Initial Application	Date: \	1-1	18-1	15
u uam Abbienneii	Date		7	\cdot

Application #	155	00	37	5	35
	OL 144				

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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"

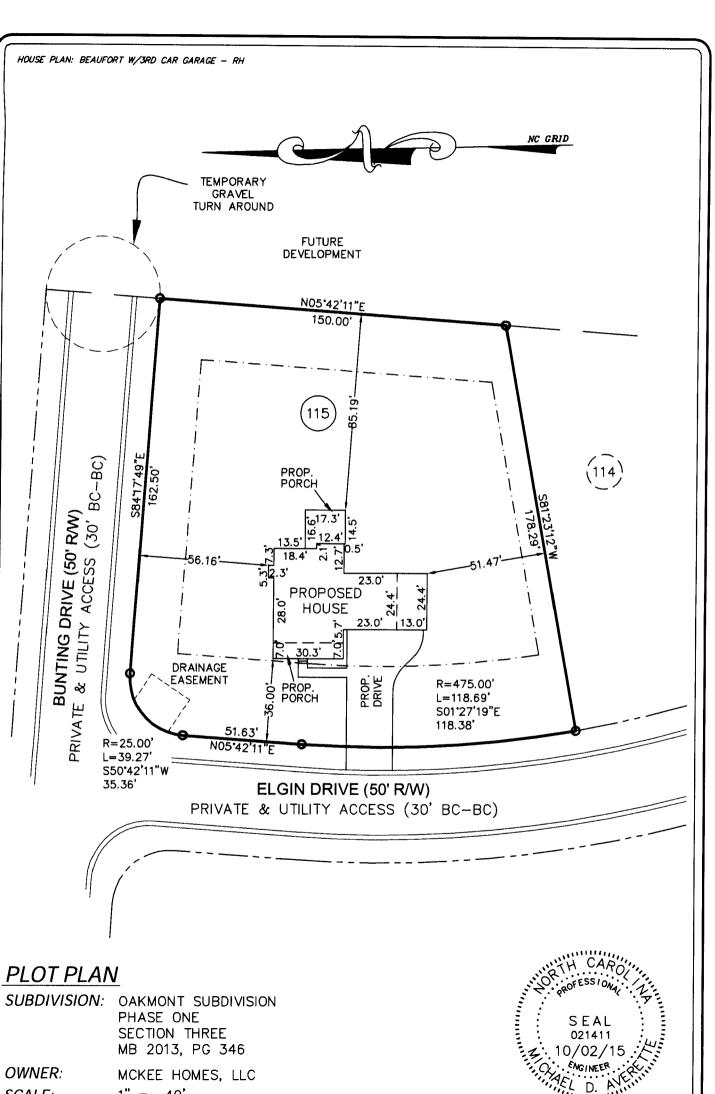
LANDOWNER: McKee Homes, LLC	Mailing Address: 101 Hay Stree	t
LANDOWNER: McKee Homes, LLC City: Fayetteville State: NC Zip: 28301	Contact No: (910) 475-7100 ext 728	Email: wbynum@mckeshomesnc.com
McKee Homes, LLC	101 Hay Street	
Mailing Ad City: Fayetteville State: NC Please fill out applicant information if different than landowner	Contact No: (910) 475-7100 ext 728	Email: wbynum@mckeehomesnc.com
CONTACT NAME APPLYING IN OFFICE: William Bynum	Pho	ne # (910) 475-7100 ext 728
PROPERTY LOCATION: Subdivision: Dalament		Lot #: 115 Lot Size: 0. 74
State Road # 33 State Road Name: Elgin Do	rive	Map Book & Page: <u>30/3/344</u>
Parcel: 03050701 0046 34 Zoning: 298 298 Zone: X Watershed: NA Deed	PIN: <u>0507-43-0273</u>	
*New structures with Progress Energy as service provider need to supp	ply premise number	from Progress Energy.
PROPOSED USE: SFD: (Size 49 9 x 42) # Bedrooms: 4 # Baths: 32 Besement (Is the bonus room finished? () yes ()		
☐ Mod: (Sizex) # Bedrooms # Baths Basemen (is the second floor finished? () yes ()	·	
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(si	te built?) Deck:(site built?)
□ Duplex: (Sizex) No. Bulldings: No.	Bedrooms Per Unit:	_
☐ Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:		Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well) *\text{\tin}\text{\tetx{\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texi\tiex{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\te	lust have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist)		•
Does owner of this tract of land, own land that contains a manufactured	_	f tract listed above? () yes () no
Does the property contain any easements whether underground or over	,	
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (apecify):
Required Residential Property Line Setbacks: Commen	ts:	
Front Minimum Actual 30		
Rear85.19		
Closest Side 51.4.1	· •	
Sidestreet/corner lot		
Nearest Building on same lot Residential Land Use Application	Page 1 of 2	03/11

Page 1 of 2
APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
If narmite are greated I gorse to conform to all ordinances and lave of the Chate of North Condinan	no manda di la manda anno del mande del manda del m
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina i I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Pe	agulating such work and the specifications of plans submitted training to revocation if false information is associated
All DAD	
Walkiam F. Benum Signature of Owner's Agent	17 November 2015
Signature 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



