initial Application Date:_	12	14	17
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Application # 17504292

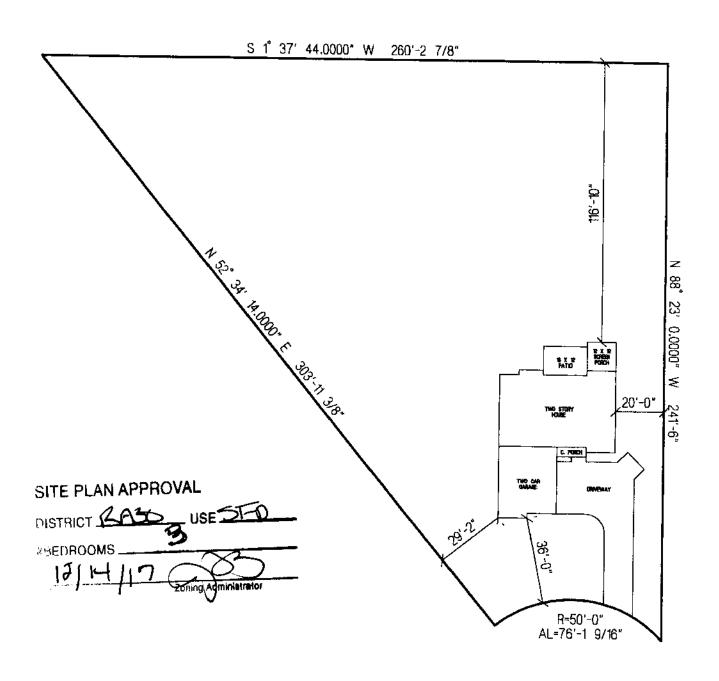
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27545 Phone: (910) 893-7525 ext;2 Fax; (910) 893-2793 vvvvv.harnett org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: Matting Address: Same as below
Contact No.
APPLICANT: Cusheshood Hoder L.
City: Jun State: 12 Zip 28335 Contact No: 910-892-4345 Email: Journary's 19576 yahoo.com
CONTACT NAME APPLYING IN OFFICE: MICHELLE OR
PROPERTY LOCATION CONSTITUTE IN PROPERTY AND CONTRACTOR
State Road # 12-6 State Road Name: Vo. Second D - Lot # Lot Size - 5 4
State Road # 126 State Road Name: Roserve Dr Map Book & Page: 2016/161
Farcel. 08 0445 0100 07 PIN: 0645-57-4234:000
The state of the s
*New structures with Progress Energy as service provider need to supply premise number
PROPOSED USE:
SFD: (Size 1) x 47 # Bedrooms: 3 # Baths. 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab:
(Is the bonus room figished? / June / Garage: Deck: Crawl Space: Stab:
yes () he (if yes add in with # bedrooms)
☐ Modr (Rizex # 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
E) Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: □ Hours of Operation: # Rooms: #Employees:
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: □ Hours of Operation: # Rooms: #Employees:
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: Home Occupation: # Rooms:
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: Hours of Operation: #Employees: Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no Water Supply: County Existing Well New Well (# of a vertice =)
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: Home Occupation: # Rooms:Use:
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:
Duplex: (Sizex No. Buildings: No. Bedrooms Per Unit:
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: #Employees: Home Occupation: # Rooms Use: Hours of Operation: #Employees: Addition/Accessory/Other: (Sizex) Use: Closets in addition? (_) yes (_) no Water Supply: New Septic Tank (Complete Checklist) Existing Well New Well (# of dwellings using well) *Must have operable water before final Sewage Supply: New 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 Structures (existing or proposed) Single family dwellings: Manufactured Homes Other (specify): Required Residential Property Line Setbacks:
Duplex: (Sizex No. Buildings: No. Bedrooms Per Unit:
Duplex: (Size x No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Closets in addition? Uses: County Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final Sewage Supply: New 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? Uses Does the property contain any easements whether underground or overnead Uses In our Structures (existing or proposed) single family dwellings: Manufactured Homes Other (specify): Required Residential Property Line Setbacks: Comments: Commen

SPECIAL DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
If permits are granted Lagree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. Thereby state that foregoing statements are accurate and porced to the best of my knowledge. Permit subject to revocation if false information is provided. Signature of Owner or Owner's Agent. 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

CUMBERLAND HOMES, INC. THE AVALON WITH SCREEN PORCH LOT # 7 THE RESERVE SCALE: 1"=40'



