

Initial Application Date: 7-21-15



Application # 1550036687  
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

*Owner: Oakmont Der*  
*Buyer:*  
**LANDOWNER:** McKee Homes, LLC

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

Mailing Address: 101 Hay Street  
City: Fayetteville State: NC Zip: 28301 Contact No: (910) 475-7100 ext 728 Email: wbynum@mckeehomesnc.com

**APPLICANT\*:** McKee Homes, LLC Mailing Address: 101 Hay Street  
City: Fayetteville State: NC Zip: 28301 Contact No: (910) 475-7100 ext 728 Email: wbynum@mckeehomesnc.com

\*Please fill out applicant information if different than landowner

**CONTACT NAME APPLYING IN OFFICE:** William Bynum Phone # (910) 475-7100 ext 728

**PROPERTY LOCATION:** Subdivision: Oakmont Lot #: 53 Lot Size: .46 Acres  
State Road # 73 State Road Name: Countryside Drive Map Book & Page: 2013 / 346  
Parcel: 03050401 0046 08 PIN: 0507-31-1656  
Zoning: R200P Flood Zone: X Watershed: NA Deed Book & Page: 3165 / 675 Power Company\*: Central Electric  
\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

- SFD: (Size 50' x 56') # Bedrooms: 4 # Baths: 3 1/2 Basement(w/wo bath): NA Garage: X Deck: NA Crawl Space: \_\_\_\_\_ Slab: X Slab: Stem Wall Monolithic Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes (X) no w/ a closet? ( ) yes (X) 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: X 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) X 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 (X) no

Structures (existing or proposed): Single family dwellings: X Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front	Minimum _____	Actual <u>51</u>	Comments: _____
Rear	_____	<u>85.45</u>	_____
Closest Side	_____	<u>11.83</u>	_____
Sidestreet/corner lot	_____	_____	_____
Nearest Building on same lot	_____	_____	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

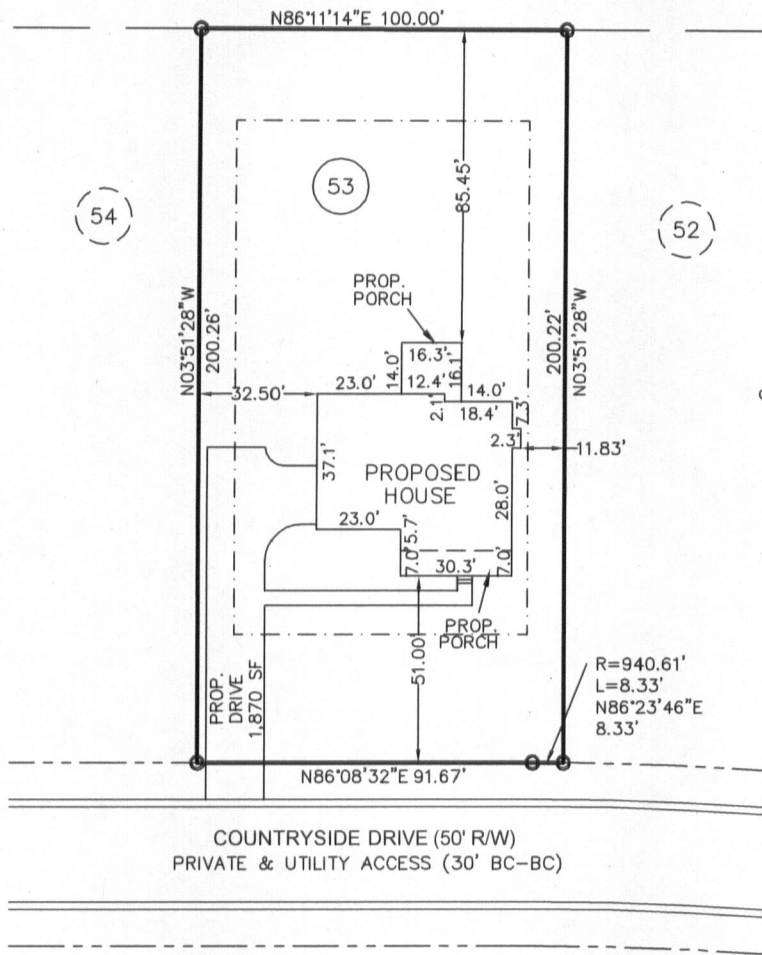
W. Bynum  
Signature of Owner or Owner's Agent