NA!	ME: _			APPLICATION #:	37535
_			*This application to be filled out when applying for	a septic system inspectio	n.*
PER	MIT Conding	R AUTHORIZ upon document	Department Application for Improvement Per IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THATION TO CONSTRUCT SHALL BECOME INVALID. The Ition submitted. (Complete site plan = 60 months; Complete plan)	ermit and/or Authorite SITE IS ALTERED, THE permit is valid for either 60 lat = without expiration)	zation to Construct IN THE IMPROVEMENT months or without expiration
	Environment A State Company of the C	ronmental hill property nes must be lace "orange ut buildings, lace orange property is t valuation to be or failure to fiter preparing to (after sele confirmation n se Click2Goo commental H ollow above if repare for in cossible) and fo the orange on the orange the orange ora	option 1 selth New Septic System Code 800 Irons must be made visible. Place "pink property clearly flagged approximately every 50 feet between house corner flags" at each corner of the proposed swimming pools, etc. Place flags per site plan developmental Health card in location that is easily whickly wooded, Environmental Health requires that he performed. Inspectors should be able to walk free addressed within 10 business days after confirmations and within 10 business days after confirmations for outlet lid. mark house corners and property or IVR to verify results. Once approved, proceed to ealth Existing Tank Inspections To the put lid back in place. (Unless inspection is for ELIDS OFF OF SEPTIC TANK and outlet end call the voice permitting system at 91 mits, then use code 800 for Environmental Health recording for proof of request. To IVR to hear results. Once approved, proceed to recording for proof of request.	y flags" on each corner or corners. If structure. Also flag drawledged at/for Central Perviewed from road to assign you clean out the underely around site. Do not mation. \$25.00 return in perty lines, etc. once in the control of th	iveways, garages, decks, mitting. sist in locating property. prarowth to allow the soil grade property. It is the may be incurred of confirmed ready. The schedule and use code inspection. Please note permits. and lift lid straight up (if the home park) select notification permit one confirmation number.
If app	olying		on to construct please indicate desired system type(s): can b	se ranked in order of prefer	ence, must choose one.
		pted		□} Any	
			{□} Other		
The a	pplica on. l:	nt shall notify f the answer is	the local health department upon submittal of this applicate "yes", applicant MUST ATTACH SUPPORTING DO	ation if any of the following CUMENTATION:	ng apply to the property in
(□ }		(XX) NO	Does the site contain any Jurisdictional Wetlands?		
	ES	NO (CA)	Do you plan to have an irrigation system now or in the	future?	
(□) }7	'ES	NO (XX)	Does or will the building contain any drains? Please exp		
(口)	ES.	{ ₩ } NO	Are there any existing wells, springs, waterlines or Was	tewater Systems on this p	roperty?
{ □ }Y	'ES	{ ™ } NO	Is any wastewater going to be generated on the site other	r than domestic sewage?	
{□}Y	ES	NO IN	Is the site subject to approval by any other Public Agend	cy?	
{□}}Y	ES	{ X } NO	Are there any Easements or Right of Ways on this propo	erty?	
{ □ }Y	ES	{ ⊠ } NO	Does the site contain any existing water, cable, phone or	r underground electric line	es?
		•	If yes please call No Cuts at 800-632-4949 to locate the	_	
I Have	Read	This Applicati	on And Certify That The Information Provided Herein Is I	Frue, Complete And Correr	t. Authorized County And
			Right Of Entry To Conduct Necessary Inspections To Dete		
			iely Responsible For The Proper Identification And Labeli		
	te Acc	essible So That	A Complete Site Evaluation Can Be Performed.		_
PROF	ERT	Y OWNERS	<i>Tura</i> OR OWNERS LEGAL REPRESENTATIVE SIGNA	TURE (REQUIRED)	<u> 17 November 40</u> 15 DATE

Application #

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits 1550037535

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

<u>Application for Residential Building and Trades Permit</u>

Owner's Name	Date ///20/20/5		
Site Address 33 Flain Drive	Phone (910)475-7100 × 7		
Directions to job site from Lillington			
	LotLot		
Description of Proposed Work Single Family Residential	# of Bedrooms		
Heated SF <u>3963</u> Unheated SF <u>/684</u> Finished Bonus General Contractor II	Room? <u>N/2</u> Crawl Space Slab <u>//</u>		
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 #			
Description of Work Single Family Residential Ser	<u>Information</u> rvice Size <u>200</u> Amps T-Pole <u>X</u> Yes <u> </u> 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 Contrac	ctor 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 #	In \$ A		
Plumbing Contractor I	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 # <u>Insulation Contractor (</u>	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

AU November 2015
Date

Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the
X 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
X 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 4. Bynum Pre-Con Coordinator Date 11/20/2015

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 383727

Filed on: 11/20/2015

Initially filed by: jbuckwalter

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/gelienanc.com)

Project Property

Lot 115 Oakmont 23 Elgin 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

Date of First Furnishing

101 Hay St Fayetteville, NC 28301

United States
Email: jbuckwalter@mckeehomesnc.com

Phone: 910-475-7100

McKee Homes

12/21/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

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 12/18/15

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 . 1119114

Required Inspections

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

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 15-50037535 Date 12/18/15 Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name OAKMONT PH1 SC3 52LOTS Property Zoning RES/AGRI DIST - RA-20R Contractor Owner ______ MCKEE HOMES LLC OWNER 5112 PINE BIRCH DRIVE RALEIGH NC 27606 Applicant -----MCKEE HOMES LLC #115 101 HAY ST FAYETTEVILLE NC 28301 (910) 475-7100 Structure Information 000 000 49.9X68 4BDR MONO W/ GARAGE Flood Zone FLOOD ZONE X Other struct info # BEDROOMS # BEDROOMS PROPOSED USE 4000000.00 SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY WATER SUPPLY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Expiration Date . . . 12/17/16 Special Notes and Comments T/S: 11/18/2015 04:49 PM JBROCK ----OAKMONT #115

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65