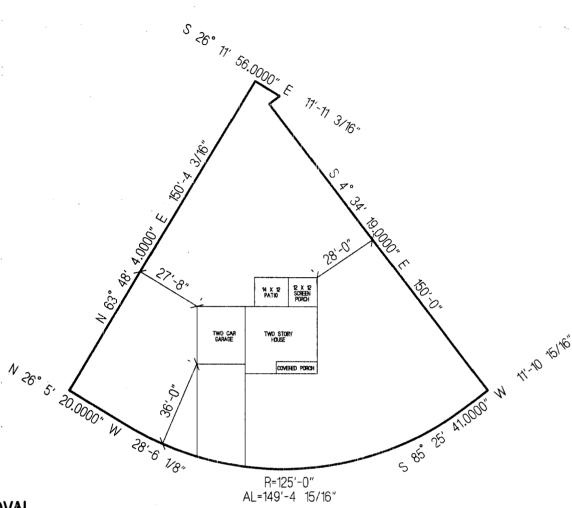
Initial Application Date: 2/6/14 Application # 1450032925
County of HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Littington, NC 27548 Phone; (810) 893-7525 Fax: (810) 893-2793 www.harnett.org/permits
SILVERADO HOMES 4 CONSULTING Addition: P.O. Box 727
City: Dunk State: VCxip: 28335 Home #: 910-892-4345 Contect #: 910-892-2120
APPLICANT: Line berland flaces lot Mailing Address: Same as above
City: // State: // Zip: // Home #: Contact #: //
*Please III out applicant information II different than landowner CONTACT NAME APPLYING IN OFFICE: 624 Phone #: 910 - 892 - 4345
21
Acces de la contraction de la
And I am I a
Zoning: RA-2012 Flood Zone: Watershed: NA Deed Books Page: 02581; 081/ Power Company: CEAL Page: 02581; 081/ Power Company: CEAL
Delia of Alaman American State of American Salar State of American Salar State of American Salar Salar State of American Salar State of American Salar
The Left into Subdivision Town Kinht on Green Links Drive.
(TE) ON SPRINGFLOWERS BR. LOT IS ON (R)
WE TO STEIN OF COURSES ARE THE PROPERTY OF THE
5creen
PROPOSED USE: (Include Benue room as a bedroom if it has a cleast) SFD (Size 50 x 40) # Bedrooms 3 * Batha22 Basement (w/wo bath) Garage Crawl Space Blab
Mod (Sizex) # Bedrooms # Beths Basement (w/wo bath) Garage Site Built Deck ON Frame / OFF Manufactured Home:SWDWTW (Sizex) # Bedrooms Garage (eite built?)
U Manufactured Home:SWDWTW (Sizex) # BedroomsGarage(eite built?) Deck(eite built?) Upplex (Sizex) No. Buildings
□ Home Occupation # Floorins Use Hours of Operation: #Employees
O Addition/Accessory/Other (Sizex Use Closets in addition(_)yes (_)no
'Homes with Progress Energy as service provider need to supply premise number from Progress Energy
Water Supply: (County
Sewage Supply: (New Septic Tank (Complete New Tank Checkilet) () Existing Septic Tank () County Sewer
Property owner of this tract of land own land that contains exmanufactured from w/in five hundred feet (500") of tract listed above? Wenufactured (existing or proposed): Shrigts family dwellings
ans. (abanit)
Required Residential Property Line Setbecke: "Commente:
Front Minimum 35 Actual 36
Rear AS 376
Cidsesi Side
Bidestrest/comer tot 20 N/A
Nearest Building N/A N/A
The state of the s
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.
hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
2/10/14
Signature of Owner or Owner's Agent "This application explanation of the Indian Company
"This application expires 6 months from the initial dats if no permits have been issued" A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHABE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
AND USE Please use Blue or Black Ink ONLY



