Initial Application Date: 8·28·14 Application # 1450034526

CU# _____

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: DEER WOOD HOMES LLC Mailing Address: 9981-C US Hwy 301 SOUTH

City: FOUR OAKS State: N.C. Zip: 27524 Contact No: 919-820-0119 Email: Cookbuilders2396@gmail.com

Deer Wood Homes LLC

APPLICANT*: MICHAEL A. COOK Mailing Address: 9981-C US Hwy 301 SOUTH

City: FOUR OAKS State: N.C. Zip: 27524 Contact No: 919-820-0119 Email: Cookbuilders2396@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MICHAEL A. COOK Phone # 919-820-0119

PROPERTY LOCATION: Subdivision: OXFORD WOODS Lot #: 11 Lot Size: 0.579 AC

State Road # OLDSTAGE State Road Name: OXFORD WOODS DR. Map Book & Page: 2008, 214

Parcel: 04 0692 0017 21 PIN: 0682-48-5568.000

Zoning: RA30 Flood Zone: X Watershed: NA Deed Book & Page: 3232, 279 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

☑ SFD: (Size 61 x 45) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): 0 Garage: ✓ Deck: ✓ Crawl Space: ___ Slab: ✓ Monolithic Slab: ___

(Is the bonus room finished? (✓) yes (___) no w/ a closet? (___) yes (✓) no (if yes add in with # bedrooms)

☐ Mod: (Size ____x____) # 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: ___SW ___DW ___TW (Size____x____) # Bedrooms: ___ Garage:___(site built?___) Deck:___(site built?___)

☐ Duplex: (Size ____x____) No. Buildings:_____ No. Bedrooms Per Unit:_____

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

☐ Addition/Accessory/Other: (Size ____x____) Use:_____ 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 (✓) no

Does the property contain any easements whether underground or overhead (___) yes (✓) no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: — Other (specify): —

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	60
Rear	25	157
Closest Side	10	20
Sidestreet/corner lot	20	—
Nearest Building on same lot		

Comments:_____

APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 TO ANGIER, RIGHT ON 55 TOWARD COATS TAKE LEFT ON OLD STAGE RD., SUBDIVISION 2 miles on left.