07/16/15  
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\*\*

N/F  
 THERESA STEFFENEY  
 DB 2213, PG 769  
 ZONING: RA-20R

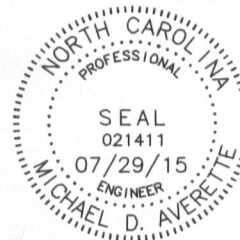


**PLOT PLAN**

**SUBDIVISION:** OAKMONT SUBDIVISION  
 PHASE ONE  
 SECTION THREE  
 MB 2013, PG 346

**OWNER:** MCKEE HOMES, LLC

**SCALE:** 1" = 40'



The design for the proposed sewage disposal system \_\_\_\_\_ approved.

Sanitarian Supervisor  
 Harnett County Health Dept.

Date \_\_\_\_\_

**Averette Engineering Co., P.A.**  
 Established 1970

CIVIL ENGINEERING  
 LAND SURVEYING  
 PLANNING

Address: 712 E. Lake Ridge Road  
 Raeford, NC 28376

Phone: (910) 488-5656  
 Fax: (910) 488-0181  
 License: C-0146

Web: www.averette-eng.com

*Michael D. Averette*  
 Michael D. Averette PE-021411  
 Professional Engineer  
 JULY 29, 2015  
 Date \_\_\_\_\_

PPLAN129 Q

NAME: William Bynum

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

- **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.**

W. Bynum  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

07/16/05  
DATE

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 McKee Homes, LLC Date 07/16/15  
Site Address 42 Countryside Drive Phone (910) 475-7100  
Directions to job site from Lillington \_\_\_\_\_

Subdivision Oakmont Lot 53  
Description of Proposed Work Single Family Residential # of Bedrooms 4  
Heated SF 2953 Unheated SF 1429 Finished Bonus Room? N/A Crawl Space Slab X <sup>stem wall</sup>

**General Contractor Information**

GML Development Inc \_\_\_\_\_ (910) 475-7100 ext 728  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
101 Hay Street, Fayetteville NC 28301 \_\_\_\_\_ wbynum@mckeehomesnc.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
63970 \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Single Family Residential Service Size 200 Amps T-Pole X Yes \_\_\_ No \_\_\_  
Sandy Ridge Electric \_\_\_\_\_ (910) 323-2458  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
454 Whitehead Rd, Fayetteville, NC 28312 \_\_\_\_\_ keith@sandyridgeelectric.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
100064 \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Single Family Residential  
Certified Heating & A/C \_\_\_\_\_ (910) 858-0000  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
PO Box 1071, Hope Mills, NC 28348 \_\_\_\_\_ certifiedheatair@embarqmail.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
20012 H3-1 \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Single Family Residential # Baths \_\_\_\_\_  
Dell Haire Plumbing \_\_\_\_\_ (910) 818-4863  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
7612 Documentary Drive, Fayetteville, NC 28306 \_\_\_\_\_ dellhaireplumbing@hotmail.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
24204 PL \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Cumberland Insulation \_\_\_\_\_ (910) 484-7118  
Insulation Contractor's Company Name & Address \_\_\_\_\_ 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

W. Bynum  
Signature of Owner/Contractor/Officer(s) of Corporation

07/16/15  
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 McKee Homes, LLC

Sign w/Title W. Bynum / Pre-Gen Coordinator Date 07/16/15

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 322280

Filed on: 07/13/2015

Initially filed by: j buckwalter

### Designated Lien Agent

First American Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<http://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](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

### Project Property

Lot 53 Oakmont  
72 Countryside Drive  
Lillington, NC 27546  
Harnett County

### Property Type

1-2 Family Dwelling

### 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.

### Owner Information

McKee Homes  
101 Hay St  
Fayetteville, NC 28301  
United States

Email: [jbuckwalter@mckeehomesnc.com](mailto:jbuckwalter@mckeehomesnc.com)  
Phone: 910-475-7100

### Date of First Furnishing

08/13/2015

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

Plan Box # AA7

Date 7-21-15

Job Name McKee

App # 36687

Valuation <sup>#</sup> 304,023

Heated SQ Feet 2953

Garage 555

= \_\_\_\_\_

**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 \_\_\_\_\_