

Initial Application Date: 1/17/2017

Application # 1750042714

CENTRAL PERMITTING 108 E. FRONT STREET, LILLINGTON, NC 27546
COUNTY 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 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: joannorris@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 Ballard Woods Lot #: 133 Lot Size: 42 A
State Road # _____ State Road Name: Ballard Road Map Book & Page: 2009/285
Parcel: 0651-39-5066.000 Parcel: 08 0652 008918
Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 3478, 502 Power Company*: Duke/Progress

*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: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

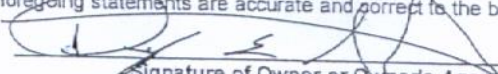
Front	Minimum	<u>35</u>	Actual	<u>50'</u>
Rear		<u>25</u>		<u>87'6"</u>
Closest Side		<u>10</u>		<u>22'9"</u>
Sidestreet/corner lot		<u>20</u>		
Nearest Building on same lot		<u>N/A</u>		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Hwy 401N towards Furway
TR on Ballard Road TR into Ballard woods
to Cwendelyn Way TR lot at end of street on R.

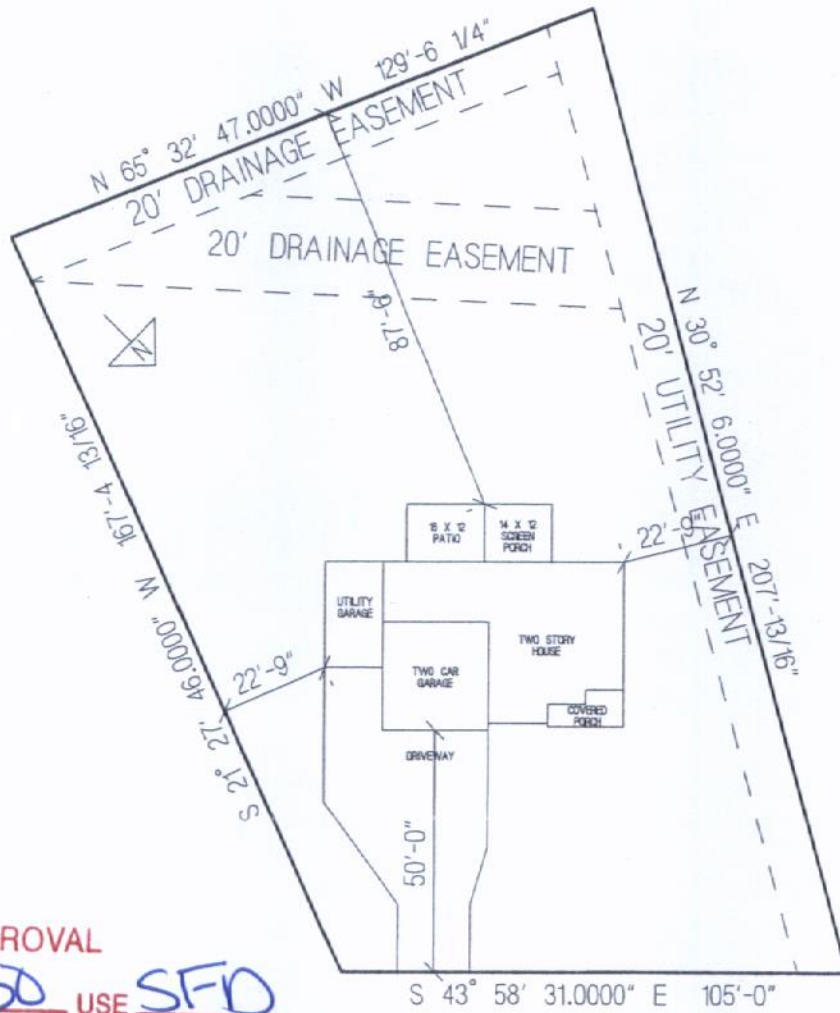
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.


Signature of Owner or Owner's Agent

1/17/17
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



SITE PLAN APPROVAL

DISTRICT RA30 USE SFD

#BEDROOMS 4

Date 11/7/17 [Signature]
Zoning Administrator

GWENDOLYN WAY

CUMBERLAND HOMES, INC.
 THE SHILOH WITH SCREEN PORCH
 LOT # 133 BALLARD WOODS
 SCALE: 1"=40'

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.

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

1/17/17
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: 1/17/17
Site Address: Lot #133, 302 Gwendolyn Way Phone: 910-892-4345

Directions to job site from Lillington: 401 N Towards Enquay TR onto Ballard Rd TR into Ballard Woods TR onto Gwendolyn Way Lot on Right at end of street

Subdivision: Ballard Woods Lot: 133
Description of Proposed Work: NSF # of Bedrooms: 4
Heated SF: 2569 Unheated SF: 312 Finished Bonus Room? _____ Crawl Space: _____ Slab:

General Contractor Information

Building Contractor's Company Name: Cumberland Homes, Inc Telephone: 910-892-4345
Address: P.O. Box 727 Dunn, NC 28335 Email Address: joannorris@centurylink.net
Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] License #: 59493

Electrical Contractor Information

Description of Work: New Residential Service Size: 200 Amps T-Pole: Yes No
Electrical Contractor's Company Name: Wester & Pace Electric Telephone: 919-499-5389
Address: 546 Leslie Dr. Sanford, NC Email Address: N/A
Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] License #: 12007-11

Mechanical/HVAC Contractor Information

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

Plumbing Contractor Information

Description of Work: New Residential # Baths: 3
Plumbing Contractor's Company Name: Glover Contract Plumbing Telephone: 910-531-3111
Address: 304 Quail Hollow Sanford, NC 27332 Email Address: [Blank]
Signature of Owner/Contractor/Officer(s) of Corporation: [Signature] License #: 23160

Insulation Contractor Information

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

*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

Wendy Key
Signature of Owner/Contractor/Officer(s) of Corporation

1/17/17
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 *Wendy Key* Pres.

Date 1/17/17

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

DATE: 11/07/17
TIME: 15:21:19

RECEIPT #: 0000011227
CASHIER: JBROCK

APPLICATION NBR: 17-50042714
LOCATION ADDR: 91749 TECH 2
REFERENCE: NEW TANK

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

Lot 133
Ball and woods