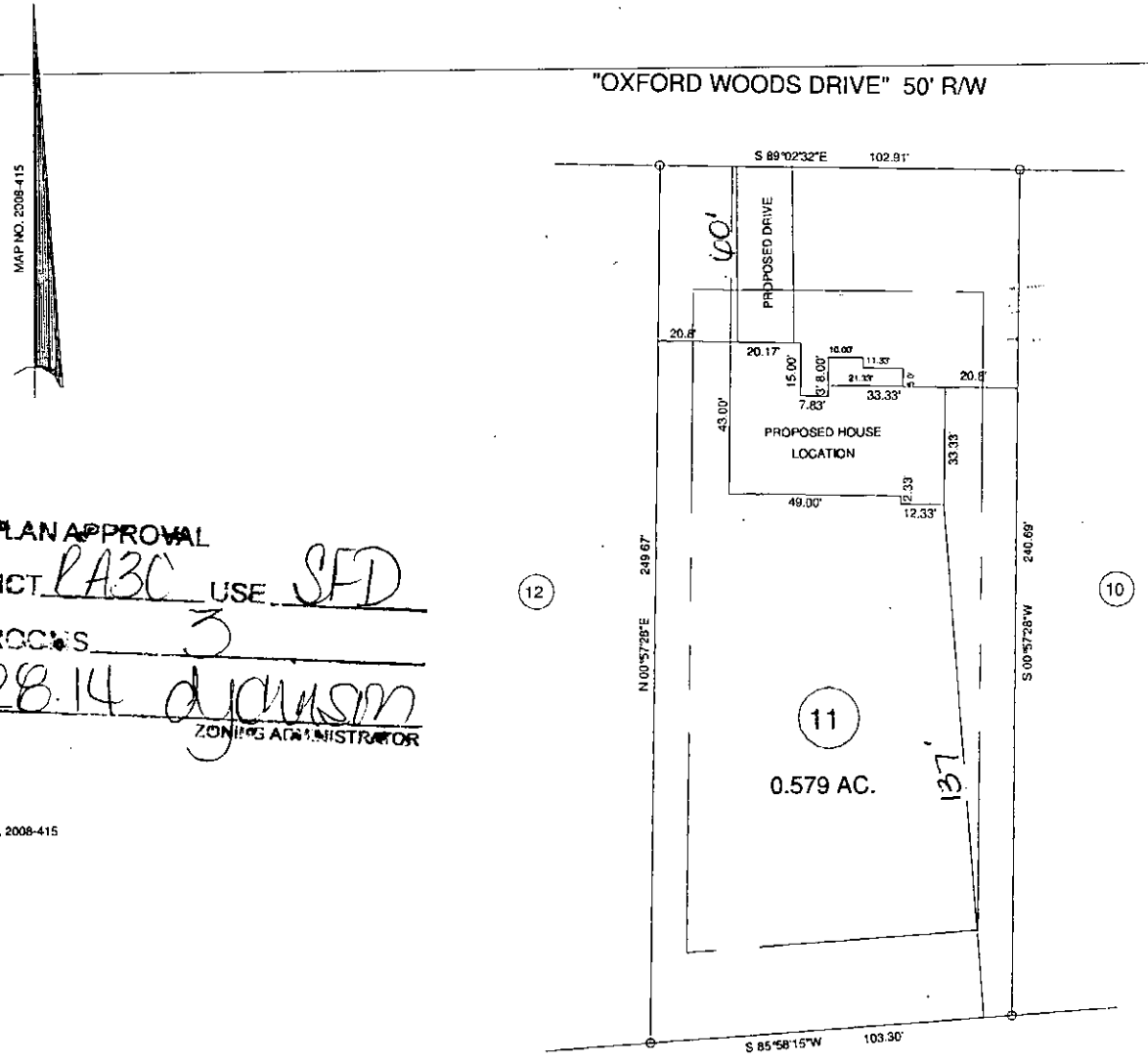
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

8-28-14
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****



SITE PLAN APPROVAL

DISTRICT RA3C USE SFD

#BEDROOMS 3

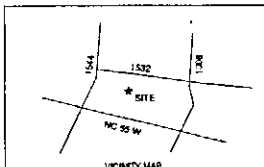
8.28.14 dJohnson

ZONING ADMINISTRATOR

MAP REFERENCE: MAP NO. 2008-415

MINIMUM BUILDING SET BACKS

FRONT YARD — 35'
REAR YARD — 25'
SIDE YARD — 10'
CORNER LOT SIDE YARD – 20'
MAXIMUM HEIGHT — 35'



VICINITY MAP

SURVEY FOR:

PROPOSED PLOT PLAN - LOT - 11
OXFORD WOODS SUBDIVISION

BENNETT SURVEYS F-1304
1662 CLARK RD., LILLINGTON, N.C. 27546
(910) 893-5252

TOWNSHIP BLACK RIVER	COUNTY HARNETT	25' 0 50'	SURVEYED BY:		FIELD BOOK
STATE: NORTH CAROLINA	DATE: JULY 24,2014	SCALE: 1"= 50'	DRAWN BY: RVB		DRAWING NO.
ZONE	WATERSHED DISTRICT	TAX PARCEL ID# PIN #	CHECKED & CLOSURE BY:		14245

NAME: DEERWOOD HOMES APPLICATION #: 1450034526

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.

{__} Accepted {__} Innovative {✓} Conventional {__} Any

{__} Alternative {__} Other _____

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.

