

Initial Application Date: 10-20-16

Application # 39973
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) 893-2793 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: R+K Developing, LLC + Anderson Const Mailing Address: 3951 US 401 N
City: Fuquay-Varina State: NC Zip: 27526 Contact No: _____ Email: _____

APPLICANT: Michael Anderson Homes, Inc Mailing Address: 180 Woodland Ridge Drive
City: Fuquay-Varina State: NC Zip: 27526 Contact No: 919-868-8294 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Michael Anderson Phone # 919-868-8294

PROPERTY LOCATION: Subdivision: Mill Branch Lot #: 32 Lot Size: .537 ac

State Road # US 401 State Road Name: Mill Branch Circle Map Book & Page: 2006.017A

Parcel: 040652009732 PIN: 0652245303000

Zoning: RA-40 Flood Zone: X Watershed: NA Deed Book & Page: 1975, 769 Power Company: Duke Progress

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

PROPOSED USE:

SFD: (Size 39' x 59' 10") # Bedrooms 3 # Baths 2.5 Basement (w/wo bath): NA Garage: 20x23 Deck: 10x14 Crawl Space: Slab: NO Monolithic Slab: NO
(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: SFD proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35'</u>	Actual	<u>40'</u>
Rear		<u>25'</u>		<u>49'</u>
Closest Side		<u>10'</u>		<u>30'</u>
Sidestreet/corner lot		<u>N/A</u>		
Nearest Building on same lot		<u>N/A</u>		

Comments: confirm # 018590

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: US 401 North, turn right
onto Mill Branch Circle, lot is in cul-de-sac

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.

Michael Anderson
Signature of Owner or Owner's Agent

10-19-16
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

NAME: Michael Anderson Homes, Inc

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. Foundation waterproofing drain
- 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.

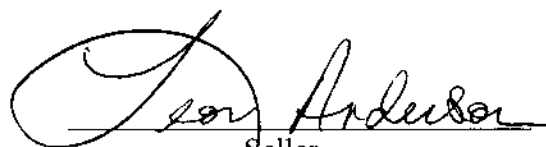
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.


Michael Anderson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10-19-16
DATE

OFFER TO PURCHASE

This contract made this 20th day of October 2016 between AAA Developers (R & K Land Developing LLC and Anderson Construction Inc) and Michael Anderson Homes, Inc. for the sale and purchase of Lot # 32, Mill Branch Subdivision, Fuquay Varina, North Carolina 27526. Total purchase price of Lot #32 is \$30,000.00 (thirty thousand dollars) and is to be paid in full at the time of closing of house that is to be constructed on said lot.


Seller


Buyer

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 Michael Anderson Homes, Inc Date 10-20-16
Site Address Mill Branch Circle, Fuquay-Varina Phone 919-868-8294
Directions to job site from Lillington 401 North, turn right onto Mill Branch Circle, lot is in cul-de-sac

Subdivision Mill Branch Lot 32
Description of Proposed Work New Single Family Home # of Bedrooms 3
Heated SF 1757 Unheated SF 808 Finished Bonus Room? NO Crawl Space Slab

General Contractor Information

Michael Anderson Homes, Inc 919-868-8294
Building Contractor's Company Name Telephone
180 Woodland Ridge Drive, Fuquay-Varina, NC 27526
Address Email Address
50512
License #

Electrical Contractor Information

Description of Work New SFD Service Size 200 Amps T-Pole Yes No
Dawson's Electric, Inc 919-201-3841
Electrical Contractor's Company Name Telephone
609 Cotton Rd, Fuquay-Varina, NC 27526
Address Email Address
25948-L
License #

Mechanical/HVAC Contractor Information

Description of Work New SFD
JC's Heating + Cooling, Inc. 919-369-2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephens Rd, Holly Springs, NC
Address 27540 Email Address
12655
License #

Plumbing Contractor Information

Description of Work New SFD # Baths 2.5
Camden's Plumbing + Repair, Inc. 919-669-4650
Plumbing Contractor's Company Name Telephone
PO Box 1359, Fuquay-Varina, NC 27526
Address Email Address
18903-PI
License #

Insulation Contractor Information

Insulating Inc. - 5902 Fayetteville Rd 919-772-9000
Insulation Contractor's Company Name & Address Telephone
Raleigh, NC 27603

