

Initial Application Date: 1/26/17

Application # 1750040629

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: CUMBERLAND HOMES, INC Mailing Address: Same as below  
City: " State: " Zip: " Contact No: " Email: joannorris1957@yahoo.com  
APPLICANT: CUMBERLAND HOMES, INC Mailing Address: P.O. BOX 727  
City: DUNN State: NC Zip: 28335 Contact No: 910 892-4345 Email: joan.norris1957@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: BRIAN KEITH MEADOWS Lot #: 3 Lot Size: .58  
State Road # 2215 State Road Name: HARNETT CENTRAL RD Map Book & Page: #2006/1024  
Parcel: 040662 0024 07 PIN: 0652-93-9626.000  
Zoning: RA-30 Flood Zone: X Watershed: N/A Deed Book & Page: 3438/0497 Power Company: DUKE  
\*New structures with Progress Energy as service provider need to supply premise number 63793979 from Progress Energy.

PROPOSED USE:  
 SFD: (Size 46'6" x 57') # Bedrooms: 3 # Baths: 2 1/2 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: 1 Manufactured Homes:      Other (specify):     

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>40"</u>
Rear		<u>25</u>		<u>122'4"</u>
Closest Side		<u>10</u>		<u>33'9"</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: HWY 210 N TO HARNETT CENTRAL RD  
TURN (L) TURN (R) ONTO TYLER BELL DR. THEN TURN (L)  
ONTO FARRAH SHEA WAY LOTS 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.

Sean Smith  
Signature of Owner or Owner's Agent

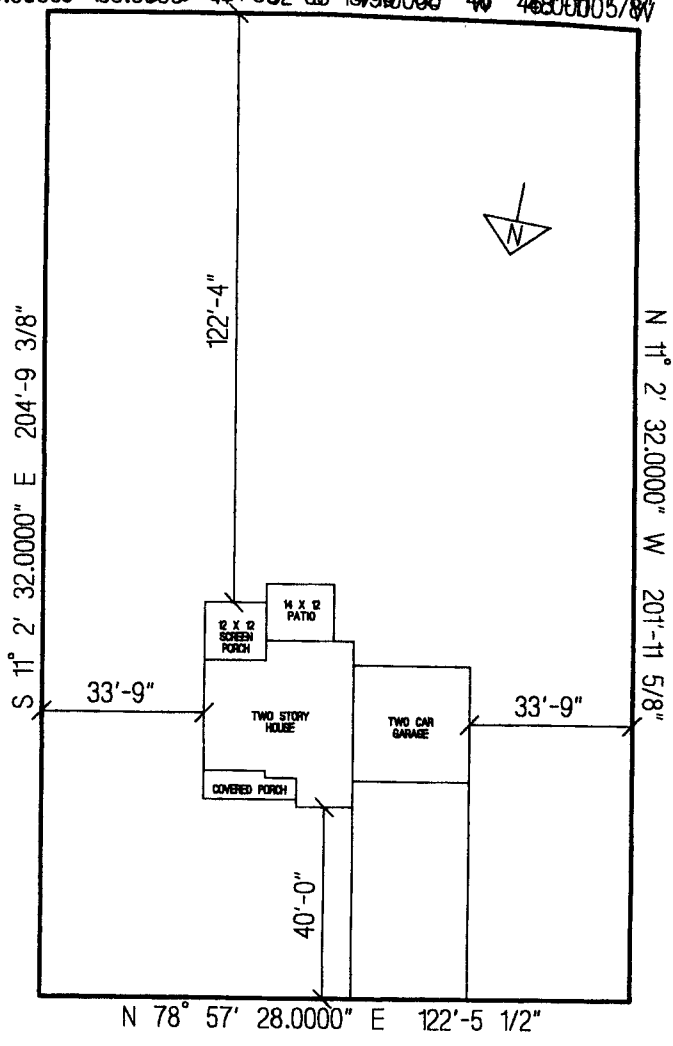
1/16/17  
Date

\*\*\*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\*\*

S 77° 54' S9.79005' W6.0008 3/4" 862' 53' 13/96' 000° 46' 46800005/87 16'-11 7/8"

SITE PLAN APPROVAL  
 DISTRICT PA30 USE SFD  
 #BEDROOMS 3  
1/26/17 JKB  
 Zoning Administrator



