nitial Application Date:_	4	3	17
	•		

13117	Application # 17 50041143
COUNTY OF HARNETT RES	CU#
108 E. Front Street, Lillington, NC 27546 P	none. (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

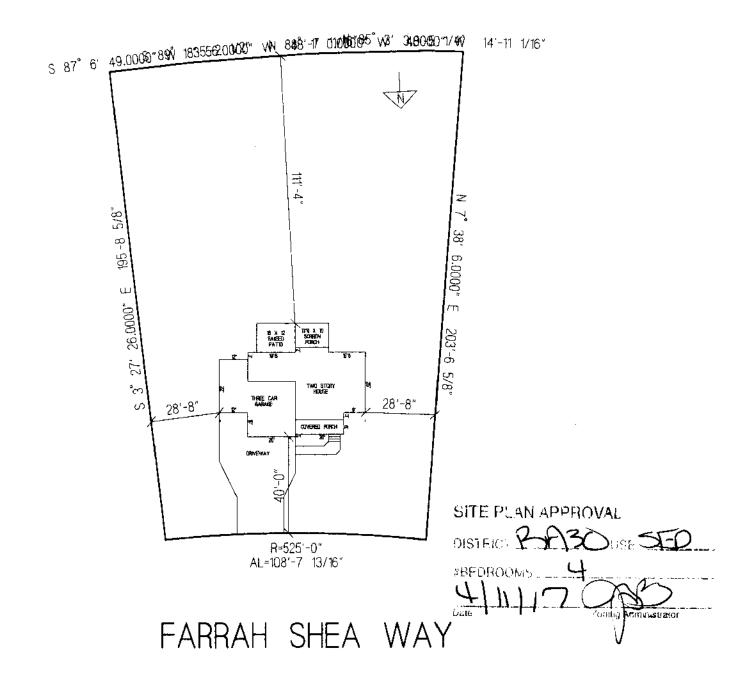
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER BARCO DOVELUPINENT Mailing Address: Same as below
City: State: Zip: Contact No: Email: 1001 No.CTI.S 1957 @
APPLICANT: CUMBERCAND HOUSIMAIling Address: P.O. BOX 727
City: DUNN State: NC Zip: 28335 Contact No. 910 892 · 4345 Email: 1
CONTACT NAME APPLYING IN OFFICE: MICHELLE OR JOHN Phone # 910.892.4345
PROPERTY LOCATION: Subdivision: BRIAN KELTIL MEADOWS Lot# 5 Lot Size: . 58
State Road # 2215 State Road Name: HARNETT CENTRAL RDMan Book & Range 2000 1014
Parcet: 040 662 0024 09 PIN: 0652-93-6663.000
Zoning: RA-30Flood Zone: X Watershed: NA Deed Book & Page: 2248/0405 Power Company*: DUKE
New structures with Progress Energy as service provider need to supply premise number 48073340 from Progress Energy.
PROPOSED USE: SFD: (Sizex 47_) # Bedrooms.
Mod: (Sizex) # Bedrooms _ # Baths _ Basement (w/wn bath)Garage:Site Built Deck:On FrameOff Frame (Is the second floor finished? () yes () noAny other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use:Closets in addition? () yes () no
Vater 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
obes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no
loes the property contain any easements whether underground or overhead () yes) no
Structures (existing or proposed) Single family dwellings: Manufactured Homes: Other (specify):
lequired Residential Property Line Setbacks: Comments:
ront Minimum_35 Actual 40
111'4"
Closest Side 10 28 8
idestreet/comer (ot 2D N/A
learest Building NA NA

SPECIFIC DIRECT	IONS TO THE PROPER	TY FROM LILLING	ton: TAKE Ett CEN	HWY	210 4	OWARDS	MOTER
SUB	TYPU (L)	CTHO	PARRAH	SHKA	10411	LOT 19	CTUI
(L)			111111111111111111111111111111111111111	-2 11 G IX	WK 9	101 15	, <u>B</u> N
				··			<u></u>
							
	· · · · · · · · · · · · · · · · · · ·					 	
							
permits are grante	ed I agree to conform to a pregoing statements are	Il ordinances and la	ws of the State of North	n Carolina regulati	ng such work ar	nd the specifications	of plane submitted
riciony state mat it	oregoing statements are	occurate and correc	t to the best of my know	vledge. Permit sul	pject to revocation	on if false information	n is provided.
	Signature o	of Owner or Owner	's Agent		Date		
			-		Pul		

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.
THE MORGAN II WITH 3RD CAR GARAGE
LOT # 5 BRIAN KEITH MEADOW
SCALE: 1"=40'

