

Initial Application Date: 11/15/16

Application # 40189

CENTRAL PERMITTING 108 E. FRONT STREET, LILLINGTON, NC 27546
CITY OF HARNETT RESIDENTIAL LAND USE APPLICATION
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: Cumberland Homes, Inc 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: journorris@centurylink.net
*Please fill out applicant information if different than landowner

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

PROPERTY LOCATION: Subdivision Lot #. 11 Carolina Seasons Lot #: 1.1 Lot Size: 1/2
State Road # _____ State Road Name: 10 Springflowers Dr Map Book & Page: 2009-96

Parcel: 09956702 0006 10 PIN: 9567 111842.000
Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 2581, 811 Power Company*: CEMC

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

PROPOSED USE:

SFD: (Size 47' x 50') # Bedrooms: 4 # Baths: 3 Basement(w/wo 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/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: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

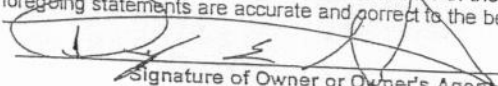
Front Minimum 35 Actual 80
Rear 25 160
Closest Side 10 346"
Sidestreet/corner lot 20
Nearest Building on same lot N/A

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

1/2 miles TL to Ponderosa Rd TL then Right 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 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.

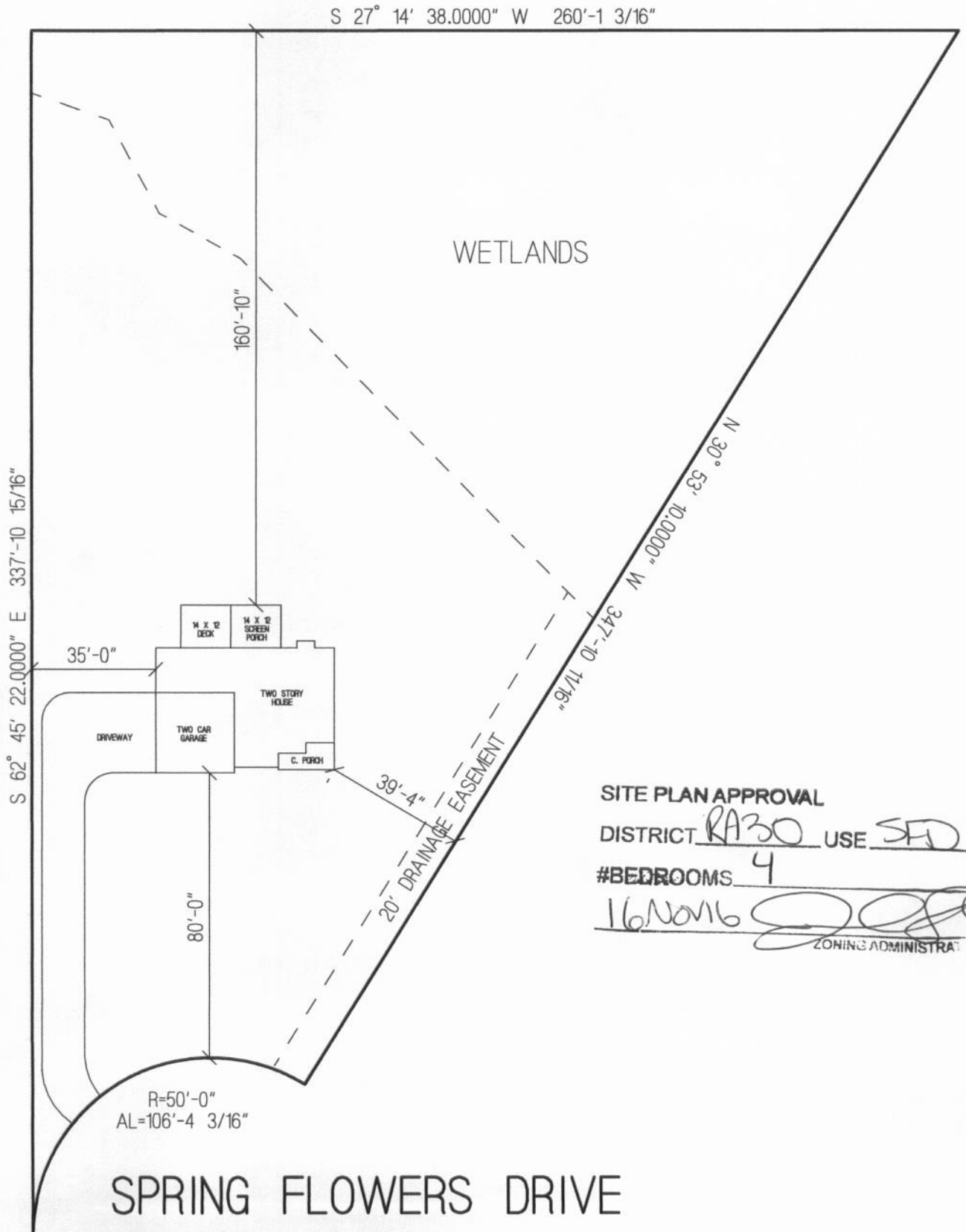

Signature of Owner or Owner's Agent

11/15/14
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

CUMBERLAND HOMES, INC.
 LOT # 11 CAROLINA SEASONS
 THE SHILOH WITH 3RD CAR GARAGE
 SCALE: 1"=40'



