	, ,
initial Application Date	8/11/16
	1111

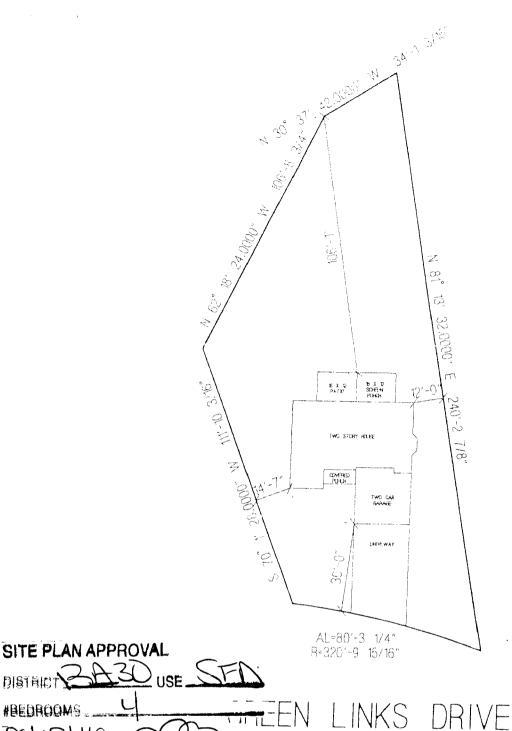
Application # 16500395/3

Central Permitting 108 F From St	COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICA	CU#
	HEEL, LITTURE TO BE APPLICATED TO BE APP	ax: (910) 893-2793 www.harnett.org/permits
Children	Howell INC. Mailing Address:	
APPLICANT: Cusherland	Hastes /ac. Mailing Address: DO. Box	Email: //
City: Juna	70105/2c.Mailing Address: 1. Dox	727
*Please fill out applicant information if different tha	State: 1C Zip: 28335 Contact No: 910 -812 - 4346	SEmail: journorris @ Centurylink no.
CONTACT NAME APPLYING IN OFFICE:	-7. / ·//	
	O Colina Samuel Phor	ne #_ 9/0 - 892 - 4345
PROPERTY LOCATION: Subdivision 3	al Granita P	
State Road #State Road	1 Name: 1.	Lot #: 80 Lot Size: 15 kc . 30
Parcel: 09 9547 62 6	1006 79 PIN: 4557-91-1008	Map Book & Page; 2009/96
Zoning: 2A - 30 lood Zone: X W	atershed: MA Deed Book & Page: 258, 1/96 Po	46.000
*New structures with Progress Energy as se	rvice provider need to supply premise number	ower Company": Clubal Elec.
	Premise number	from Progress Energy.
PROPOSED USE:		
SFD: (Size 60 x50) # Bedrooms:	## Baths Z 2 Basement (w/wo bath): Garage: Defaired Toom finished? (L) yes (L) no w/ a closel? (L) yes (L) yes (L) no w/ a closel? (L) yes (L) no w/ a closel? (L) yes (L) yes (L) no w/ a closel? (L) yes (L) no w/ a closel yes (L) yes (L) no w/ a closel yes (L) ye	Monolithic
(is the banus r	room finished? (L) yes () no w/ a closet? () yes (L) no	(if ves add in with # hedrocome)
☐ Mod: (Sizex) # Bedrooms	# Paths Day	() Seardons)
(Is the second	# Baths Basement (w/wo bath) Garage: Site Briftoor finished? () yes () no Any other site built additions?	uilt Deck: On Frame Off Frame
	, and one point administs	() yes () no
DWSWDW	TW (Sizex) # Bedrooms: Garage:(sit	te built?) Deck: (siie built?)
☐ Duplex: (Sizex) No. Buildir	ngs:No. Bedrooms Per Unit:	(one bank:
☐ Home Occupation: # Rooms:	No. Bediooms Per Unit:	_
	Use: Hours of Operation:	#Employees:
☐ Addition/Accessory/Other: (Sizex	() Use:	
Water Supply: County Existin		Closets in addition? (
Several Supply County Existin	g Well New Well (# of dwellings using well) *M pmplete Checklish	lust have operable water before fine!
Tanta, otto land the	it contains a manufactured home within five bundered foot (200).	tract listed shrive? / _ \\
y	terrer underground or overhead () vec /) and	
Structures (existing of proposed) Single famil	ily dwellings: Manufactured Homes:	Othor (operate)
Required Residential Property Line Setba		
Front Minimum 35 Actual 3		
Rear 25 10		
Closest Side // 17	1011	
Sidestreet/corner lot 20	U	
Nearest Building		
on same lot		
Residential Land Use Application	in Page 1 of 2	