DEERWOOD HOMES [signature] 8-28-14

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) **DATE**

10/10

FOR REGISTRATION
Kimberly S. Harrelson
REGISTER OF DEEDS
Harnett County, NC
2014 JUL 24 09:41:21 AM
BK:3232 PG:279-281
FEE:$26.00
EXCISE TAX: $56.00
INSTRUMENT # 2014009821
RATT WILLIS

20140009821

HARNETT COUNTY TAX ID# 04 0692 0017 21

7.24.14 BY SB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax $56.00

Parcel Identifier No.: 040692 0017 21

Mail after recording to **Dwight W. Snow, Attorney at Law, P.O. Box 397, Dunn NC 28335**
This instrument was prepared by **Dwight W. Snow, Attorney at Law, P.O. Box 397, Dunn NC 28335**

Brief Description for the index: Lot 11 – Oxford Woods S/D; Map #2008-214

THIS DEED made this the 23RD day of July, 2014 by and between

GRANTOR	GRANTEE
CHEYENNE DEVELOPERS, LLC, a N.C. Limited Liability Company P.O. Box 310 Angier, N.C. 27501	DEERWOOD HOMES, LLC 9981-C US Hwy 301 South Four Oaks, N.C. 27524

The designation Grantor and Grantee as used herein shall include ~~said~~ parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee ~~simple, all~~ that certain lot or parcel of land situated in Black River Township, Harnett County, North Carolina and more ~~particularly~~ described as follows:

BEING all of Lot 11 of Oxford Woods Subdivision as shown on plat map recorded in Map Number 2008-214 and 215, Harnett County Registry.

This lot is conveyed subject to the Restrictive Covenants recorded in Book 2486, Page 815 and re-recorded in Book 2501, Page 840, Harnett County Registry.

09/09/11

Application # 34526

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www harnett org/permits

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

Application for Residential Building and Trades Permit

Owner s Name DEERWOOD HOMES LLC Date

Site Address 257 OXFORD WOODS DR. ANGIER N.C. 27501 Phone 919-820-0119

Directions to job site from Lillington 210 TO ANGIER, RIGHT ON 55 TOWARD GOATS TAKE LEFT ON OLD STAGE RD. subdivision 2 miles ON LEFT

Subdivision OXFORD WOODS Lot 11

Description of Proposed Work SFD # of Bedrooms 3

Heated SF 1816 Unheated SF ____ Finished Bonus Room? YES Crawl Space ____ Slab ✓

General Contractor Information

DEERWOOD HOMES LLC (MICHAEL A. COOK) — Building Contractor s Company Name
919-820-0119 — Telephone

9981-C US Hwy 301 SOUTH FOUR OAKS N.C. 27524 — Address
cookbuilders2396@gmail.com — Email Address

60739 — License #

Electrical Contractor Information

Description of Work NEW SFD Service Size 200 Amps T-Pole ✓ Yes ___ No

WESTER & PACE ELECTRIC INC — Electrical Contractor s Company Name
919-[redacted]-495-3946 — Telephone

614 LESLIE RD. — Address
Email Address

12007 U — License #

Mechanical/HVAC Contractor Information

Description of Work NEW SFD

COOL SPRINGS SERVICES — Mechanical Contractor s Company Name
919-258-0415 — Telephone

2200 COOL SPRINGS RD. — Address
Email Address

11542 — License #

Plumbing Contractor Information

Description of Work NEW SFD # Baths 2

CURTIS FAIRCLOTH PLUMBING — Plumbing Contractor s Company Name
919-531-3111 — Telephone

5056 ELIZABETHTOWN HWY — Address
Email Address

7269 — License #

Insulation Contractor Information

INSULATION INCORPORATED — Insulation Contractor s Company Name & Address
919-398-2952 — Telephone

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

I hereby certify that I have the authority to make necessary application that the application is correct and that the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is $150 00 After 2 years re-issue fee is as per current fee schedule

Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 8-28-14

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

_____ 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 BERKLEY ASSIGNED RISK SERVICES WC-32-90-031431-00

Sign w/Title _____ Co-Owner _____ Date _____

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 182630

Filed on: 08/28/2014
Initially filed by: Deerwood

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

Owner Information

Deerwood Homes LLC
9981-C US Hwy 301 South
Four Oaks, NC 27524
United States
Email: cookbuilders2396@gmail.com
Phone: 919-894-8433

Project Property

Lot 11 Oxford Woods Subdivision
257 Oxford Woods Dr, Angier, NC 27501
Angier, NC 27501
Harnett County

Property Type

1-2 Family Dwelling

Date of First Furnishing

09/01/2014

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.

View Comments (0)

Technical Support Hotline: (888) 690-7384