SITE PLAN APPROVAL

DISTRICT RIA 20 PUSE ST

#BEDROOMS

GREEN LINKS DRIVE

SILVERADO HOMES, LLC. LOT # 21 CAROLINA SEASONS THE SIERRA II WITH COVERED PORCH SCALE: 1"=40'

N.	ME: 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
	THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
PE	RMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
ae	ending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration) 910-893-7525 option 1 CONFIRMATION #
ts/	Environmental Health New Septic System Code 800
42	 Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximate.
	every 50 feet between corners.
	• Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, deck
	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 so
	 If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the so 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 cod
	800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please not
	 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.
Ü	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. (Unles
	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 multiple permits, then use code 900 for Environmental Monthly increasing. Place a select notification permit
	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.
CE	
	PTIC pplying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
) Accounted () 7
	(2) (3)
-	Alternative [_] Other 3 BEDROOM PERMIT
The que:	applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in tion. If the answer is "yes", applicant must attach supporting documentation.
-	YES (
	YES (NO Do you plan to have an <u>irrigation system</u> now or in the future?
	YES (V) NO Does or will the building contain any <u>drains</u> ? Please explain.
	YES (NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
	YES (1) NO Is any wastewater going to be generated on the site other than domestic sewage?
	YES (1) NO Is the site subject to approval by any other Public Agency?
	YES (1) NO Are there any easements or Right of Ways on this property?
(}	YES (1) 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 Hav	Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct, Authorized Courts A.
Juic	officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And P. J.
LOHU	assumed I had I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Maldan
The S	te Accessible So That A Complete Site Evaluation Can Be Performed.
	2/1/11
PRO	PERTY OWNERS OR OWNERS LEGAD REPRESENTATIVE SIGNATURE (PEOUPER)

CONTRACT TO PURCHASE

This contract made and entered into this 18th day of FE DY. 2015 and between Creatylew Development, LLC as SELLER, and BULYER, and BULYER,

WITNESSETH

THAT SPLLER hereby contracts to sell and convey to BUYER, and BUYER hereby contracts to purchase from SELLER, the following described residential building love, to wit:

Being all of LOT/S_1 of the Subdivision known as Carolina Seasons Phase 2 Section 1 a map of which is duly recorded in Book of Plate Map 2009 Page 438-440, Part Harnett County Registry.

Price is \$2000, payable as follows:

Down Payment (payable upon execution of this contract):	<u>\$-0-</u>
Balance of Sale Price (payable at closing):	e 2 2000

- The LOT/S shall be conveyed by SELLER to buyer by a General W. ranty
 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
 Covenanta, Utility Essements and applicable zoning ordinances on record at
 the time of closing.
- 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 1530/4 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 vold and may proceed to resall 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 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 <u>Bennett Surveys</u>, Inc.

Buyer must submit house plans to SRLLER 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 assigness 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.

Addition	nally:
SELLES Crestvie	IN WITNESS WHEREOF the parties have executed this contract this day 28th of June 2011. BUYER BUYER

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

DATE:

2/18/14

TIME: 9:33:28

RECEIPT #: 0000010614

CASHIER: JBROCK

APPLICATION NBR: 14-50032925

LOCATION ADDR: 212 SPRING FLOWERS DR

REFERENCE:

NEW TANK

ITEM DESCRIPTION

SOIL EVAL/NEW SEPTIC TANK

750.00

TOTAL AMOUNT PAID:

750.00

PAYMENT TYPE: ESCROW

Cordina Seasons Lest 21

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

Application # 14-500 32925

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 Tr	ades Permit
Owner's Name: SILVERADO HOMES, LLC	Date: 2 (6) 14
Site Address: ZIZ SPRINGFLOWERS DR Phone	910-892-4345
Directions to job site from Lillington: 27 West Front Lillington	
Jepasawille School Id, FD on Parderosa R	167) 1/2 5/1
(B) and Green Links Dr. , (D) ON SPRING	PLOWERS, LOT ON (R)
Subdivision: Larolina Seasons	Lot: 2/
Description of Proposed Work: NSE	#Bedrooms: 3
Heated SF <u>1877</u> Unheated SF Finished Rec Room?	Crawl Space () Slab
General Contractor Information	, ,
Building Contractor's Company Name Telephone	392-4345
Po Box 727 Dunn, NC 28335	
Address Address	59493
Harry hours	License #
Signature of Owner/Contractor/Officer(s) of Corporation Must sign & fill out	second page
Electrical Permit Information	
Wester D	
Electrical Contractor's Company Name	99-5389
546 Leslie Or. Sanford, NC. 27330	12 00 5
Address ~	12007-U License #
William Wester	LICEIISE #
Signature of Officer(s) of Corporation	•
Mechanical Permit Information	
Description of Work New RESIDENTAL	
Mechanical Contractor's Company Name P. O. Box 1071 Hope Mills NC Address Address Address Address Address	10 818-0600
P. O. BOY (A. 71 1/2 4/5 A.C.)	е
Address 7200 Address	20012
7/ 0 1 / 48348	
_ Corry Varles	License #
Signature of Officer(s) of Corporation	License #
Signature of Officer(s) of Corporation Plumbing Permit Information	
Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work New RESIDENCE	1
Signature of Otycer(s) of Corporation Plumbing Permit Information Description of Work New RESIDENTAL # CURTIS FARCATH PLUS AND A	Baths 2 1/2
Signature of Otycer(s) of Corporation Plumbing Permit Information Description of Work New RESIDENTAL # CURTIS FAIRCOTH PLUMBING 910 Plumbing Contractor's Company Name Telephone	Baths 2 12
Signature of Otycer(s) of Corporation Plumbing Permit Information Description of Work New Resident # CURTIS FAIRCOTH PLUMBING 910 Plumbing Contractor's Company Name Telephone	Baths 2 12
Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work New Resident # CURTIS FAIRCOTH PLUMBING 910 Plumbing Contractor's Company Name Telephone 5056 EXTABETH TOWN HWY Address D OAA ROSE 3020 NC	Baths 2 12
Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work New RESIDENTAL # CURTIS FAIRCOTH PLUMBING 910 Plumbing Contractor's Company Name Telephone 5056 EXTRACTITIONN HWY Address POSEISORD NC 28382	Baths 2 12 -531-3111 7269
Signature of Officer(s) of Corporation Plumbing Permit Information Plumbing Permit Information Plumbing Permit Information Plumbing Permit Information ### Plumbing Permit Information ### Plumbing Permit Information #### ### Plumbing Permit Information ###################################	Baths 2 12 -531-3111 7269
Signature of Otycer(s) of Corporation Plumbing Permit Information Description of Work New Residence #10 CURTIS FAIRCOTH PLUEGING 910 Plumbing Contractor & Company Name Telephone Telephone Address POSETSORD NC 28382 Signature of Officer(s) of Corporation Insulation Permit Information	Baths_2 12 -531-3111 7269 License #
Signature of Officer(s) of Corporation Plumbing Permit Information Plumbing Permit Information Plumbing Permit Information Plumbing Permit Information ### Plumbing Permit Information ### Plumbing Permit Information #### ### Plumbing Permit Information ###################################	Baths 2 12 -531-3111 7269

Application #	
---------------	--

the second and the Build Their Own Home
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)
Do you own the land on which this building will be constructed?yesno
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
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?
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 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 of Owner/Contractor/Officer(s) of Corporation 2 / 6 / 1 / 9 Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
Signature of Owner/Contractor/Officer(s) of Corporation Date 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: 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 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
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 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
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
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.
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

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.