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hun 27W from Lillington approx 16 miles. TR on Johnsonville Sch. Rd. ga 40 Stop TR age 1/2 miles. The into Carolina Seasons
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 submitter. 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.

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

#BEDROOMS ____

CUMBERLAND HOMES, INC. LOT # 80 CAROLINA SEASONS THE LANDON WITH SCREEN PORH SCALE: 1"=40'

NAME: 361 Green Links De Cameion

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 <u>undergrowth</u> 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

SEPTIC

- 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. <u>Please note confirmation number given at end of recording for proof of request.</u>
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

If applying for authorization	on 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 question. If the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
(_)YES (_) NO	Does the site contain any Jurisdictional Wetlands?		
(_)YES {\(\sime\)} NO	Do you plan to have an irrigation system now or in the future?		
(_)YES (\(\sime\)) 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 (<u>_</u>) 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 (\(\sum_{\chi}\)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 Social Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making			
/ MC Vit	A Complete Site Evaluation Can Be Performed. 8/4/6		
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) / DATE		

10/10

Harrelf COUNTY

CONTRACT TO PURCHASE

Buyer must submit house plans to SELLER for arch breaking ground.	hitectural conformity and Covenant approval prior to
Additionally:storage are removed	will be closed when sediment ponds and or/dirt
IN WITNESS WHEREOF the parties have executed th	his contract this day of
SELLER	Hatt A

•

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

1 - 20 - 20 o 10 mod 1703 mmm.emett.org/permits

Application for Residential Building and T	rades Permit
Owner's Name: Cunherland Howes, Inc	Date: 8/11/10
Site Address: 361 Grean Wes Dr. Comera	1 Phone 9/1 001 1/1/16
Directions to job site from Lillination: - Thun 216 from	Lillington an annal
the miles TR onto Tohnsonile Sel	PR ROLL STO
of the miles, The rate Cardina	5000-16 TO TO IR
The state of the s	
Description of Proposed Work: NSF	Lot: <u>80</u>
	# of Bedrooms: 4
Heated SF 254 Unheated SF: 753 Finished Bonus Room?	Ve Crawl Space: Slab:
General Contractor Informatio	<u>n</u>
Building Contractor's Company Name	910-891-4345 Telephone
P.O. Box 727 Duren, NC 28335	relephone
Address	jeannorris Centurylink. net Email Address
122	59493
Signature of Owner/Contractor/Officer(s) of Corporation	Licopco #
Description of Work New Residential Service Size	Amps T-Pole: Yes No
Liberty Service Size	Amps T-Pole: Yes No
Electrical Contractor's Company Name	919-499-5389
546 Leslie Dr. Sarford NC	Telephone
Address /	Email Address
Willey Works	13007-11.
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical/HVAC Contractor Inform	nation
Description of Work New Single Family Re	sidentia (
Certifica Heating & Dis 110	910-318-0600
Mechanical Contractor's Company Name	Felephone/
F.O. Dox 1011 Hope Mills, NC 28348	A/A
Address	Email Address
Signature of August Control of the August Co	20012
Signature Grownser/Contractor/Officer(s) of Corporation <u>Plumbing Contractor Information</u>	License #
Description of Work New Resides His	••
Curtic Linelash Physics	# Baths
Plumbing Contractor's Company Name	910-531-3111 Talashana
5056 Elizabeth found Hur Rosebro MC	Telephone
Address,	Email Address
Centres Franchoffee	71/19
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Iri-City Usulation 418 Ferson St.	910-486-8855
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 confractors 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 \$2 years per current fee schedule

Signature of Owne /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

Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation insurance to cover them

Has three (3) or more employees 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

Afficiates Compensation in Surance 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

LAWDON.