NAME: (ILWBER	MAND HOMES	•	APPLICATION #;	
	This application to be fil	led out when applying	for a septic system inspection.	
County nearth D	repartment Abbhcatio	n for improvement	Parmit and law Aught and all	to Construct
PERMIT OR AUTHORIZA		M.SIFTED, CHANGED, OF ALL RECOME INVALID	R THE SITE IS ALTERED, THEN THE I	
910-893-7525	option I		CONFIRMATION #_	
Environmental Hea	alth New Septic System	Code 8 00		
miss treat ne f	arearry madden applicallily	ileiv everv au teet netv	perty flags" o n each corner i ron o ween corners.	
our buildings, s	awananing pools, etc. Plac	ce naos per site bian d	osed structure. Also flag driveway developed at / for Central Permittin	-
A hiproperty is the	HUNIY WOODED, EBVITORME	ental Mealth requires t	sily viewed from road to assist in lo hat you clean out the <u>undergrow</u>	ووالمستخطة
CASIDDUOL IO D	e penomeo, mapeciora	sticulo de able to walk	K Iteely around site. Do not senda	****
- Williams to Date	<u>aqure</u> ssea within 10 pu:	SIDESS davs after col	Ofirmation \$25 OA coturn trin for	
After preparing 800 (after sele confirmation is	proposed site call the vocting notification permit if number given at end of	pice permitting system multiple permits exist recording for proof of the proof of t	property lines, etc. once lot conf at 910-893-7525 option 1 to sched for En vironmental Health inspect of request	irmed ready. dule and use code tion. Please note
 Use Click2Gov 	or IVR to verify results.	Once approved, proce	eed to Central Permitting for permit	ts.
□ <u>Environmental riea</u>	<u>aith ⊵xisting Lank Inspect</u> i	ions Cod e 800		
Prepare for ins	nstructions for placing flag	gs and card on proper	ty. <u>d</u> as diagram indicates, and lift fid s	
After uncovering multiple permit	rien close back down. (U) ng outlet end call the voice	niess inspection is for a e permitting system at or Environmental Healt	a septic tank in a mobile home part septic tank in a mobile home part seption 1 & select not th ins pection. Please note conf	rk)
 Use Click2Gov 	or IVR to hear results. O	nce approved, procee	d to Central Permitting for remaining	na permits
SEPTIC			can be ranked in order of preference, m	
{}} Accepted	{}} Innovative	Conventional	f have	ust choose one.
{} Alternative	{} Other	(V) Conventional	{ Ally	
The applicant shall notify		upon submittal of this a	undication if any of the following and	ly to the property in
{_}YES {NO	Does the site contain any J	Jurisdictional Wetlands?		
{_}}YES {_\bar{\bar{\bar{\bar{\bar{\bar{\bar{	Do you plan to have an irr	igation system now or in	the future?	
YES NO	Does or will the building of	contain any <u>drains?</u> Pleas	se explain.	
{}}YES	Are there any existing wel	lls, springs, waterlines or	Wastewater Systems on this property	/?
{_}}YES {}NO	Is any wastewater going to	be generated on the site	e other than domestic sewage?	
{_}}YES {✓}NO	Is the site subject to approv			
{_}}YES	Are there any Easements of	or Right of Ways on this	property?	
(_)YES (_)NO			one or underground electric lines?	
			ite the lines. This is a free service.	
I Have Read This Applicati	ion And Certify That The Inf	formation Provided Herei	in Is True, Complete And Correct. Autl	horized County And
State Officials Are Granted	d Right Of Entry To Conduct	Necessary Inspections To	o Determine Compliance With Applicab	ole Laws And Rules.
I Understand That I Am So	olely Responsible For The Pro	oper Identification And L	abeling Of All Property Lines And Cor	ners And Making
The Site Accessible So That A Complete Site Evaluation Can Be Performed.				
Sea			า	112212
PROPERTY OWNERS	OR OWNERS LEGAL R	EPRESENTATIVE SIG	GNATURE (REQUIRED)	12 111

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

Application #	
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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name: CUM BERLAND HOUES, IN	C Date: 3/27/17
Site Address: FARAH SHEA W	N Phone: 910 . 997 . 4747
Directions to job site from Lillington: TAKE HWY 210 -	HOWALD'S ANGIER
TURN ONTO HAPNETT CENTRAL PA	SUB. 15 ON (R)
	300
Subdivision: BRIAN KEITH MEADOW	Lot: 5
_	# of Bedrooms: 4
Heated SF: Finished Bonus Room? Y	ES Crawl Space: V Stah:
CUMBERLAND HONES, INC	910.892.4345
Building Contractor's Company Name P.O. BOX 727 DUNN, NC 28335	Telephone
Address	joannerris 1957 e yahoo. com
59493	Lindii Aburess
License #	
Description of Work N.S.F. Electrical Contractor Information Service Size:	200 Amns T-Pole: VVes No
WESTER & PACE ELEGRIC	919.499.5389
Electrical Contractor's Company Name	Telephone
546 LESLIE DR. SANFORD, NC. Address 28220	NA
20030	Email Address
12007 - U License #	
Mechanical/HVAC Contractor Information	ation
Description of Work N.S.F.	
STEPHENSONS HEATING & AIR INC	919.329.0686
Mechanical Contractor's Company Name 343 SHIPWASH' DR GARNER NC	
	
Address 27529 18644	Email Address
License #	
Plumbing Contractor Information	1
Description of Work N.S.F	# Baths 3
Plumbing Contractor's Company Name	919.868.0959
Plumbing Contractor's Company Name 304 QUAIL HOLLOW WAY SANFORD, NO Address	Telephone
Address 27332	Email Address
<u> </u>	
License #	
Insulation Contractor Information INSULATING INC 5902 FAYTTEVILLE	
Insulation Contractor's Company Name & Address PALEIGH NC	ERD 919.772-9000
STILLION NO	· diopriorio

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

CHSINE OF ALL MORE PROCESSING SEC. SEC.

