

Initial Application Date: 7/14/10

Application # 17050039209

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27545 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
CU# _____

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

LANDOWNER: _____ Mailing Address: Same as below
City: " State: " Zip: " Contact No: " Email: "

APPLICANT: Cumberland Homes, Inc. Mailing Address: P.O. Box 727
City: Dunn State: NC Zip: 28335 Contact No: 910-892-4345 Email: joannorris1957@yahoo.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MICHELLE OR Joan Phone # 910-892-4345

PROPERTY LOCATION: Subdivision THE RESERVE Lot # 10 Lot Size: .58
State Road # 1413 State Road Name: ROLLINS ROAD
Parcel: 0806450100 10 Map Book & Page: 2016-161
PIN: 0645-57-1110.000
Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 3915, 0934 Power Company*: DUKE
*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size 61 x 47) # Bedrooms: 4 # Baths: 3 Basement(w/w bath): Garage: _____ Deck: _____ Crawl Space: _____ Slab: Monolithic Slab: _____
(Is the bonus room finished? () yes () 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: 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) _____ 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 () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

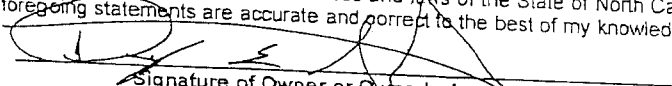
Front	Minimum <u>35</u>	Actual <u>40</u>
Rear	<u>25</u>	<u>129'9"</u>
Closest Side	<u>10</u>	<u>21'10"</u>
Sidestreet/corner lot	<u>20</u>	<u>N/A</u>
Nearest Building on same lot	<u>N/A</u>	<u>N/A</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

TAKE HWY 401 TOWARDS
FUQUAY VARIAN TURN LEFT ONTO CHRISTIAN
LIGHT RD THEN TURN RIGHT ONTO ROLLINS RD
SUBDIVISION IS ON LEFT.

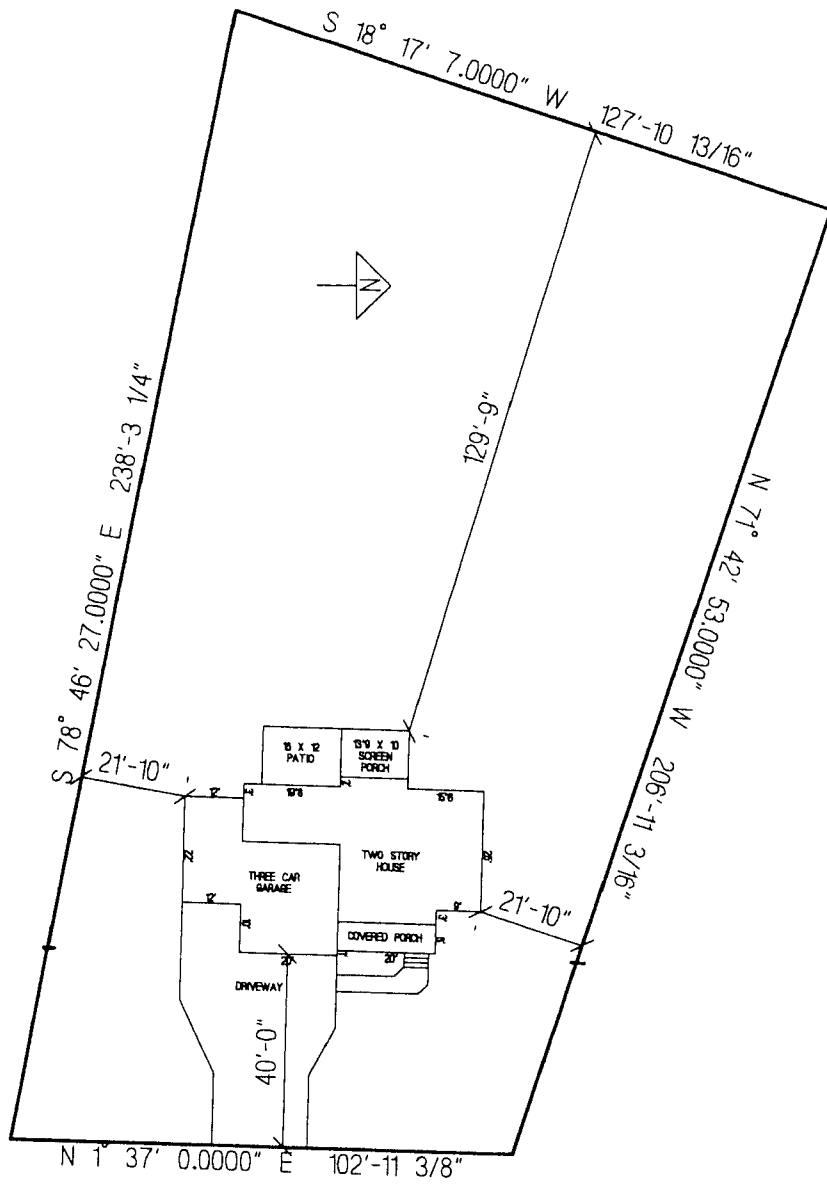
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information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


Signature of Owner or Owner's Agent

6/14/16
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**



SITE PLAN APPROVAL.