TOTAL TEXAS	*Deposits shown apply for customers with approved credit only!				
1/1/1/	The Demonit (Number Wales 1942) Commended				
Today's Date 2/6/14	Pees Due: Deposit, Owner, Water Deposit, Owner, Sewer \$25 all accounts: \$15				
	Deposit, Owner, Source				
Date Service Requested: Will Call	Deposit, Roman, Water and a grant and a gr				
and Regulations, to provide water and/or some	nt of Public Utilities through normal procedures and in accordance with the District's Rules connections at the following location:				
Please Print: Service Address: 42/	Jarolina Seasons Landlord:				
Service Audi essigning	too Homes, uc				
Applicant's Name: S/LVERA	to Home 5, 500				
	DL#: Birthdate:				
Applicant's Social Security #:	DLIT.				
Co-Applicant's Name:					
Co-App's Social Security #:	Rirthdate:				
Co-App's Social Security #					
Applicant's Billing Address: 10.	Box 727				
Applicant's bining reduces.	1/2 Tim 28335				
Town: Durla	State: NC Zip. 2008				
Home Phone #: 910 - 892 - 434	State: <u>X</u> Zip: <u>28335</u> Cell Phone #:				
Home Phone #: /// 6 18 43					
Previous Address:					
T TO TOUS / Tour Good	Phone #:				
Employer's Name:	Phone #:				
	er g				
Employer's Address:					
	Phone #:				
Co-Applicant's Employer:					
and the testing	Phone #:				
Name of Nearest Relative:					
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:					
Amount Paid:Cash:	Check:Account #:				
Amount Paid:Cash: Account # Transferred From:	Check:Account #: Date To Turn Off:				

Plan Box #	ABI 925 1	Date Job Name Valuation 153134		- - 2
Inspections fo	or SFD/SFA		Garage <u> 48</u> = <u>235</u>	
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 Su	rveyE	nvir. Health	· ·	
Foundation Su		nvir. Health	Final	
••••••		nvir. Health	Final	

```
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.
   Application Number . . . . 14-50032925
                                              Date 3/03/14
   Property Address . . . . . . 212 SPRING FLOWERS DR
                 . . 09-9567-02- -0006- -20-
   PARCEL NUMBER
   Application type description CP NEW RESIDENTIAL (SFD)
   Subdivision Name . . . . . CAROLINA SEASONS PH 2 80LOTS
   Property Zoning . . . . . . RES/AGRI DIST - RA-20R
                                 Contractor
                                 ______
   _____
   CRESTVIEW DEVELOPMENT LLC
                                 CUMBERLAND HOMES INC
                                PO BOX 727
   PO BOX 727
               NC 28334
   DUNN
                                DUNN
                                                 NC 28335
                                (910) 892-4345
   Applicant
   CUMBERLAND HOMES INC #21
   PO BOX 727
                  NC 28335
  DUNN
   (910) 892-4345
  Structure Information 000 000 50X40 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 . 1020056
  Issue Date . . . . 3/03/14 Expiration Date . . . 3/03/15
                                 Valuation . . . .
                                                          0
_____
  Special Notes and Comments
   T/S: 02/18/2014 09:28 AM JBROCK ----
   CAROLINA SEASONS #21
   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

LILLINGTON, NC 27546

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.

Page Date 3/03/14 Application Number 14-50032925

Property Address 212 SPRING FLOWERS DR PARCEL NUMBER . . 09-9567-02- -0006- -20-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 . 1020056

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 30-999 30 40-50 40-60 40-60 40-60 50-60 50-60 50-60	101 103 814 111 309 104 129 425 125 325 225 429 131 329 229	B101 B103 A814 B111 P309 B104 I129 R425 R125 R325 R225 R429 R131 R329 R229	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*BLDG SLAB INSP/TEMP SVC POLE R*PLUMB UNDER SLAB R*FOUND & SETBACK VERIF SURVEY R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL		
999 999		H824 H828	ENVIR. OPERATIONS PERMIT ENVIRO. WELL PERMIT		/,/,

