. 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
4. 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? yes no

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 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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

2/6/14
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

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 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.

Company or Name: Cumberland Homes

Sign w/Title: [Signature] his owner

Date: 2/6/14

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES
Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D is Required.

Today's Date <u>2/6/14</u>	*Deposits shown apply for customers with approved credit only!		
	Fees Due: Deposit, Owner, Water	\$25	Connection Fee, all accounts: \$15
Date Service Requested: <u>Will Call</u>	Deposit, Owner, Sewer	\$25	
	Deposit, Rental, Water	\$50	
	Deposit, Rental, Sewer	\$50	Meter Fee: \$70

This agreement is to request Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

Please Print:

Service Address: Lot #19 Carolina Seasons Landlord: _____

Applicant's Name: SILVERADO HOMES, LLC

Applicant's Social Security #: _____ DL#: _____ Birthdate: _____

Co-Applicant's Name: _____

Co-App's Social Security #: _____ DL#: _____ Birthdate: _____

Applicant's Billing Address: P.O. Box 727

Town: Dunn State: NC Zip: 28335

Home Phone #: 910-892-4345 Cell Phone #: _____

Previous Address: _____

Employer's Name: _____ Phone #: _____

Employer's Address: _____

Co-Applicant's Employer: _____ Phone #: _____

Name of Nearest Relative: _____ Phone #: _____

Mailing Address: _____

I, the undersigned, do agree to abide by the rules and regulations of the Harnett County Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature: [Signature]

Amount Paid: _____	Cash: _____	Check: _____	Account #: _____
Account # Transferred From: _____	Date To Turn Off: _____		
Address of Transferred Account: _____	Turn On: _____	Read Only: _____	Install: _____

Plan Box # AA1

Date 2-19-14

Job Name Cumberland

App # 32924

Valuation ^{\$} 161645

Heated SQ Feet 1979

Garage 509

= 2488

Inspections for SFD/SFA

Crawl

Slab

Mono

Basement

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey

Envir. Health

Other

Additions / Other

Footing

Foundation

Slab

Mono

Open Floor

Rough In

Insulation

Final

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 14-50032924 Date 3/03/14
Property Address 162 SPRING FLOWERS DR
PARCEL NUMBER 09-9567-02- -0006- -18-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name CAROLINA SEASONS PH 2 80LOTS
Property Zoning RES/AGRI DIST - RA-20R

Owner	Contractor
-----	-----
CRESTVIEW DEVELOPMENT LLC	CUMBERLAND HOMES INC
PO BOX 727	PO BOX 727
DUNN NC 28334	DUNN NC 28335
	(910) 892-4345

Applicant

CUMBERLAND HOMES INC #19
PO BOX 727
DUNN NC 28335
(910) 892-4345

--- Structure Information 000 000 35X50 3BDR SLAB W/ GARAGE & SCR PORCH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT
Additional desc . . .
Phone Access Code . . . 1020098
Issue Date 3/03/14 Valuation 0
Expiration Date . . . 3/03/15

Special Notes and Comments
T/S: 02/18/2014 09:28 AM JBROCK ----
CAROLINA SEASONS #19
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
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
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number	14-50032924	Page	2
Property Address	162 SPRING FLOWERS DR	Date	3/03/14
PARCEL NUMBER	09-9567-02- -0006- -18-		
Application description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	CAROLINA SEASONS PH 2 80LOTS		
Property Zoning	RES/AGRI DIST - RA-20R		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1020098		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
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	_____	___/___/___
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	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

MAP NO. 2008-98-98

DEED REFERENCE: DEED BK 2581, PAGE 811

MAP REFERENCE: MAP NO. 2008-98-98

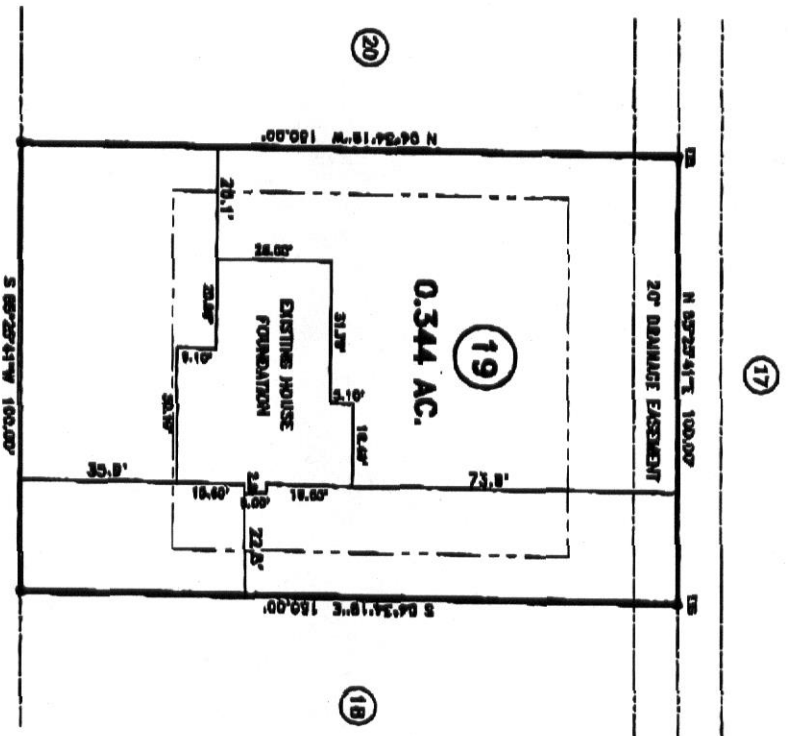


M. R. Bell
Surveyor General
1 - 1918

NOTICE TO THE PUBLIC: I, the undersigned, Surveyor General of the State of North Carolina, do hereby certify that this plan was drawn under my supervision and that the measurements and bearings thereon were taken by me or by a duly qualified and licensed surveyor under my direct supervision and that the same are true and correct to the best of my knowledge and belief.

PROPERTY OWNERS: [List of names and addresses]

ADJACENT PROPERTY: [List of adjacent property owners and addresses]



"SPRING FLOWERS DR." 50' R/W

172
1450032924

PROPERTY FOUNDATION LOCATION SURVEY - LOT - 19 CAROLINA SEASONS, PHASE - Z-SECTION - 1		DEWITT SURVEYS ISAAC CLARK RD., LILLINGTON, N.C. 27046 (910) 997-2222	
TOWNSHIP JOHNSBOROUGH	COUNTY ALBERTY	DATE APRIL 14, 2014	SCALE 1" = 40'
STATE NORTH CAROLINA	DATE APRIL 14, 2014	SCALE 1" = 40'	PREPARED BY MRS. [Name]
ZONE UNZONED	DATE APRIL 14, 2014	SCALE 1" = 40'	CHECKED & CLOSING BY MRS. [Name]
ADJACENT PROPERTY [List of adjacent properties]		FIELD BOOK FILE NO. [Number] DRAWING NO. [Number]	