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)						
Do you own the land on which this building will be constructed? Yes No No						
Have you hired or intend to hire an individual to superintend and manage construction of the project? Yes No						
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 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 Date						
Signature of Owner/Contractor/Officer(s) of Corporation Date						
3/27/17						
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:						
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:						
Signature of Owner/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 penury that the person(s) firm(s) or corporation(s) are corporation(s).						
Signature of Owner/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:						
Signature of Owner/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.						
Signature of Owner/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. Has one (1) or more subcontractors(s) who has their own policy of workers' compensation.						
Signature of Owner/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. 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 an appreciation insurance prior to issuance of the permit and at any time during the permitted work from any person firm an appreciation insurance prior to issuance of the permit and at any time during the permitted work from any person firm an appreciation insurance prior to issuance of the permit and at any time during the permitted work from any person firm an appreciation insurance prior to issuance of the permit and at any time during the permitted work from any person firm an appreciation insurance prior to issuance of the permit and at any time during the permitted work from any person firm an appreciation insurance prior to issuance of the permit and at any time during the permitted work from any person firm and any person firm and any person firm and a person firm and any p						
Signature of Owner/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. 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 permit work from the permit may are permit or the permit work from the permit insurance prior to issuance of the permit and at any time during the permit work from the permit insurance prior to issuance of the permit and at any time during the permit work from the permit insurance prior to issuance of the permit and at any time during the permit work from the permit insurance prior to issuance of the permit and at any time during the permit work from the permit insurance prior to issuance of the permit and at any time during the permit work from the permit insurance prior to issuance of the permit and at any time during the permit work from the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permit work from the permit and at any time during the permit and the permit and at any time during the permit and at any time during the permit and at any time during the permit and the permit and at any time during the permit and at any time during the per						

(x,y) = (x,y) + (x,y

P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893~7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day. Application Number 17-50041143
Property Address 175 FARRAH-SHEA WAY Date 5/10/17 PARCEL NUMBER 04-0662- - -0024- -09-Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name BRIAN KEITH MEADOW 25LOTS Property Zoning RES/AGRI DIST - RA-30 Contractor Owner ------______ CUMBERLAND HOMES INC BARCO DEVELOPMENT INC PO BOX 727 PO BOX 65 FUQUAY-VARINA NC 27526 NC 28335 DUNN (910) 892-4345 Applicant CUMBERLAND HOMES INC #5 PO BOX 727 NC 28335 DUNN (910) 892-4345 --- Structure Information 000 000 61X47 4BDR CRAWL W/ GARAGE/PATIO/SCRPORC Flood Zone FLOOD ZONE X PROPOSED USE SFD
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY 4000000.00 Other struct info # BEDROOMS ______ Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . 1186881 Phone Access Code . Issue Date 5/10/17 Valuation Expiration Date . . 5/10/18______ Special Notes and Comments T/S: 04/11/2017 11:13 AM JBROCK ----210 TOWARDS ANGIER L ONTO HARNETT CENTRAL RD R INTO S/D L ONTO FARRAH SHEA WAY LOT IS ON L - LOT 5 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 Application Number 17-50041143
Property Address 175 FARRAH-SHEA WAY Date 5/10/17

Property Zoning RES/AGRI DIST - RA-30

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1186881

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30 10 20 30-999 40-50 40-60 40-60 40-60	814 101 103 105 129 425 125 325 225	A814 B101 B103 B105 I129 R425 R125 R325 R225	ADDRESS CONFIRMATION R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE R*OPEN FLOOR R*INSULATION INSPECTION FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN		//
50-60 50-60	429 131	R429 R131	FOUR TRADE FINAL ONE TRADE FINAL		
50-60 50-60 50-60	329 229 209	R329 R229 E209	THREE TRADE FINAL TWO TRADE FINAL R*ELEC TEMP POWER CERT		'
999	209	H824	ENVIR. OPERATIONS PERMIT		-'/'/ -

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 650578

Filed on: 05/10/2017

Initially filed by: cumberlandhomes

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensne.com/pag-www.linan.com/

Address: 19 W. Hargett St., Suite 507 : Raleigh, NC

27601

Phone: 888-690-7384
Fax: 913-489-5231

Email: support@liensnc.com подруждение го-т

Project Property

Lot # 5 Brian Keith Meadows PIN # 0652-93-6663.000

175 Farrah Shea Way Angier, NC 27501 Harnett County

Property Type

1-2 Family Dwelling

Print & Post

Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice

to Lien Agent for this project.

Owner Information

Cumberland Homes, Inc. PO Box 727

Dunn, NC 28335 United States

Email: norrisbuildinggroup@yahoo.com

Phone: 910-892-4345

View Comments (0)

Technical Support Hotline: (888) 690-7384