

Initial Application Date: 9/20/17

Application # 17-50042314 JLA

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: Pierce Development LLC Mailing Address: PO Box 2704
City: Surf City State: NC Zip: 28445 Contact No: _____ Email: _____

APPLICANT: Cumberland Homes Mailing Address: P.O. Box 727
City: Dunn State: NC Zip: 28335 Contact No: 910 892 4345 Email: jocannorris1957@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: The Reserve Lot # 16 Lot Size: .70 acres
State Road # 1413 State Road Name: Rollins Rd. Map Book & Page: 2016 / 161
Parcel: 080645 0100 16 PIN: 0645-46-5963.000
Zoning: RA30 Flood Zone: X Watershed: BIS Deed Book & Page: 3323 / 332 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 60 x 65) # Bedrooms: 3 # Baths: 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>36'</u>
Rear		<u>25</u>		<u>66'</u>
Closest Side		<u>10</u>		<u>13'</u>
Sidestreet/corner lot		<u>20</u>		
Nearest Building on same lot		<u>N/A</u>		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

9/20/17

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

NAME: Cumberland Homes

APPLICATION #: 17-50042314

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 p roperty 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.

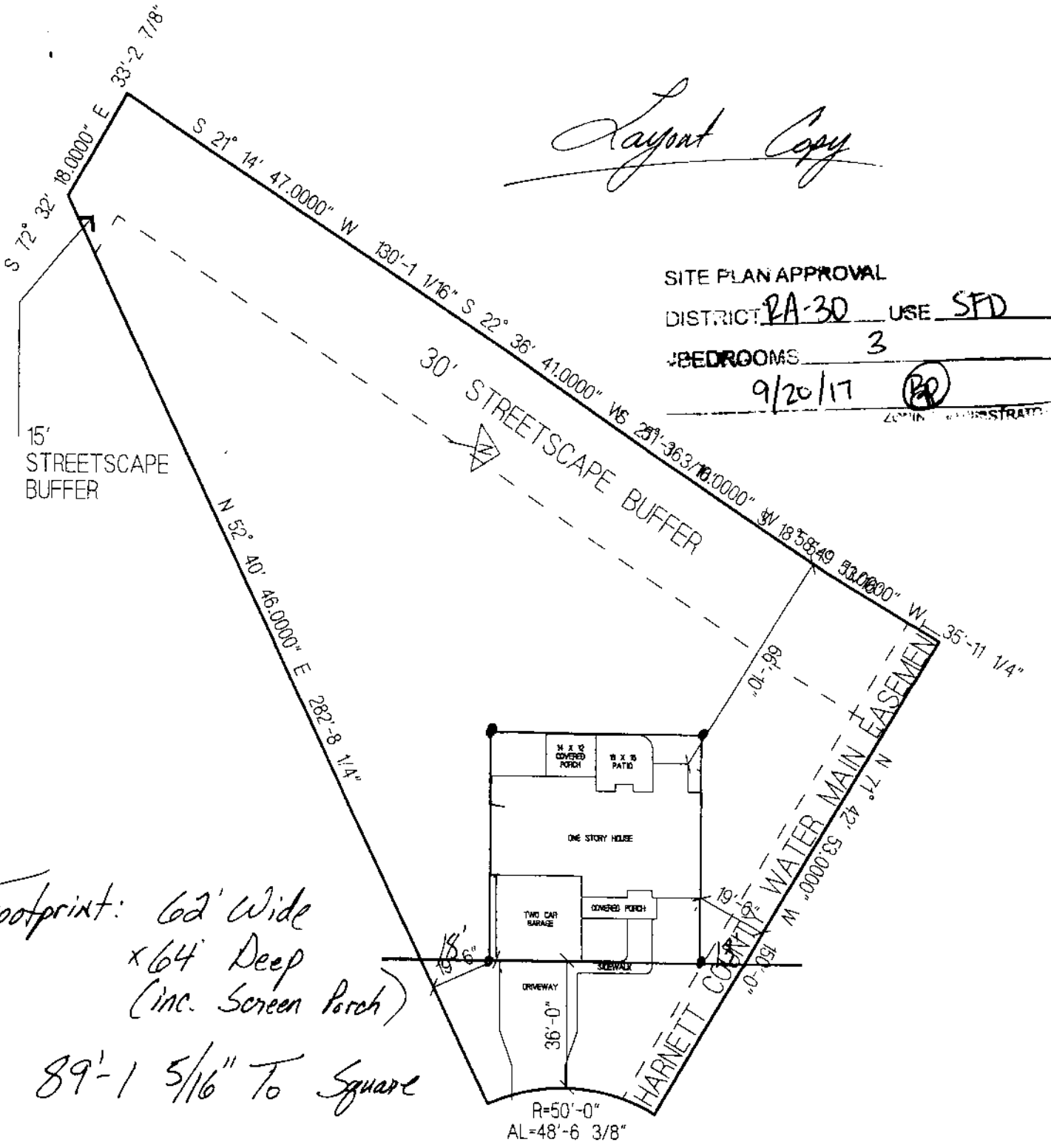
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

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.

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/20/17
DATE

LAYOUT COPY



SITE PLAN APPROVAL
DISTRICT PA-30 USE SFD
BEDROOMS 3
9/20/17 BP

*Footprint: 62' Wide
x 64' Deep
(inc. Screen Porch)
89'-1 5/16" To Square*

TROPHY RIDGE

**TMD RESIDENTIAL PROPERTIES, LLC.
THE OAKLAND WITH SCREEN PORCH
LOT # 16 THE RESERVE
SCALE: 1"=40'**

Application # 17-50042314

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

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: CUMBERLAND HOMES, INC Date: _____
Site Address: _____ Phone: 910-892-4345
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: N.S.F. # of Bedrooms: _____
Heated SF: _____ 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 _____
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.

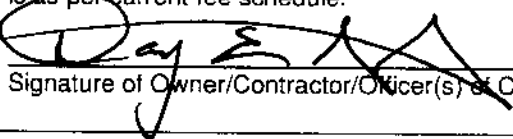
Homeowners Applying to Build Their Own Home

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

Harnett County
102 EAST FRONT ST
P O BOX 65
LILLINGTON NC 27546

DATE: 9/20/17
TIME: 11:45:41

RECEIPT #: 0000011187
CASHIER: BPETRICH

APPLICATION NBR: 17-50042314
LOCATION ADDR: 109 TROPHY RDG
REFERENCE: NEW SEPTIC / RESERVE #16 / 17-50042314

ITEM DESCRIPTION	PAID
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SOIL EVAL/NEW SEPTIC TANK	750.00
TOTAL AMOUNT PAID:	750.00
PAYMENT TYPE: ESCROW	