FARRAH SHEA WAY

**CUMBERLAND HOMES, INC.**  
**THE CAPE WITH SCREEN PORCH**  
**LOT # 3 BRIAN KEITH MEADOW**  
**SCALE: 1"=40'**

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: BRIAN KEITH MEADOW

LOT 3

INITIAL SYSTEM: APPROVED 25% REDUCTION

REPAIR APPROVED 25% REDUCTION

DISTRIBUTION: SERIAL

DISTRIBUTION SERIAL

BENCHMARK: 100.0

LOCATION FC 2/3

NO. BEDROOMS:           

LTAR 0.4 GPD/FT<sup>2</sup>

<u>LINE</u>	<u>FLAG COLOR</u>	<u>ELEVATION</u>	<u>LENGTH</u>
1	O	98.75	65'
2	W	98.17	145'
3A	B	97.84	30'
			<u>240' AVAL</u>
4	O	97.08	115'
5	W	96.50	80'
6	B	96.25	70'
7	O	96.17	50'
			<u>315' AVAL</u>

Initial  
system

BY M. EAUEN

DATE 06/2015

TYPICAL PROFILE

THERE SHALL BE NO GRADING,  
CUTTING, LOGGING OR OTHER SOIL  
DISTURBANCE IN SEPTIC AREA

0-14 gls (VF<sub>r</sub>, w<sub>r</sub>)  
14-36+ sll (F<sub>r</sub>) F<sub>i</sub> (6X)  
or 2 > 36"  
INSTALL AT 18"



NAME: CUMBERLAND 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 8 00

- **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 over outlet end as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
- 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.

*Sea Smith*

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1/16/17  
DATE

\* 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: 1/16/17  
Site Address: 135 FARRAH SHEA WAY Phone: 910-892-4345  
Directions to job site from Lillington: TAKE HWY 210 N TO HARNETT CENTRAL ROAD TURN (L) TURN (R) ONTO TYLER BELLER TURN (L) ONTO FARRAH SHEA WAY LOT ON LEFT.  
Subdivision: BRIAN KEITH MEADOWS Lot: 3  
Description of Proposed Work: N.S.F. # of Bedrooms: 3  
Heated SF: 2243 Unheated SF: \_\_\_\_\_ Finished Bonus Room? YES Crawl Space: \_\_\_\_\_ Slab:

**General Contractor Information**

CUMBERLAND HOMES, INC 910-892-4345  
Building Contractor's Company Name Telephone  
P.O. BOX 727 DUNN, NC 28335 joannorris1957@yahoo.com  
Address Email Address  
59493  
License #

**Electrical Contractor Information**

Description of Work N.S.F. Service Size: 200 Amps T-Pole:  Yes  No  
WESTER & PACE ELECTRIC 919-499-5389  
Electrical Contractor's Company Name Telephone  
546 LESLIE DR. SANFORD, NC N/A  
Address 28330 Email Address  
12007-4  
License #

**Mechanical/HVAC Contractor Information**

Description of Work N.S.F.  
STEPHENSONS HEATING & AIR INC 919-329-0686  
Mechanical Contractor's Company Name Telephone  
343 SHIPWASH DR GARNER NC N/A  
Address 27529 Email Address  
18644  
License #

**Plumbing Contractor Information**

Description of Work N.S.F. # Baths 2 1/2  
GLOVER CONTRACT PLUMBING 919-868-0959  
Plumbing Contractor's Company Name Telephone  
304 QUAIL HOLLOW WAY SANFORD, NC N/A  
Address 27332 Email Address  
23160  
License #

**Insulation Contractor Information**

INSULATING INC 5902 FAYETTEVILLE RD 919-772-9000  
Insulation Contractor's Company Name & Address RALEIGH NC Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application.

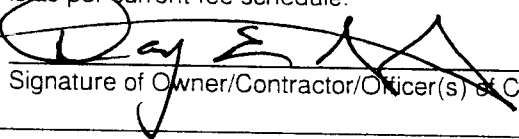
### Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption. Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?  Yes  No
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?  Yes  No
3. Do you intend to directly control & supervise construction activities?  Yes  No
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?  Yes  No
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?  Yes  No

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 I affirm that I have obtained all listed contractors 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

1/12/17  
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: Sean Smith / agent

Date: 1/12/17