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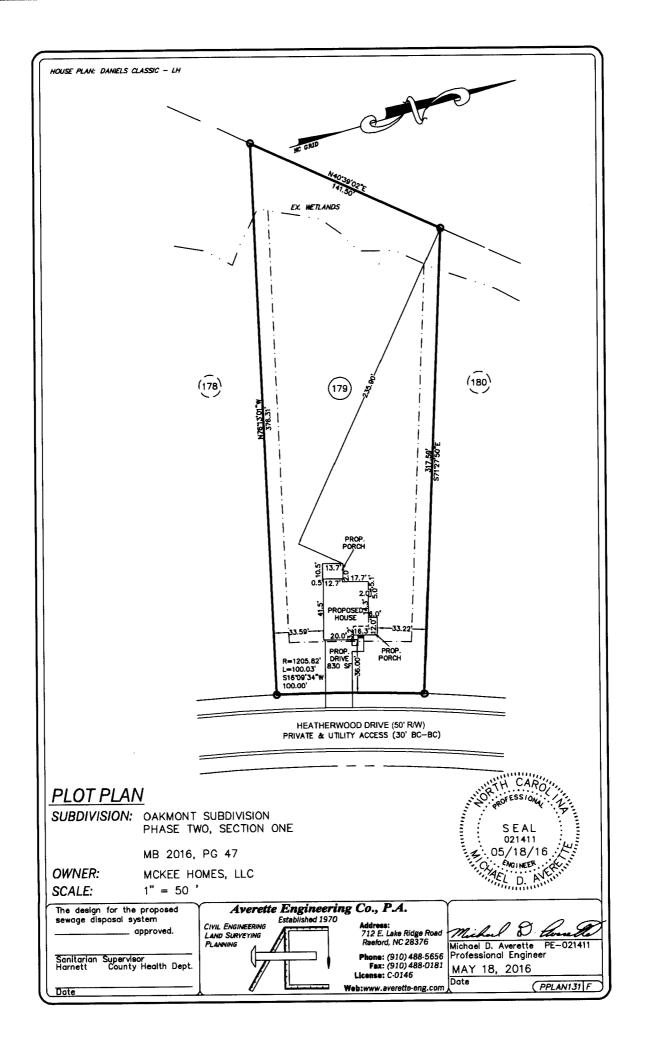
Application #	1450038764
	CU#

McKee Homes, LLC		Melling Address: 101 Hay Street	
y: Fayetteville	State: NC Zip: 28301	_ Contact No: (910) 475-7100 ext 728	Email: wbynum@mckeehomesnc.com
	Madis- A	dd-cook 101 Hay Street	
Favetteville	NC 7 28301	Contact No. (910) 475-7100 ext 728	Email: wbynum@mckeehomesnc.com
ly:	an landowner		ball Feeth
		Pho	
ROPERTY LOCATION: Subdivision: <u>O</u>	akmont	and Onice	Lot #: <u>///9</u> Lot Size <u>: <i>0 . 9 3</i> Map Book & Page: <u>20/6 / 4//</u></u>
ate Road # 153 State Roa	d Name: <u>HeatNeru</u>	DODA LITIVE	мар воок & Page:
rosi: <u>03958901 1021 11</u>	. \ \ \	PIN: <u>0.507-33-9943</u>	ower Company*: Central Electric
ew atructures with Progress Energy as a	ervice provider need to su	pply premise number	from Progress Energy.
aanaen liet.			
ROPOSED USE:	2 21		Monoli:Crawl Space:Slab:Slab
SFD: (Size <u>5/ x</u> 369) # Bedroom	s: 7 # Baths: 47 Basem	ent(w/wo bath):Garage:Deck no w/ a closet? () yes () no	(if we add in with # hedmoms)
Mod: (Sizex) # Bedroom (Is the secon	s# Baths Basem d floor finished? () yes	ent (w/wo bath) Garage: Site E () no Any other site built additions	Built Deck: On Frame Off Fram ? () yea () no
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Mod: (Sizex) # Bedroom (Is the secon Manufactured Home:SWDV Duplex: (Sizex) No. Bulk Home Occupation: # Rooms: Addition/Accessory/Other: (Size ater Supply: CountyExist owage Supply: New Septic Tank (ones owner of this tract of land, own land to cost the property contain any essements ructures (existing or proposed): Single factorial Residential Property Line Set ont Minimum Actual Ber	s#BathsBasem Indicate the floor finished? () yes Indicate the floor floo	ent (w/wo bath) Garage: Site E () no Any other site built additions') # Bedrooms: Garage: (so	Suilt Deck: On Frame Off Fram? () yes () no site built?) Deck:(site built?)
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SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
	The state of the s
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolin	na requiating such work and the specifications of plans submitted.
If permits are granted I agree to contoin to all courage and leave of 20 course of recovering in the reby state that foregoing statements are accurate and correct to the best of my knowledge.	Permit subject to revocation if false information is provided.
I fiereby state that foregoing statements are accounted and content to the section of the	
William F. Bunum Signature of Owner's Agent	<u>-5/18/20/6</u> Date
Signeture of Owner or Owner's Anent	Date
adianie à patier or parier e viterir	

