Application Date: 14 Aug 14 Application # 14-500 34435
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: race Harnes Inc Mailing Address: 3857 Legion Rd
City: HOPE MINS State NC Zip: 28348 Contact No: (910) 426 2244 Email: Office @ trace homesing of
APPLICANT*: Trace Homes In Mailing Address: 3857 Legion Rol
City: HCDP.MILLS State: NY 710 283 190 407-1780 00 00 00
*Please fill out applicant Information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Brian McLean Phone # 910 987 1789
PROPERTY LOCATION: Subdivision: Marketplace Lot #: 105 Lot Size: .46 AC
State Road #State Road Name: DIOE Chip C+ Map Book & Page: 12019 1199
Parcel: 039597 0036 32 PIN: 9597-11 0174
Zoning 14-101 Flood Zone: Watershed: NA Deed Book & Page: 43047 Power Company*: Control Floor
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
SFD: (Size 54 x 52) # Bedrooms # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Mono' Slab:
(Is the bonus room finished? (X) yes (_) no w/ a closet? (X) 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:
Closets in addition? () yes () no
Water Supply: County 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 (X) no
Does the property contain any easements whether underground or overhead () yes $(\stackrel{\textstyle extstyle \times}{ extstyle \times})$ no
Structures (existing or proposed): Single family dwellings: DROPOSET Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 40
Rear <u>25</u> <u>117</u>
Closest Side 10 23
Sidestreet/corner lot
Nearest Building on same lot

Page 1 of 2
APPLICATION CONTINUES ON BACK

Residential Land Use Application

03/11

ECIFIC DIRECTIONS TO THE PROPERTY FROM	M LILLINGTON:		
			:
ermits are granted I agree to conform to all ordina reby state that foregoing statements are accurate	and correct to the best of my tho	wledge. Permit subject to revocation 44 August	nd the specifications of plans submon if false information is provided.
Signature of Owner	or of Owner's Agent	Date	! :

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

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 All property irons must be made visible. 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. All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. 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 outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) DO NOT LEAVE LIDS OFF OF SEPTIC TANK After uncovering outlet end 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. Conventional (__) Any {__} Accepted {___} Innovative {__}} Other __ { } Alternative 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 Does the site contain any Jurisdictional Wetlands? {__}}YES Do you plan to have an irrigation system now or in the future? { }YES Does or will the building contain any drains? Please explain. {___}}YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? NO NO {___}}YES Is any wastewater going to be generated on the site other than domestic sewage? {__}}YES ON P Is the site subject to approval by any other Public Agency? {__}}YES 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 to That A Complete Site Evaluation Car Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

VICENTLA NVV 1139 *-SE

> STATE: NORTH CAROLINA DWNSHIP

BARBECUE

COUNTY DATE

AUGUST 11,2014 HARNETT

SCALE: 1"+ CHECKED & CLOSURE BY:

ą

DRAWN BY: SURVEYED BY:

AV8

DRAWING NO. FIELD BOOK

14267

WATERSHED DISTRICT

PROPOSED PLOT PLAN - LOT - 105 MARKET PLACE S/D,PHASE ONE

BENNETT SURVEYS
1662 CLARK RD.LILLINGTON.N.C. 27546

F-1304

(910) 893-5252

MAP REFERENCE: MAP NO. 2014-199

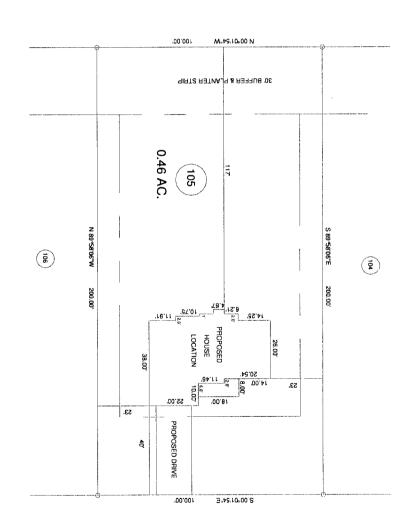
SITE PLAN APPROVAL

DISTRICT RA-20 CAPUSE SED

#BEDROOMS

8/14/14 ZONING COMINISTRATOR

MCSE # 1139 "TINGEN RD." 60' R/W



"BLUE CHIP CT." 50' R/W

OFFER TO PURCHASE AND CONTRACT - VACANT LOT/LAND

[Consult "Guidelines" (form 12G) for guidance in completing this form]

NOTE: This contract is intended for unimproved real property that Buyer will purchase only for personal use and does not have immediate plans to subdivide. It should not be used to sell property that is being subdivided unless the property has been platted. properly approved and recorded with the register of deeds as of the date of the contract. If Seller is Buyer's builder and the sale involves the construction of a new single family dwelling prior to closing, use the standard Offer to Purchase and Contract—New Construction (Form 800-T) or, if the construction is completed, use the Offer to Purchase and Contract (Form 2-T) with the New Construction Addendum (Form 2A3-T).

For valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, Buyer offers to purchase and Seller upon acceptance agrees to sell and convey the Property on the terms and conditions of this Offer To Purchase and Contract and any addendum

t. TERMS AND DEFINITIONS: The erm.	terms listed below shall have the respective meaning given them as set forth adjacent to each
(a) Seller:	Hames The
improvements located thereon. Street Address:	nclude all that real estate described below together with all appurtenances thereto including the
City:	Zip:
(NOTE: Governmental authority over	Zip: L (() North Carolina taxes, zoning, school districts, utilities and mail delivery may differ from address shown.)
	plicable) (Section, Subdivision/Condominium
The PIN/PID or other identification n	imber of the Property is:
Some or all of the Property may be de	scribed in Deed Bookat Page
\$	paid in U.S. Dollars upon the following terms: BY DUE DILIGENCE FEE made payable to Seller BY INITIAL EARNEST MONEY DEPOSIT made payable to Escrow Agent name in Paragraph 1(f) with this offer by cash personal check official bank check other: BY (ADDITIONAL) EARNEST MONEY DEPOSIT made payable to Escrow Agent named in Paragraph 1(f) by cash or immediately available funds such a official bank check or wire transfer to be delivered to Escrow Agent no later that regard to said date.
\$ \$	BY ASSUMPTION of the unpaid principal balance and all obligations of Seller on the existing loan(s) secured by a deed of trust on the Property in accordance with the attached Loan Assumption Addendum (Standard Form 2A6-T). BY SELLER FINANCING in accordance with the attached Seller Financing Addendum
s 186.1000	(Standard Form 2A5-T). BALANCE of the Purchase Price in cash at Settlement (some or all of which may be paid
check or other funds paid by Buyer b have one (1) banking day after writte	with the proceeds of a new loan) Due Diligence Fee or any Initial Earnest Money Deposit by the Effective Date, or should any e dishonored, for any reason, by the institution upon which the payment is drawn, Buyer shalen notice to deliver good funds to the payee. In the event Buyer does not timely deliver good minate this Contract upon written notice to Buyer.
	Page 1 of 8
	STANDARD FORM 12-1
RALTOR: North Carolina Association of F	Revised 1/2011 REALTORS®, Inc. © 1/2011
Ruver initials MW	Seller initials (1/2011)

RE/MAX Choice2 222 Rowan Street Fayetteville, NC 28301 Fax: 910.483.7900 Phone: 910.483.7500

Rusty Russell

Untitled

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

Application # 1450034435

300

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: Trop bynes Inc. Site Address: 51 Blue Chip Ct	Date: 10 Sept 14
Site Address: 51 Blue Chip Ct	Phone: 910 987-1789
Directions to job site from Lillington:	
Diagonoria to job and many comments	
Subdivision: Marketplace	Lot: los
Description of Proposed Work: Single Family Duellin	C # o (Baggrooms) 4
Person SE: 2072 Moneatents E: 554 Ginished Bonus Room? V	Crawl Space: Slab:
General Contractor Information	UC. S. A. C. C. C. C.
Mclean Contracting and Investments	910 9871789
Building Contractor's Company Name	Telephone
Address Fayetteville NX 28306	Email Address
Address Fayetheline NL 28500	
70605 License #	
Description of Work Rocan In Finish Out Service Size:	1 Amos T-Pole: Yes No
Description of Work KOCATTO / MITISTICAL Service 0120.	910 30d 7715
Builders Electric Electrical Contractor's Company Name	910 309 2715 Telephone
HHIS Coloo St Home Mills NK	
H465 Calico St HopeMills NK- Address 28348	Email Address
/Z115 - L	
License # Mechanical/HVAC Contractor Inform	ati <u>on</u>
Description of Work Routh In / Finish Cut	
Certified Heating : AC	910 358 000
Mechanical Contractor's Company Name	Telephone
$ 0 \sim 0 \sim 10.71$	
Address Hope Mills VC 283993	Email Address
20012 H3-1	
License # Plumbing Contractor Information	<u>n</u>
Description of Work Rough In / Finish Out	_# Baths
Kevin Jars Plumbing	910 978 3288
Plumbing Contractor's Company Name	Telephone
6879 Family St.	Email Address
Address Fay NC 28314	Eman Addition
27018 P-1	
License # Insulation Contractor Information	<u>on</u>
Mclean Contracting and investments Lic.	<u>910987-1789</u>
Insulation Contractor's Company Name & Address	Telephone

