

Initial Application Date: 8/11/16

Application # 1650239512

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 106 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: Christina Davis 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: joannorris@centurylink.net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Linda or Joan Phone #: 910-892-4345
Carolina Seasons

PROPERTY LOCATION: Subdivision: 52 Spring Flowers Dr. Cameron Lot #: 12 Lot Size: 1/4 ac. 38 AC
State Road #: 11 State Road Name: 11 Map Book & Page: 2009 P.16

Parcel: 09 9507 02 0006 11 PIN: 9567-02-8014
Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 2581/811 Power Company: Central Elec.

*New structures with Progress Energy as service provider need to supply premise number 0TP from Progress Energy.

PROPOSED USE:

SFD: (Size 46' x 54') # Bedrooms: 3 # Baths: 2 1/2 Basement (w/wo bath): Garage: 1 Patio 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/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: 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:

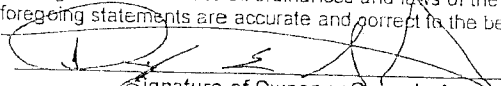
Front Minimum 35 Actual 36'
Rear 25 26'10"
Closest Side 10 12'
Sidestreet/corner lot 20
Nearest Building on same lot N/A

Comments:

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

16 miles TR on Johnsonville Sch. Rd. go to stop TR go 1 1/2 miles to entrance of Carolina Seasons Hwy 27 W from Lillington go approx.

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

8/11/16
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.

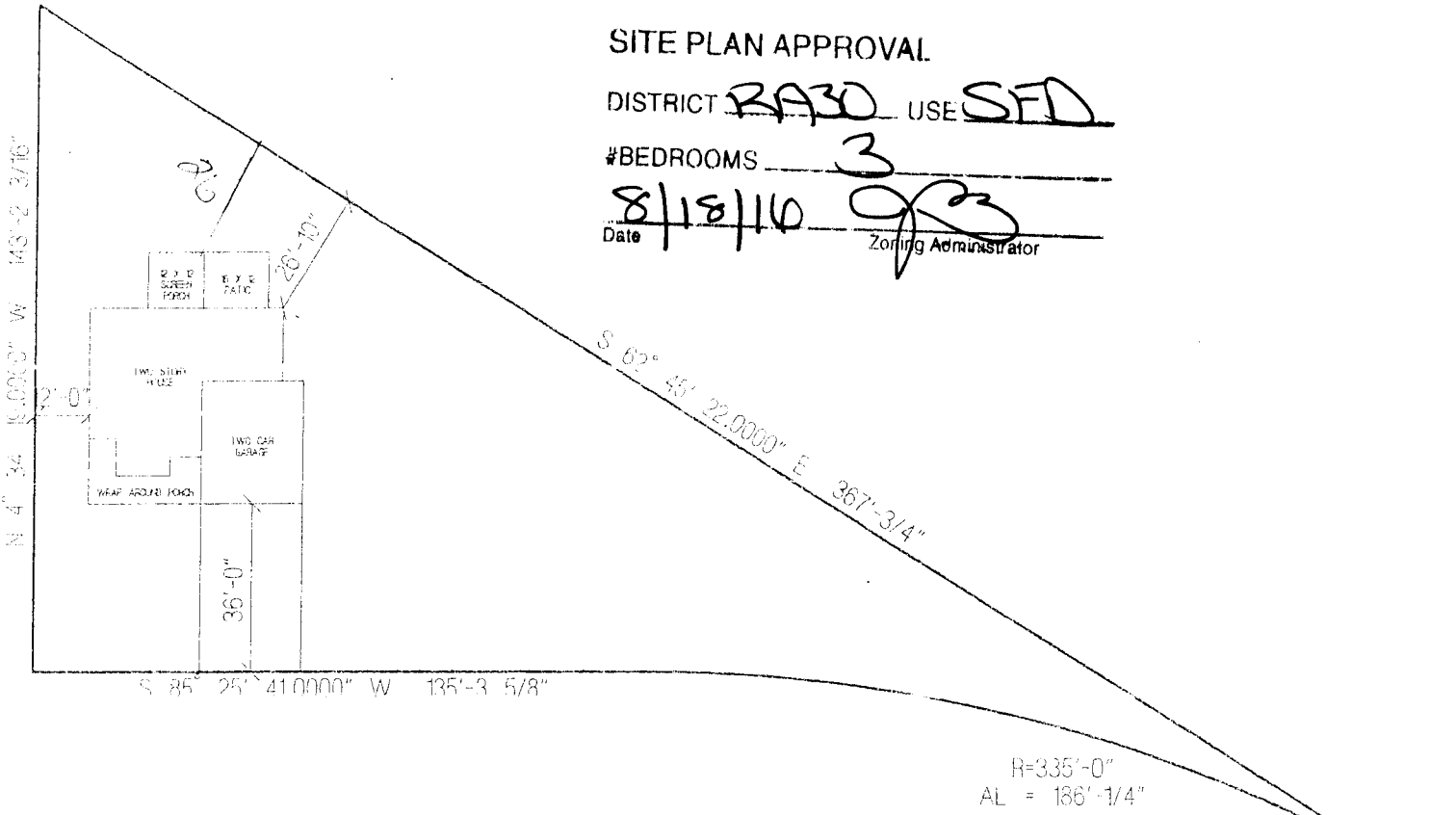
This application expires 6 months from the initial date if permits have not been issued

