

Initial Application Date: 1-14-15

Application # 11050037852

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) 893-2783 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: Oakmont Lot #: 95 Lot Size: 0.49
State Road # 181 State Road Name: Countryside Drive Map Book & Page: 3013, 346
Parcel: 03050701 0046 20 PIN: 0507-31-4900
Zoning: RR2B 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 628 x 44) # Bedrooms: 4 # Baths: 3 1/2 Basement(w/w bath): _____ Garage: X Deck: _____ Crawl Space: _____ Slab: _____ Slab: X
(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/w 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 36
Rear _____ 45.93
Closest Side _____ 41
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

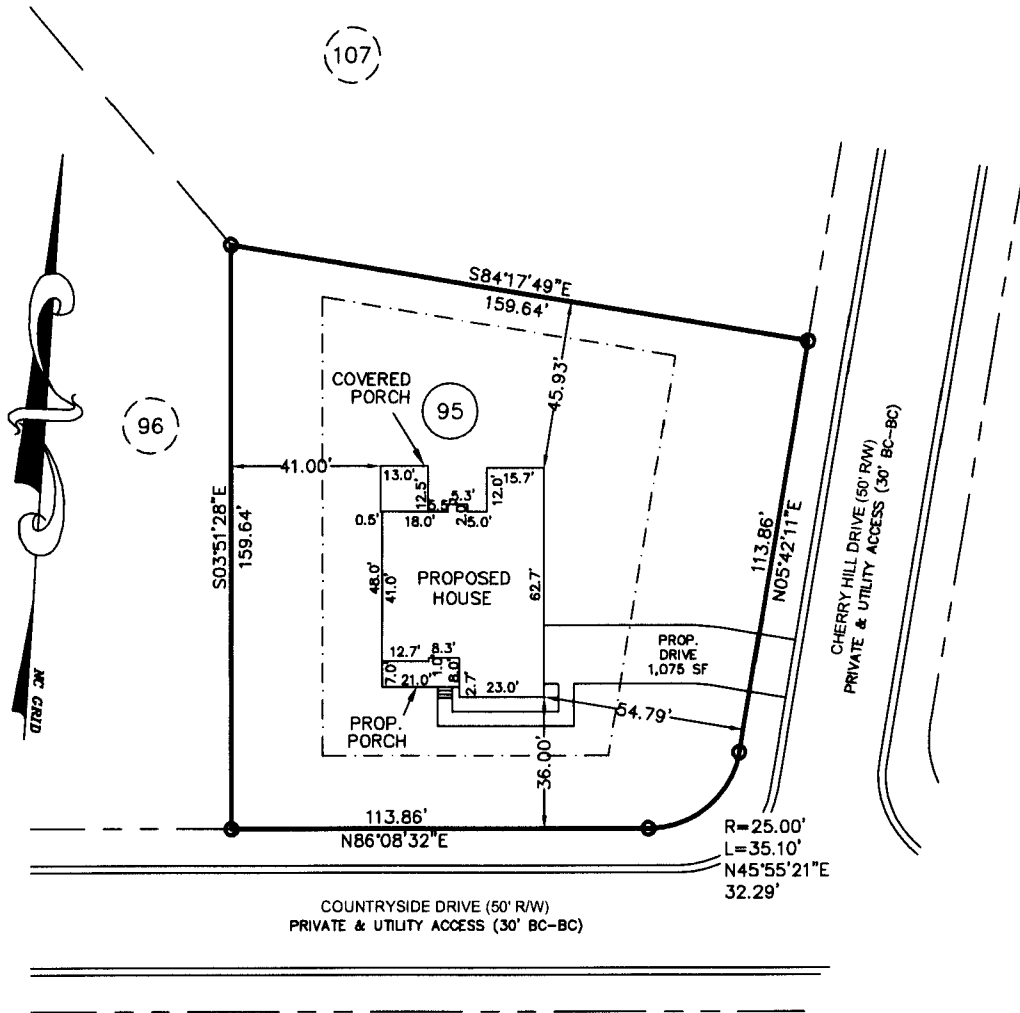
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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

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

1/12/2016
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**

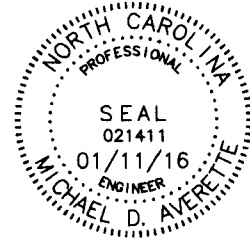


PLOT PLAN

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
 JANUARY 11, 2016
 Date _____

PPLAN13010

NAME: Mckee Homes

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 lines 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 F. Bynum
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1/12/2016
DATE

09/09/11

Application #

11650037852

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 1/19/2016
Site Address 131 Countryside Drive Phone 9104757100 x728
Directions to job site from Lillington _____

Subdivision Oakmont Lot 95
Description of Proposed Work Single Family Residential # of Bedrooms 4
Heated SF 3357 Unheated SF 1153 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

19 January 2016
 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 / Pre-Con Coordinator Date 18 January 2016

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 406938

Filed on: 01/19/2016

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 95 Oakmont
121 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 Street
Fayetteville, NC 28301
United States
Email: wbynum@mckeehomesnc.com
Phone: 910-475-7100

Date of First Furnishing

02/19/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384