

Initial Application Date: 10-29-15

Application # 1550037382

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: 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

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: Dakmont Lot #: 47 Lot Size: 0.82
State Road # 424 State Road Name: Bison Lane Map Book & Page: 2013.346
Parcel: 03 050701 004602 PIN: 0507-21-6022.000
Zoning: RADUR Flood Zone: X Watershed: NA Deed Book & Page: 31651675 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 68') # Bedrooms: 4 # Baths: 3 1/2 Basement (w/wo bath): Y Garage: X Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab: Y
(Is the bonus room finished? () yes (X) 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: 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>36</u>	Comments: _____
Rear	_____	<u>21.69</u>	_____
Closest Side	_____	<u>138.63</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.

William F. Bynum
Signature of Owner or Owner's Agent

10/20/2015
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.

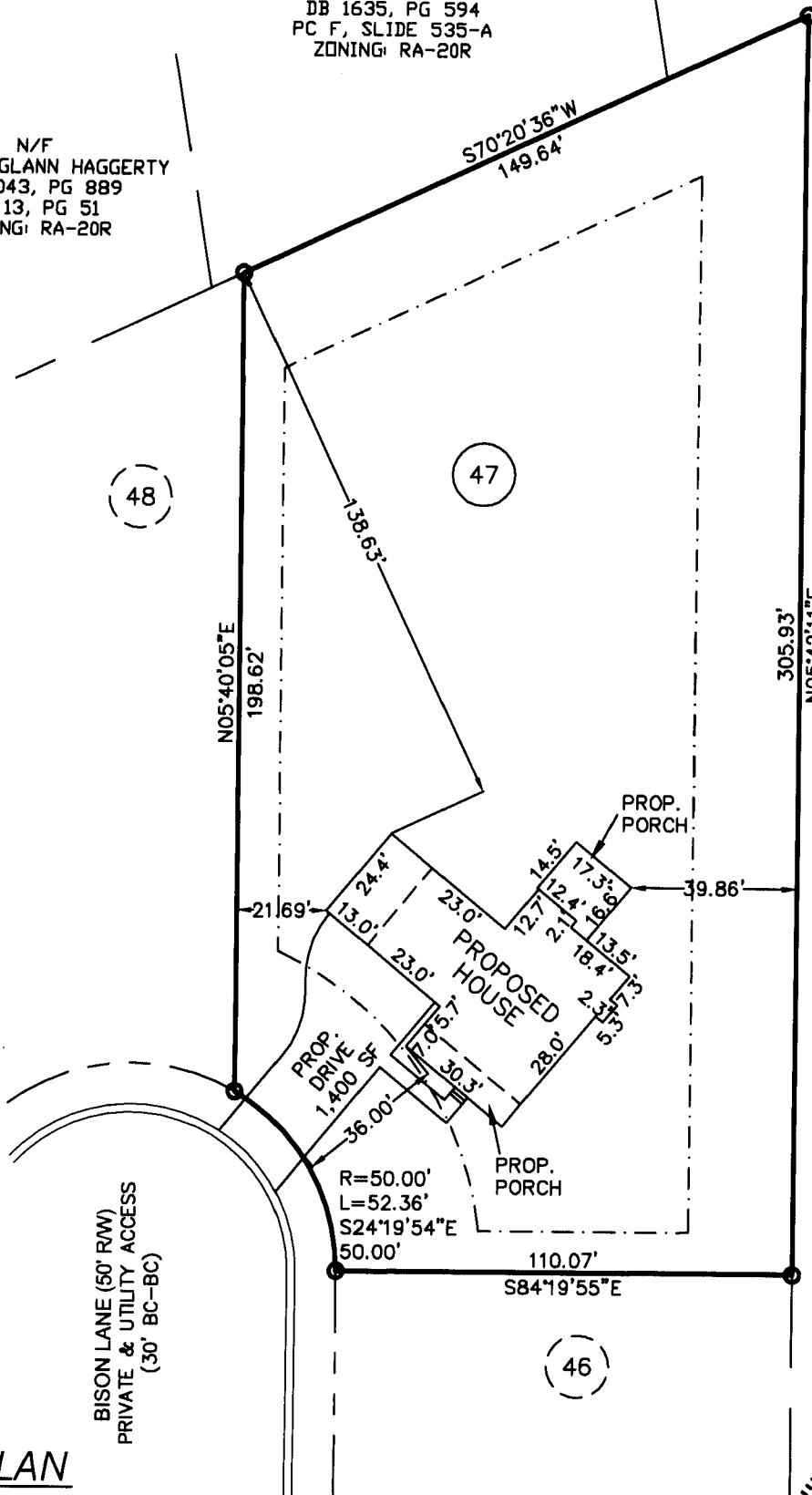
This application expires 6 months from the initial date if permits have not been issued