Plan Box #A	AL3_	Date Job Name_ Valuation_254784	8-18-10 Cumberland SQ Feet 1654 Garage 515 = 3169
Inspections for SF	D/SFA		
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 Surve	y	Envir. Health	Other
Foundation			
Slab Mono Open Floor			
Rough In Insulation Final			

```
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 . . . . 16-50039513
                                         Date 9/20/16
   Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name . . . . . . CAROLINA SEASONS PH 2 80LOTS
   Property Zoning . . . . . . RES/AGRI DIST - RA-20R
                                 Contractor
   Owner
                                 ______
   ______
                                 CUMBERLAND HOMES INC
   CRESTVIEW DEVELOPMENT LLC
                                 PO BOX 727
   PO BOX 727
                                                  NC 28335
                                 DUNN
                   NC 28334
   DUNN
                                 (910) 892-4345
   Applicant
   CUMBERLAND HOMES INC #80
   PO BOX 727
                   NC 28335
   (910) 892-4345
--- Structure Information 000 000 50X50 4BDR SLAB W/ GARAGE & PATIO
   Flood Zone . . . . . . . FLOOD ZONE X
                                                4000000.00
   Other struct info . . . . # BEDROOMS
                         PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY
Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT
   Additional desc . .
                    1154871
   Phone Access Code .
   Issue Date . . . . 9/20/16 Expiration Date . . 9/20/17
                                  Valuation . . . .
_____
   Special Notes and Comments
    T/S: 08/18/2016 09:11 AM JBROCK ----
    CAROLINA SEASONS - 361 GREEN LINKS DR
    LOT 80
    PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
    INSULATION AND LAND USE.
    Work must conform and comply with the
    STATE BUILDING CODE and all other State
    and local laws, ordinances & regulations
```

HARNETT COUNTY CENTRAL PERMITTING

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 2 Date 9/20/16

Application Number 16-50039513 Property Address 361 GREEN LINKS DR

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1154871

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10 20 20-30 30-999 30-999 30-999 30 40-50 40-60 40-60 40-60 50-60 50-60 50-60	101 103 814 111 309 205 104 129 425 125 325 225 429 131 329 229	B101 B103 A814 B111 P309 E205 B104 I129 R425 R125 R325 R429 R131 R329 R229	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION R*BLDG SLAB INSP/TEMP SVC POLE R*PLUMB UNDER SLAB R*ELEC UNDER SLAB R*FOUND & SETBACK VERIF SURVEY R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN FOUR TRADE FINAL ONE TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL		
50-60 999	209	E209 H824	R*ELEC TEMP POWER CERT ENVIR. OPERATIONS PERMIT		_/_/_

Harnett County 102 EAST FRONT ST

P O BOX 65

LILLINGTON NC 27546

DATE: 9/20/16 TIME: 11:19:50

RECEIPT #: 0000011006

CASHIER: JBROCK

APPLICATION NBR: 16-50039513 LOCATION ADDR: 361 GREEN LINKS DR REFERENCE: SFD

REFERENCE:

ITEM DESCRIPTION	PAID
HOMEOWNER RECOVERY FUND LAND USE PERMIT FEE PERMIT FEES REVIEW RESIDENTIAL PLANS	10.00 25.00 1045.00 25.00
TOTAL AMOUNT PAID: PAYMENT TYPE: ESCROW	1105.00