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 #:
IF T PER	HE INFORMATIO MIT OR AUTHOR anding upon docume	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization to Construct N IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT IZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration intation submitted. (Complete site plan = 60 months; Complete plat = without expiration.)
	910-893-75	
0	All proper lines must be Place forantee	Health New Septic System Code 800 y Irons must be made visible. Place "pink property flags" on each corner iron of lot. All property be clearly flagged approximately every 50 feet between corners. ge house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, s, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
	Place orang If property is	s, swirning poos, etc. Place hays per site plan developed about contact voluntaries, so that it is easily viewed from road to assist in locating property. In the solid that is easily viewed from road to assist in locating property. In the solid that is easily viewed from road to assist in locating property.
	All lots to for fellure	be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to uncover outlet lid. mark house corners and property lines, etc. once lot confirmed ready.
	800 (after a confirmation	ring proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note number given at end of recording for proof of request.
0	Environmental	Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. I Health Existing Tank Inspections Code 800
	Prepare for possible) as	ve instructions for placing flags and card on property. Inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if and then put lid back in place . (Unless inspection is for a septic tank in a mobile home park)
	After uncov If multiple (AVE LIDS OFF OF SEPTIC TANK ering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permits, then use code 800 for Environmental Health inspection. Please note confirmation number
SEI	Use Click20 TTC	d of recording for proof of request. Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. zation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
_	_	{□} Innovative (□ Conventional {□} Any
	Accepted Alternative	{ D } Other
The	l) Alternative applicant shall make a stion. If the answ	otify the local health department upon submittal of this application if any of the following apply to the property in er is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
	YES DO	
	YES (E) NO	Do you plan to have an irrigation system now or in the future?
•	YES (E) NO	Does or will the building contain any drains? Please explain.
	l) YES () NO	
·	YES (DICNO	
	YES (X) NO	Is the site subject to approval by any other Public Agency?
_	YES (NO	
	YES (NO	and the state of t
,	Ψ.	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
ΙH	ave Read This App	lication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
		anted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I U	nderstand That I A	m Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The		That A Complete Site Evaluation Can Be Performed.
	William Y	ERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) 5/18/2016 DATE
		



05/19/16

To Whom It May Concern,

Oakmont Development Partners, LLC herby gives McKee Homes, LLC the right to begin applying for permits & beginning construction of lot 179 in Oakmont before the lot is purchased.

Sincerely,

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

Application #

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match. Harnett County Central Permitting
PO Box 65 Lillington NC 27548
910 893 7525 Fax 910 893 2793 www.hamett.org/permits

Application for Residential Building and Trades Permit

Owners Name Mckee Homes, LLC	Date 06/06/2016
Site Address 153 Heatherwood Drive	Phone Phone
Directions to job site from Lillington	111010
Subdivision _ Oakmont	Lot 179
Description of Proposed Work Single Family Home	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room?	Crawl Space SlabX
GML Development, Inc	
Building Contractor's Company Name	(910) 475-7100 ex+ 722 Telephone
101 Hay Street, Fayetteville, NC	jparton@mckehmesnc.com
A 0 70 1	Email Address
63970	
License #	_
Description of Work Single Family Have Service Size	QU Amps T-Pole X Yes No.
J. M. Pope Electric	(919) 776-5144
Electrical Contractor s Company Name	Telephóne
409 Chatham Street, Sanford, NC Address 27330	im popeelectric @ gmail. com Email Address
- 1 - 10	Email Address
<u>31326-L</u> License #	
Mechanical/HVAC Contractor Inform	etion
Description of Work Single Family Hongel	
Certified Heating + AC	<u>(910) 858-0000</u>
Mechanical Contractor's Company Name	Telephone
P.O. BOX 1071, Hope Mills, NC 28348	<u>certified heatair@em burg mail</u> Email Address
Address (12-1	Email Address
20012 H3-1 License #	
Plumbing Contractor Information	1
Description of Work Single Family Home Dell Haire Plumbing	# Baths
Dell Haire Plumbing	(9)0) 818 - 4863 Telephone
Plumbing Contractor's Company Name	Telephone
7612 Documentary Drive Fayetteville	dell haire plumbing @ hotmail.com Email Address
Address NC 38306	Email Address '
License #	
Insulation Contractor Information	(210) 1121
Comberland 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

and that-the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Hamett 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 Josh Darten 06/06/2016 Signature of Owner/Contractor/Officer(s) of Corporation 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

Pre-Con Coordinator Date 06/06/2016

Company or Name

Sign w/Title

I hereby certify that I have the authority to make necessary application, that the application is correct

Details: Appointment of Lien Agent

Entry #: 468285

Filed on: 05/18/2016

Initially filed by: Jbuckwalter

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com (http://www.lienanc.com)

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto aupport@lienanc

Project Property

Lot 179 Oakmont 153 Heatherwood Drive Lillington, NC 27546 Harnett County

Property Type

1-2 Family Dwelling

Print & Post



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

McKee Homes 101 Hay Street Fayetteville, NC 28301 United States

Email: wbynum@mckeehomesnc.com

Phone: 910-475-7100

06/20/2016

View Comments (0)

Technical Support Hotline: (888) 690-7384

		Date 6-9-16			
Plan Box #	-ile_	Job Name	Mcke		
App # 38°		/aluation <u>187202</u>	SQ Feet <u>17</u> Garage <u>4</u> = <u>2</u> -	110	
Crawl	Slab	Mono	Basement		
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final		
Foundation Surv	vey E	nvir. Health	Other		
Additions / Other Footing Foundation Slab Mono Open Floor Rough In Insulation Final			172 C	3 2	

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