HOUSE PLAN: BEAUFORT W/COVERED PORCH & JRD CAR GARAGE - LH

N/F
NICOLLE T. PHAIR
DB 2297, PG 137
MB 13, PG 51
ZONING: RA-20R

N/F
TAMMY M. McCURRY
DB 1635, PG 594
PC F, SLIDE 535-A
ZONING: RA-20R

N/F
CHARLES GLANN HAGGERTY
DB 3043, PG 889
MB 13, PG 51
ZONING: RA-20R

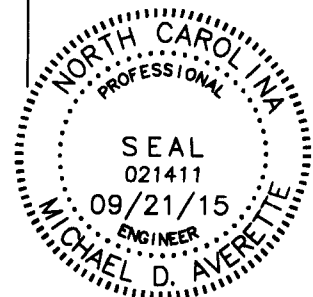


PLOT PLAN

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

OWNER: MCKEE HOMES, LLC

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
 - **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.

William L. Bynum
PROPERTY OWNERS/OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/20/2015
DATE



09/30/15

To Whom It May Concern,

Oakmont Development Partners, LLC hereby gives McKee Homes, LLC the right to begin applying for permits & beginning construction of lots 47 and 115 in Oakmont before the lots are purchased.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick McKee".

Patrick McKee
Managing Member
5112 Pine Birch Dr
Raleigh, NC 27606
919-793-5237

Harnett County Central Permitting
PO Box 85 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 10/20/2015
Site Address 434 Bison Lane Phone (910) 475-7100 x728
Directions to job site from Lillington _____

Subdivision Dakmond Lot 47
Description of Proposed Work Single Family Residential # of Bedrooms 4
Heated SF 2953 Unheated SF 1684 Finished Bonus Room? _____ Crawl Space _____ Slab

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 Yes No
J.M. Pope Electric (919) 776-5144
Electrical Contractor's Company Name Telephone
409 Chatham Street, Sanford, NC 27330 jmpopeelectric@gmail.com
Address Email Address
21326-L

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

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

10/20/2015
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 William F. Bynum / Production Coordinator Date 10/20/2015

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 369698

Filed on: 10/21/2015

Initially filed by: j buckwalter

Designated Lien Agent

First American Title Insurance Company

Online: 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>)

Project Property

Lot 47 Oakmont
424 Bison Lane
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

Phone: 910-475-7100

Date of First Furnishing

11/23/2015

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

Technical Support Hotline: (888) 690-7384

Plan Box # B9

Date 10-29-15

Job Name McKee

App # 37382

Valuation \$313458

Heated SQ Feet 2953

Garage 810

= 3763

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

29970

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 15-50037382 Date 11/24/15
Property Address 424 BISON LN
PARCEL NUMBER 03-0507-01- -0046- -02-
Application type description CP NEW RESIDENTIAL (SFD)
Subdivision Name OAKMONT PH1 SC3 52LOTS
Property Zoning RES/AGRI DIST - RA-20R

Owner	Contractor
-----	-----
OAKMONT DEV PTNRS LLC	GML DEVELOPMENT INC
5112 PINE BIRCH DRIVE	5112 PINE BIRCH DRIVE
RALEIGH NC 27606	RALEIGH NC 27606
	(919) 793-5237

Applicant

MCKEE HOMES LLC #47
101 HAY ST
FAYETTEVILLE NC 28301
(910) 475-7100

--- Structure Information 000 000 50X68 4BDR MONO W/ GARAGE & PORCH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4000000.00
PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT
Additional desc
Phone Access Code 1115294
Issue Date 11/24/15 Valuation 0
Expiration Date 11/23/16

Special Notes and Comments
T/S: 10/29/2015 04:00 PM JBROCK ----
OAKMONT #47
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.

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Date 11/24/15

Application Number 15-50037382
Property Address 424 BISON LN
PARCEL NUMBER 03-0507-01- -0046- -02-
Application description . . . CP NEW RESIDENTIAL (SFD)
Subdivision Name OAKMONT PH1 SC3 52LOTS
Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
Phone Access Code . . . 1115294

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
10-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
10-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
20	104	B104	R*FOUND & SETBACK VERIF SURVEY	_____	___/___/___
30-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
30-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
30-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
30-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
30-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
40-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
40-60	131	R131	ONE TRADE FINAL	_____	___/___/___
40-60	329	R329	THREE TRADE FINAL	_____	___/___/___
40-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___