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Homeowners ApplyIng to Build Their Own Horn Please answer the following questions then see a Permit Technician to determine if you qualify for permit to	e Inder Ou	ners Exemption
Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo ava	ilable u	pon 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
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?		No
I hereby certify that I have the authority to make necessary application, that the appeand that the construction will conform to the regulations in the Building, Electric Mechanical codes, and the Harnett County Zoning Ordinance. I state the informat contractors is correct as known to me and that by signing below! have obtained all permission to obtain these permits and if any changes occur including listed commumber of bedrooms, building and trade plans, Environmental Health permit changes changes, I certify it is my responsibility to notify the Harnett County Central Permittiany and all changes. EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After is as per current fee schedule.	al, Plui ion on i subce tractors s or pro ng Dep 2 years	the above ontractors is site plan, sposed use partment of
FILL 10 Sept	14	
Signature of Owner/Contractor/Officer(s) of Corporation Date Date		
FILL 10 Sept		and the second of the second o
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87	-14	AND THE STATE OF T
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the:	-14 ctor or	Owner
Signature Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Owner Owner Owner Officer/Agent of the Contractor Owner Owner Owner Officer/Agent of the Contractor Owner Owner Owner Owner Officer/Agent of the Contractor Owner	ctor or	Owner forming the work to cover them.
Signature Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor Owner Owner Owner Officer/Agent of the Contractor Owner	ctor or	Owner forming the work to cover them.
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor being the contractor of perjury that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation in the contractors of the contra	ctor or n(s) per surance on insu	Owner forming the work to cover them. trance to cover
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor in the permit of the contractor of the	ctor or n(s) per surance on insu	Owner forming the work to cover them. trance to cover
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation in them. Has one (1) or more subcontractors(s) and has obtained workers' compensation them. X Has one (1) or more subcontractors(s) who has their own policy of workers' 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 Compartment issuing the permit may require certificates of coverage of worker's composition is suance of the permit and at any time during the permitted work from any person, carrying out the work.	ctor or or on(s) per surance on insurance ompens	Owner forming the work to cover them. trance to cover sation insurance Permitting in insurance prior
Affidavit for Worker's Compensation N.C.G.S. 87 The undersigned applicant being the: General Contractor Owner Officer/Agent of the Contractor that the person(s), firm(s) or corporation set forth in the permit: Has three (3) or more employees and has obtained workers' compensation in them. Has one (1) or more subcontractors(s) and has obtained workers' compensation them. X Has one (1) or more subcontractors(s) who has their own policy of workers' 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 Coppartment issuing the permit may require certificates of coverage of worker's compto issuance of the permit and at any time during the permitted work from any person,	ctor or or on(s) per surance on insurance ompens	Owner forming the work to cover them. trance to cover sation insurance Permitting in insurance prior

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 187685

Filed on: 09/10/2014

Initially filed by: mclean.contracting

Designated Lien Agent

First American Title Insurance Company

Online: www.liensne.com/thmp://www.liensne.com/)

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

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

Owner Information

Trace Homes Inc 3857 Legion Rd Hope Mills, NC 28348 United States

Email: tracehomespayable@gmail.com

Phone: 910-987-1789

Date of First Furnishing

Project Property

Harnett County

Property Type

1-2 Family Dwelling

Marketplace Lots: 106 (33 Blue Chip), 92 (38 Blue Chip), 105 (51 Blue Chip), 93 (58 Blue

Chip), 86 (16 Day Trading), 87 (32 Day Trading) 33, 38, 51, 58 Blue Chip Ct, 16, 32 Day Trading

09/12/2014

View Comments (0)

Technical Support Hotline: (888) 690-7384

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.