*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

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

10-20-16
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

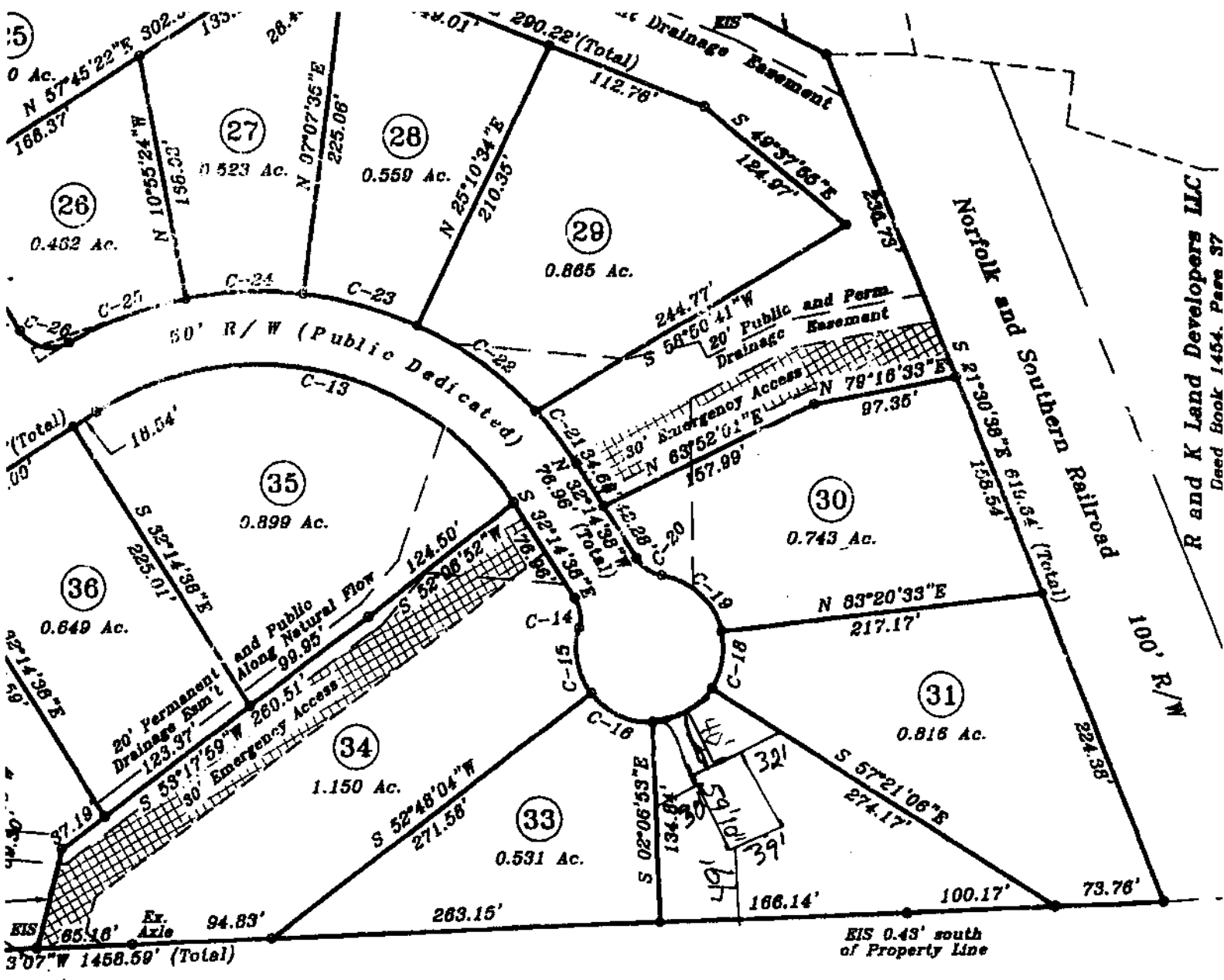
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

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 Michael Anderson Homes, Inc

Sign w/Title Michael Anderson, president Date 10-20-16



R and K Land Developers LLC
Deed Book 1454, Page 37

including screen porch.

HARNETT COUNTY CASH RECEIPTS

R E P R I N T

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
 Date: 10/20/16 51 Receipt no: 123542

Year	Number	Amount
2016	50039973	
294 MILL BRANCH CIR		
FLOUAY-VARINA, NC 27526		
B4	BP - ENV HEALTH FEES	\$758.00
NEW TANK		
04	80167 84279 MICHAEL ANDERSON HOM	
	UT-METER CHARGE	\$78.00
U8	80167 84279 MICHAEL ANDERSON HOM	
	UT-TRANSFER SET UP FEES	\$15.00

MICHAEL ANDERSON

Tender detail	
CP CREDIT CARD	\$835.00
Total tendered	\$835.00
Total payment	\$835.00

Trans date: 10/20/16 Time: 12:06:20

** THANK YOU FOR YOUR PAYMENT **