DISTRICT RA30 USE SFD RESERVE DRIVE

#BEDROOMS 4

Date 7/14/10 [Signature]
Zoning Administrator

CUMBERLAND HOMES, INC.
 THE MORGAN II WITH 3RD CAR GARAGE
 LOT # 10 THE RESERVE
 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.

Sean Smith

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7/12/16

DATE

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 55 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # _____

Application for Residential Building and Trades Permit

Owner's Name: CUMBERLAND HOMES, INC. Date: 5/24/16
Site Address: 107 RESERVE DR Phone: 910-892-4345
Directions to job site from Lillington: TAKE HWY 401 TOWARDS FUQUAY TURN LEFT ONTO CHRISTIAN LIGHT RD TAKE RIGHT ONTO ROLLINS RD SUBDIVISION ON LEFT.

Subdivision: THE RESERVE Lot: 10
Description of Proposed Work: N.S.F. # of Bedrooms: 4
Heated SF: 2496 Unheated SF: _____ Finished Bonus Room? YES Crawl Space: _____ Slab:

Cumberland Homes Inc
Building Contractor's Company Name
P.O. Box 727 Dunn, NC 28335
Address

910-892-4345
Telephone
joanmorris1957@yahoo.com
Email Address
59493
License #

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

Description of Work New Residential Electrical Contractor Information
Wester & Pace Electric Service Size: 200 Amps T-Pole: Yes No

Electrical Contractor's Company Name
546 Leslie Dr. Sanford, NC
Address

919-499-5389
Telephone
N/A
Email Address
12007-11
License #

Walter Wester
Signature of Owner/Contractor/Officer(s) of Corporation

Description of Work New Single Family Residential Mechanical/HVAC Contractor Information
Certified Heating & Air, LLC

Mechanical Contractor's Company Name
P.O. Box 1071 Hope Mills, NC 28348
Address

910-818-0600
Telephone
N/A
Email Address
20012
License #

Larry Parker
Signature of Owner/Contractor/Officer(s) of Corporation

Description of Work New Residential Plumbing Contractor Information
JAMIE JOHNSON PLUMBING # Baths: 3

Plumbing Contractor's Company Name
614 BYRD RD BUNNLEVEL NC 28323
Address

910-814-7705
Telephone
N/A
Email Address
21649
License #

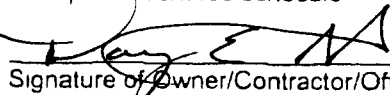
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

Description of Work INSULATING INC Insulation Contractor Information
5902 FAYETTEVILLE RD RALEIGH Telephone: 919-772-9000

*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


Signature of Owner/Contractor/Officer(s) of Corporation

5/29/16
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

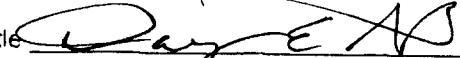
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 CUMBERLAND HOMES, FNC

Sign w/Title  Date 5/29/16

Plan Box # AA1

Date 7/14/16
Job Name Cumberland

App # 39209

Valuation 206219

SQ Feet 2496
Garage 719
= 3215

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

26603

Additions / Other

- Footing
- Foundation
- Slab
- Mono
- Open Floor
- Rough In
- Insulation
- Final

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 528488

Filed on: 09/13/2016

Initially filed by: cumberlandhomes

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com

Address: 19 W Hargett St, Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384

Fax: 919-489-5231

Email: support@liensnc.com

Project Property

Lot # 10 The Reserve PIN # 0645-57-1110 000
107 Reserve Drive
Fuquay-Varina, NC 27526
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

Cumberland Homes, Inc
PO Box 727
Dunn, NC 28335
United States
Email: norrisbuildinggroup@yahoo.com
Phone: 910-892-4345

[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.

Application Number	16-50039209	Date	9/13/16
Property Address	107 RESERVE DR		
PARCEL NUMBER	08-0645- - -0100- -10-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	THE RESERVE 22LOTS		
Property Zoning	RES/AGRI DIST - RA-30		

Owner

CUMBERLAND HOMES INC
 PO BOX 727
 DUNN NC 28335

Contractor

CUMBERLAND HOMES INC
 PO BOX 727
 DUNN NC 28335
 (910) 892-4345

Applicant

CUMBERLAND HOMES INC #10
 PO BOX 727
 DUNN NC 28335
 (910) 892-4345

--- Structure Information 000 000 61X47 4BDR SLAB W/ GARAGE

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	1149236		
Issue Date	9/13/16	Valuation	0
Expiration Date	9/13/17		

Special Notes and Comments

T/S: 07/14/2016 11:31 AM JBROCK ----
 THE RESERVE #10 - OFF OF ROLLINS RD
 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.

Application Number	16-50039209	Page	2
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PARCEL NUMBER	08-0645- - -0100- -10-		
Application description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	THE RESERVE 22LOTS		
Property Zoning	RES/AGRI DIST - RA-30		
Permit	BLDG,MECH,ELEC,PLB,INSU PERMIT		
Additional desc			
Phone Access Code	1149236		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-999	111	B111	R*BLDG SLAB INSP/TEMP SVC POLE	_____	___/___/___
30-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
30-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
40-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
40-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
50-60	209	E209	R*ELEC TEMP POWER CERT	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___