SITE PLAN APPROVAL

DISTRICT RA30 USE SFD

#BEDROOMS 3

Date 8/18/10 [Signature]
Zoning Administrator



SPRING FLOWERS DRIVE

TMD RESIDENTIAL PROPERTIES, LLC.
LOT # 12 CAROLINA SEASONS
THE TIFFANY WITH SCREEN PORCH
SCALE: 1"=40'

NAME: 52 Spring Flowers DR Camellia, NC

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

NORTH CAROLINA

Harrell COUNTY

CONTRACT TO PURCHASE

This contract made and entered into this 10 day of Aug, 2014 by and between Crestview Dev. as SELLER, and TMD Residential Properties, LLC as BUYER.
WITNESSETH

THAT SELLER hereby contracts to sell and convey to BUYER, and BUYER hereby contracts to purchase from SELLER, the following described residential building lot/s, to wit:

Being all of LOT/S 12 of Subdivision known as Carolina Seasons

A map of which is duly recorded in Book of Plats Map 1586 Page 940 County Registry.

Price is \$25,000 payable as follows:

Down Payment (payable upon execution of this contract): \$ _____

Balance of Sale Price (payable at closing): \$ _____

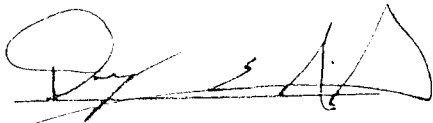
1. The LOT/S shall be conveyed by SELLER to buyer by a General Warranty Deed free of all encumbrances other than taxes for the current year; which shall be prorated as of closing. The Deed shall be subject to all Restrictive Covenants, Utility Easements and applicable zoning ordinances on record at the time of closing.
2. Buyer acknowledges inspecting the property and that no representations or inducements have been made by the SELLER, other than those set forth herein, and that the Contract contains the entire agreement between the parties.
3. Closing (Final Settlement) is to take place no later than _____ at the offices of _____ Should BUYER fail to close, the SELLER, at his option, may retain sum paid as a Down Payment upon the Purchase Price as Liquidated damages and declare this Contract null and void and may proceed to resell the LOT/S to a subsequent Buyer.
4. Other Conditions:
Restrictive Covenants for subdivision are recorded in the Office of the Register of Deeds for _____ County in Book _____ Page _____ or _____
A copy of which has been provided to Buyer.

Building side lines shall be per plat unless otherwise controlled by governmental authority. Property has been surveyed by _____

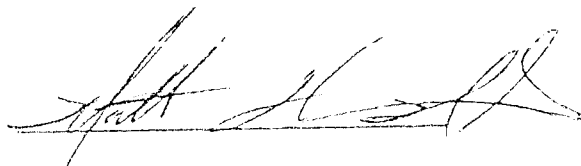
Buyer must submit house plans to SELLER for architectural conformity and Covenant approval prior to breaking ground.

Additionally: _____ will be closed when sediment ponds and or/dirt storage are removed _____

IN WITNESS WHEREOF the parties have executed this contract this day _____ of _____



SELLER



BUYER

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

Application for Residential Building and Trades Permit

Owner's Name: TMD Residential Properties, LLC Date: 8/11/16

Site Address: 52 Spring Flowers Dr. Cameron Phone: 910-892-4345

Directions to job site from Lillington: Hwy 27W from Lillington approx 16 miles TR on Johnsonville Sch. Rd. go to stop TR go 1/4 miles TL into Carolina Seasons

Subdivision: Carolina Seasons Lot: 12

Description of Proposed Work: NSE # of Bedrooms: 3

Heated SF: 2493 Unheated SF: 933 Finished Bonus Room? Crawl Space: _____ Slab:

General Contractor Information

Cumberland Homes Inc.
Building Contractor's Company Name

910-892-4345
Telephone

P.O. Box 727 Dunn, NC 28335
Address

juwanorris@centurylink.net
Email Address

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

59493
License #

Electrical Contractor Information

Description of Work New Residential Service Size: 200 Amps T-Pole: Yes No

Wester & Pace Electric
Electrical Contractor's Company Name

919-499-5389
Telephone

546 Leslie Dr. Sanford, NC
Address

N/A
Email Address

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

12007-11
License #

Mechanical/HVAC Contractor Information

Description of Work New Single Family Residential

Certified Heating & Air, LLC
Mechanical Contractor's Company Name

910-818-0600
Telephone

P.O. Box 1071 Hope Mills, NC 28348
Address

N/A
Email Address

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

20012
License #

Plumbing Contractor Information

Description of Work New Residential # Baths: _____

Curtis Faircloth Plumbing
Plumbing Contractor's Company Name

910-531-3111
Telephone

5056 Elizabethwood Hwy. Roseboro, NC
Address

Email Address

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

7269
License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address: Tri-City Insulation 418 Person St. Tay, NC Telephone: 910-486-8855

*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

8/11/16
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 Camberland Homes, Inc.
Sign w/Title Danny Jones Pres. Date 8/11/16