

Initial Application Date: 6/14/15

Application # 175004624

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: McKee Homes, LLC Mailing Address: 109 Hay Street, Suite 301  
City: Fayetteville State: NC Zip: 28301 Contact No: (910) 475-7100 ext 722 Email: jparton@mckeehomesnc.com

APPLICANT: McKee Homes, LLC Mailing Address: 109 Hay Street, Suite 301  
City: Fayetteville State: NC Zip: 28301 Contact No: (910) 475-7100 ext 722 Email: jparton@mckeehomesnc.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Josh Parton Phone # (910) 475-7100 ext 722

PROPERTY LOCATION: Subdivision: Oakmont Lot #: 193 Lot Size: 0.46 acre  
State Road # 94 State Road Name: Heatherwood Dr. Map Book & Page: 2016/ 47  
Parcel: 03458901 1021 26 PIN: 0507-43-2527.000  
Zoning: R300P Flood Zone: X Watershed: NP Dead Book & Page: 3496/0646 Power Company\*: Central Electric

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

**PROPOSED USE:**

SFD: (Size 36'4" x 51'6") # 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, proposed Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum \_\_\_\_\_ Actual 36'  
Rear \_\_\_\_\_ 112.50'  
Closest Side \_\_\_\_\_ 21.83'  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_ N/A

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_

Docs Rd. to Executive Dr. to Heatherwood Dr.

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.

Jack Purton

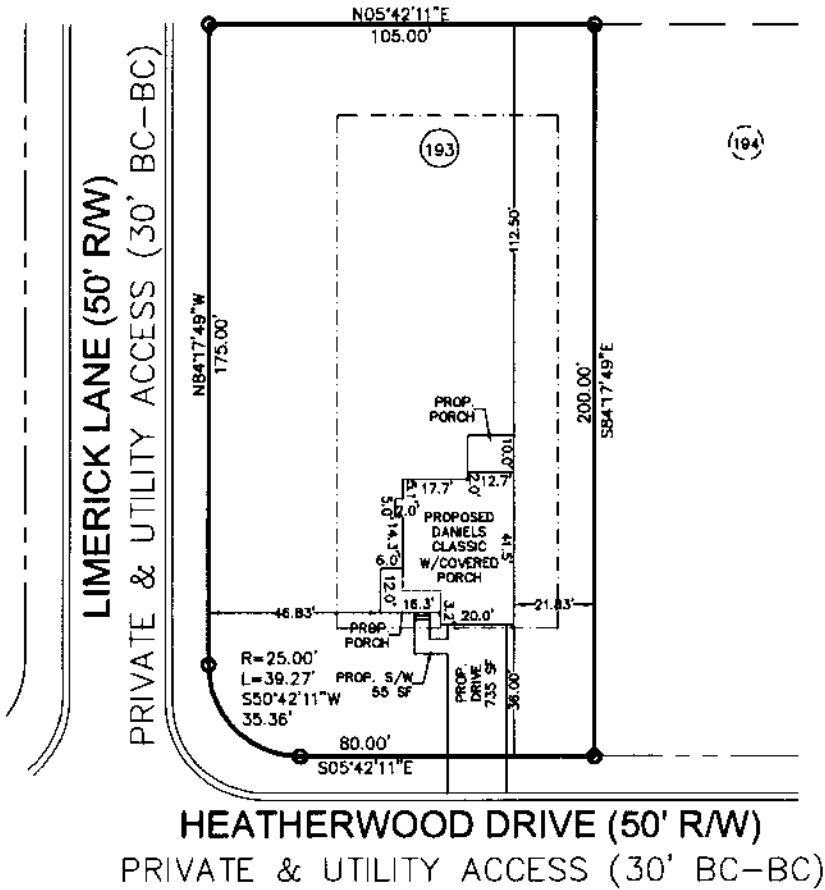
Signature of Owner or Owner's Agent

6/12/17

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\*\*\*



**PLOT PLAN**

**SUBDIVISION:** OAKMONT SUBDIVISION  
 PHASE ONE  
 SECTION THREE  
 MB 2013, PG 346

**OWNER:** MCKEE HOMES, LLC

**SCALE:** 1" = 40'



The design for the proposed sewage disposal system \_\_\_\_\_ approved.