SITE PLAN APPROVAL
 DISTRICT RA30 USE SFD
 #BEDROOMS 4
16 Nov 16
 ZONING ADMINISTRATOR

SPRING FLOWERS DRIVE

NAME: Cumberland Homes

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 _____

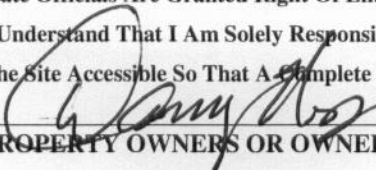
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- {__} 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)

11/15/16

 DATE

NORTH CAROLINA

Harnett COUNTY

CONTRACT TO PURCHASE

This contract made and entered into this 10th day of Nov. 2016 by and between Dwayne C. Harris as SELLER, and Walter Harris 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 11 of Subdivision known as Carolina Seasons

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

Price is \$ 25,000⁰⁰, 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 _____.

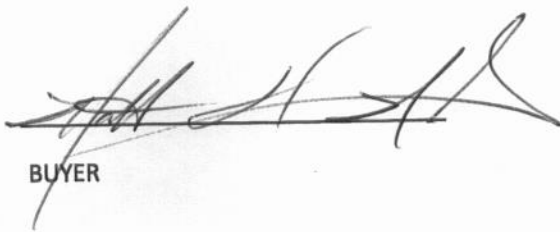
Buyer must submit house plans to SELLER for architectural conformity and Covenant approval prior to breaking ground.

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 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: Cumberland Homes, Inc. Date: 11/15/16
Site Address: Lot #11 Carolina Seasons Phone: 910-892-4345
Directions to job site from Lillington: 27 W to 87N TR to 1st left go to stop sign TL on Ponderosa Rd then TR into Carolina Seasons.
Subdivision: Carolina Seasons Lot: 11
Description of Proposed Work: NSF # of Bedrooms: 4
Heated SF: 2569 Unheated SF: 922 Finished Bonus Room? _____ Crawl Space: _____ Slab:

General Contractor Information

Cumberland Homes, Inc. Building Contractor's Company Name
P.O. Box 727 Dunn, NC 28335 Address
[Signature] Signature of Owner/Contractor/Officer(s) of Corporation
910-892-4345 Telephone
joanorris@centurylink.net Email Address
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
546 Leslie Dr. Sanford, NC Address
William Wester Signature of Owner/Contractor/Officer(s) of Corporation
919-499-5389 Telephone
N/A Email Address
12007-U License #

Mechanical/HVAC Contractor Information

Description of Work: New Single Family Residential
Certified Heating & Air, LLC Mechanical Contractor's Company Name
P.O. Box 1071 Hope Mills, NC 28348 Address
Larry Parker Signature of Owner/Contractor/Officer(s) of Corporation
910-818-0600 Telephone
N/A Email Address
20012 License #

Plumbing Contractor Information

Description of Work: New Residential # Baths: _____
Curtis Faircloth Plumbing Plumbing Contractor's Company Name
5056 Elizabethwood Hwy. Roseboro, NC Address
Curtis Faircloth Signature of Owner/Contractor/Officer(s) of Corporation
910-531-3111 Telephone
Email Address: _____
License #: 7269

Insulation Contractor Information

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

Danny E. Hays
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 Cumberland Homes, Inc.

Sign w/Title *Danny E. Hays* Date 10/20/16

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: CAROLINA SEASONS
INITIAL SYSTEM: APPROVED 25% REDUCTION
DISTRIBUTION: SERIAL
BENCHMARK: 100.0
NO. BEDROOMS: 4

LOT 11
REPAIR: APPROVED 25% REDUCT
DISTRIBUTION SERIAL
LOCATION FC 11/12
LTAR 0.8 GPD/FT²

LINE	FLAG COLOR	ELEVATION	LENGTH	
Initial system {	1	P	97.84	60'
	2	W	97.84	70'
	3A	O	97.08	30'
			160'	
3B	O	97.08	45'	
4	Y	96.00	80'	
5	P	94.25	50'	
			175'	

BY M. EAKER

DATE 06/2016

TYPICAL PROFILE
0-48 S/W (VF, mg)
C-2 748"
INSTALL AT 18-22"

THERE SHALL BE NO GRADING
RUTTING CUTTING OR OTHER SOIL
DISTURBANCE IN SEPTIC AREA
ANY DISTURBANCE MAY CAUSE A SITE
TO BECOME UNSUITABLE