RESERVE DRIVE

NAME: Cumbe	clara Home	APPLICATION #:	
County Health D IF THE INFORMATION IT PERMIT OR AUTHORIZA depending upon documenta 910-893-7525 Environmental Health All property lines must be a lines must be a lines orange out buildings. Place "orange out buildings. Place orange life property is the evaluation to be for failure to a life property. After preparing 800 (after selection confirmation. Use Click2Gov Environmental Health Prepare for inspossible) and a life uncoverient multiple permit given at end a life property.	*This application to be filled out whe repartment Application for Imp N THIS APPLICATION IS FALSIFIED, CENTION TO CONSTRUCT SHALL BECOM ston submitted. (complete site plan = 60 more option 1 atth New Septic System Code 8 (rons must be made visible. Place clearly flagged approximately every 6 house corner flags" at each corner of swimming pools, etc. Place flags periorismmental Health card in location nickly wooded, Environmental Health card in location in performed. Inspectors should be addressed within 10 business day uncover outlet lid, mark house corner groposed site call the voice permitted in notification permit if multiple penumber given at end of recording or IVR to verify results. Once apprealth Existing Tank Inspections Code instructions for placing flags and card spection by removing soil over over then close back down. (Unless inspending outlet end call the voice permitting ts, then u se code 800 for Environment of recording for proof of required.	rovement Permit and/or Authorizat ANGED, OR THE SITE IS ALTERED. THEN THE INVALID. The pennit is valid for either 60 months; complete plat = without expiration) CONFIRMATION # CONFIRMATION	ion to Construct HE IMPROVEMENT which or without expiration on of lot. All property ways, garages, decks, litting, in locating property, owth to allow the soil ade property, fee may be incurred confirmed ready, chedule and use code pection. Please note rmits. lid straight up (if park) ct notification permit if confirmation number
SEPTIC If applying for authorizat {} Accepted		ved, proceed to Central Permitting for remaining for remaining to remaining the remaining terminal remaining to the remaining terminal remaining to the remaining terminal remaining ter	
The applicant shall notificant question. If the answer is	y the local health department upon subm s "yes", applicant must attach supporting	ittal of this application if any of the following g documentation	apply to the property in
(_)YES (_)NO (_)YES (_)NO (_)YES (_)NO	Does the site contain any Jurisdictions Do you plan to have an <u>irrigation syst</u> Does or will the building contain any	em now or in the future? drains? Please explain.	
YES NO YES NO YES NO	Is any wastewater going to be generated as the site subject to approval by any of Are there any Easements or Right of Does the site contain any existing wat	Ways on this property? .er, cable, phone or underground electric lines?	,
! Understand That I Am S	tion And Certify That The Information P ed Right Of Entry To Conduct Necessary 1	4949 to locate the lines. This is a free service rovided Herein Is True, Complete And Correct. Inspections To Determine Compliance With Application And Labeling Of All Property Lines And Formed.	Authorized County And
PROPERTY OWNER	OR OWNERS LEGAL REPRESEN	TATIVE SIGNATURE (REQUIRED)	16/4/17 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 # 17-50042921

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 BELLAND HOMES, IN	Date: 3/10/18
Site Address: 128 Reserve Drive Fucu	Phone: 910.892.4345
Directions to job site from Lillington:	
,	
Subdivision: Reserve	Lot:
Description of Proposed Work: N.S.F.	# of Bedrooms:
Heated SF: 2722 Unheated SF: 1055 Finished Bonus Room? Y	ES Crawl Space: Slab:/
CUMBERLAND HOMES, INC	910.892.4345
Building Contractor's Company Name	Telephone
P.O. BOX 727 DUNN, NC 28335	joan norris 1957@yahoo.com
Address	Email Address
<u>59493</u> License #	
Electrical Contractor Information	<u>'</u>
Description of Work N.S.F. Service Size:	Amps T-Pole: VYes No
WESTER & PACE ELECTRIC Electrical Contractor's Company Name	919.499.5389
	Telephone
546 LESLIE DR. SANFORD, NC Address 28330	Email Address
12007-U	Email Address
License #	·
Mechanical/HVAC Contractor Inform	<u>ation</u>
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	<u>n</u>
Description of Work N.S.F	# Baths
GLOVER CONTRACT PLUMBING	919.868.0959
Plumbing Contractor's Company Name	Telephone
304 QUAIL HOLLOW WAY SANFORD, N Address 27332	c N/A
	Email Address
23160	
License # Insulation Contractor Information	n.
INSULATING INC 5902 FAYETTEVILL	
Insulation Contractor's Company Name & Address PALEIGH NC	

*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)	
Do you own the land on which this building will be constructed? YesNo	
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	
165100	
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 Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
Affidavit for Worker's Compensation N.C.G.S. 87.14	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
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 person of the contractor or Owner.	
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.	
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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 persone firm any any persone firm any persone firm any any persone firm any persone firm any	

Harnett County 102 EAST FRONT ST

P O BOX 65

LILLINGTON NC 27546

DATE: 12/14/17 TIME: 11:39:03

CASHIER: JBROCK

RECEIPT #: 0000011247

APPLICATION NBR: 17-50042921 LOCATION ADDR: 128 RESERVE DR REFERENCE: NEW TANK

ITEM DESCRIPTION PAID PAID

SOIL EVAL/NEW SEPTIC TANK 750.00

TOTAL AMOUNT PAID: 750.00

PAYMENT TYPE: ESCROW

1 Res/cH

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 831759

Filed on: 04/10/2018
Initially filed by: cumberlandhomes

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensne.com

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensne com

Project Property

Lot # 7 The Reserve PIN # 0645-57-4234.000 128 Reserve Drive

Fuquay Varina, NC 27526 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