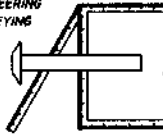
Sanitarian Supervisor  
 Harnett County Health Dept.

Date

**Averette Engineering Co., P.A.**

Established 1970

CIVIL ENGINEERING  
 LAND SURVEYING  
 PLANNING



Address:  
 712 E. Lake Ridge Road  
 Raeford, NC 28376

Phone: (910) 488-5656  
 Fax: (910) 488-0181  
 License: C-0146

Web: www.averette-eng.com

*Michael D. Averette*  
 Michael D. Averette PE-021411  
 Professional Engineer

JUNE 6, 2017

Date

PPLAN133 C

NAME: McKee Homes, LLC

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 Basements 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.

*Sam Porter*  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6/12/17  
DATE

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: OAKMONT

LOT 193

INITIAL SYSTEM: APPROVED 25% REDUCTION

REPAIR APPROVED 25% REDUCTION

DISTRIBUTION: SERIAL

DISTRIBUTION SERIAL

BENCHMARK: 100.0

LOCATION RC 193/194

NO. BEDROOMS: 3

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

LINE                      FLAG COLOR                      ELEVATION                      LENGTH

Initial system

1	0	103.50	35'
2	B	103.17	55'
3	0	102.84	60'
4	B	102.17	75'
			<u>225'</u>

5	0	101.84	75'
6	B	101.72	70'
7	0	101.00	70'
8	B	100.84	40'
			<u>255' MAX</u>

BY M. EAKER

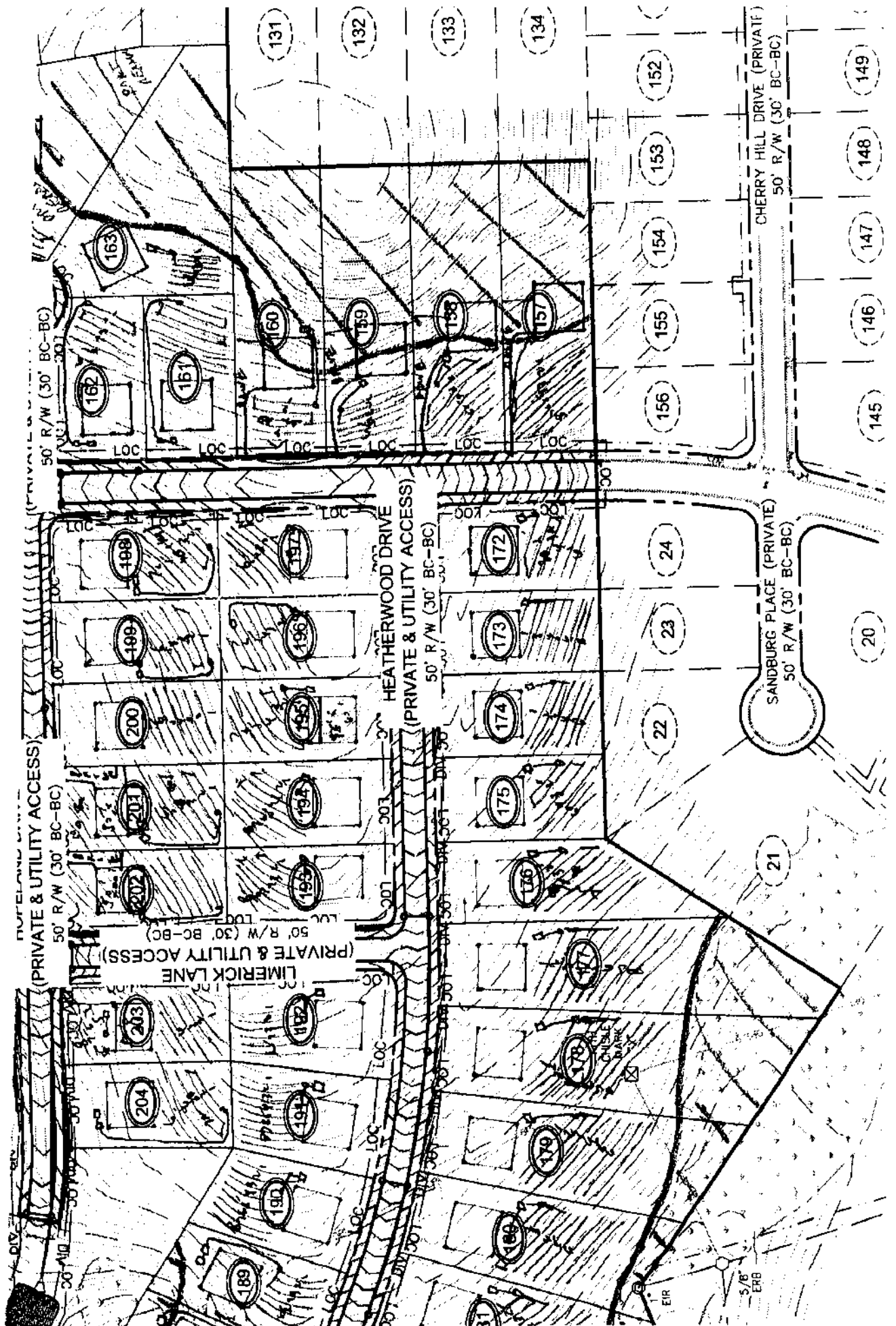
DATE 03/16/15

TYPICAL PROFILE

- 0-10 LS (VF, wgc)
- 10-28 SCL (F<sub>1</sub>, F<sub>1</sub>, S<sub>1</sub>)
- PM @ 28"

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

INSTALL AT 12-14 inches  
add 6" cover



09/09/11

Application #

411024

Harnett County Central Permitting  
PO Box 66 Lillington NC 27548  
910 893 7526 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 McKee Homes, LLC Date 7/20/17

Site Address \_\_\_\_\_ Phone 910-475-7100

Directions to job site from Lillington I 27 to Docs Road, development on the left

Subdivision Oakmont Valley View Lot 193

Description of Proposed Work Single Family Home # of Bedrooms 3

Heated SF 1792 Unheated SF 670 Finished Bonus Room? No Crawl Space \_\_\_\_\_ Slab X

**General Contractor Information**

GML Development, Inc \_\_\_\_\_ 910-475-7100,727

Building Contractor's Company Name \_\_\_\_\_ Telephone

109 Hay Street, Ste 301, Fayetteville, NC 28301 \_\_\_\_\_ krivera@mckeehomesnc.com

Address \_\_\_\_\_ Email Address

63970 \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Single Family Home Service Size 200 Amps T-Pole  Yes \_\_\_ No

J.M. Pope Electric \_\_\_\_\_ 919-776-5144

Electrical Contractor's Company Name \_\_\_\_\_ Telephone

409 Chatham St., Sanford, NC 27330 \_\_\_\_\_ jmpopeelectric@gmail.com

Address \_\_\_\_\_ Email Address

21326-L \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Single Family Homes

Certified Heating & Air \_\_\_\_\_ 910-858-0000

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone

P.O. Box 1071, Hope Mills, NC 28348 \_\_\_\_\_ certifiedheatair@embarqmail.com

Address \_\_\_\_\_ Email Address

20012- H3-1 \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work Single Family Home # Baths 3

Dell Haire Plumbing \_\_\_\_\_ 910-818-4863

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone

7612 Documentary Drive, Fayetteville, NC 28306 \_\_\_\_\_ dellhaireplumbing@hotmail.com

Address \_\_\_\_\_ Email Address

32886 P1 \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Cumberland Insulation \_\_\_\_\_ 910-484-7118

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 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**

Kelsey Rivera Digitally signed by Kelsey Rivera  
Date: 2017.07.20 16:34:22  
+0400  
 Signature of Owner/Contractor/Officer(s) of Corporation

7/20/17  
 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 McKee Homes, LLC

Sign w/Title Kelsey Rivera Digitally signed by Kelsey Rivera  
Date: 2017.07.20 16:34:39 -04'00' Date 7/20/17



## LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent First American Title Insurance Company

Mailing address of Agent 19 W. Hargett St., Suite 507  
Raleigh, NC 27601

Physical address of Agent same as above

Telephone 888-690-7384 Fax 913-489-5231

Email support@liensnc.com

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

**“(Effective April 1, 2013)** No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”