Initial Application Date: 2	8	118
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Application #	18500	43266
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Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamett.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 Malling Address:__ 109 Hay Street, Suite 301 State: NC Zip: 28301 Contact No: (910) 475-7100 ext 727 Email: krivera@rnckeehomeanc.com City: Fayetteville ___ Mailing Address: 109 Hay Street, Suite 301 APPLICANT*: McKee Homes, LLC State: NC ZIp: 28301 Contact No; (910) 475-7100 ext 722 Email: krivera@mckeehomesno.com CONTACT NAME APPLYING IN OFFICE: Josh Parton Phone # (910) 475-7100 ext 722 PROPERTY LOCATION: Subdivision: Oakmet Lot #: 315 Lot Size: 0.49 acrestate Road # 68 State Road Name: Sunny brook Ln Map Book & Pege: 2017 / 392 Parcel: 0395 8901 1021 74 PIN: 0507-53-1316.000 Deed Book & Page: 3364 / 0106 Power Company. Central Electric Zoning:_____ Flood Zone:_____ Watershed: *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: SFD: (Size 36 x 56) # Bedrooms: 4 # Baths: 26 Basement(w/wo beth): Garage: Deck: Crawl Space: Slab: S 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: __(aite built? ___) Deck: ___(site built? ___) Duplex: (Size ___x___) No. Buildings: _____ No. Bedrooms Per Unit; Home Occupation: # Rooms: Use: Hours of Operation: 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) ____ 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: ______ Manufactured Homes: _____ Other (specify):____ Required Residential Property Line Setbacks: Comments: Front Rear Closest Side Sidestreet/comer lot Nearest Building on same lot

SPECIFIC D				RTY FROM LILL				
	Docs	Rd.	10	Executive	Dr.	ťο	Sunny brook	Ln.
							J	
						_	··-	
								
								
If permits are I hereby state	granted I a that forego	igree to co oing staten	nform to	all ordinances are accurate and co	nd laws of meet to the	the State best of r	of North Carolina regulati ny knowledge. Permit sui	ng such work and the specifications of plans submitted bject to revocation if false information is provided.
		<u> </u>	mp	∕a∕V/∕ of Owner or Ov	maria An	nust		<u>2/6/18</u>
			Australia.	01 CH141 01 O1	a vile			rem.

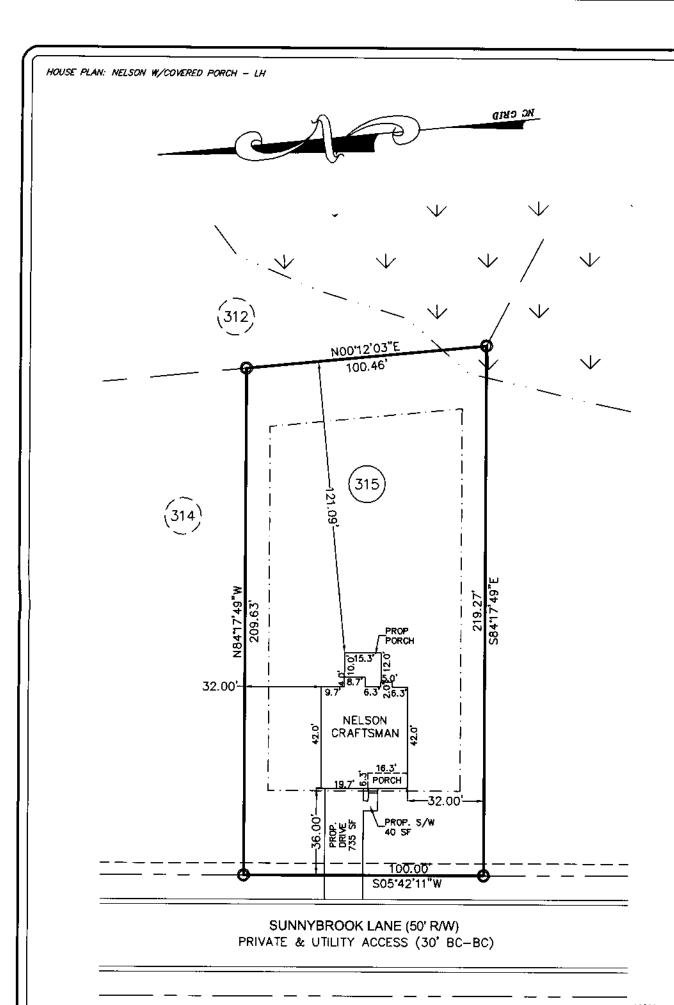
^{***}it is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

^{**}This application expires 6 months from the Initial data if permits have not been (assed**

NAME: M	Kee Homes, LLC APPLICATION#:
NAME: 111	, Net Hymes, LLC Application #:
IF THE INFORMATE OR AUT depending upon do	*This application to be filled out when applying for a septic system inspection.* alth Department Application for Improvement Permit and/or Authorization to Construct ATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT HORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration cumentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 3-7525 option 1 CONFIRMATION *
Place out built After present for fall After present out built Confirm Use Cli Environme Follow Prepare possible DO NOT	perty irons must be made visible. Place "pink property flags" on each corner iron of lot. All property ust be clearly flagged approximately every 50 feet between corners. Orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, dings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. Trange Environmental Health card in location that is easily viewed from road to assist in locating property. The performed inspectors should be able to walk freely around site. Do not grade property. To be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred use to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. The performed is call the voice permitting system at 910-893-7525 option 1 to schedule and use code are selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note attorn number given at end of recording for proof of request. Except or IVR to verify results. Once approved, proceed to Central Permitting for permits. The permitting for placing flags and card on property. To be performed for placing flags and card on property. To be provided from the put lid back in place. (Unless inspection is for a septic tank in a mobile home park).
if multipudien a use Clissertic	scovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit ole permits, then use code 800 for Environmental Health inspection. <u>Please note confirmation number</u> and of recording for proof of request. ck2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
•	thorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{□} Accepted	
The applicant sha	{□} Other
(□)YES (凹)	NO Does the site contain any Jurisdictional Wetlands?
(□)YES (☑	,
{□}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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

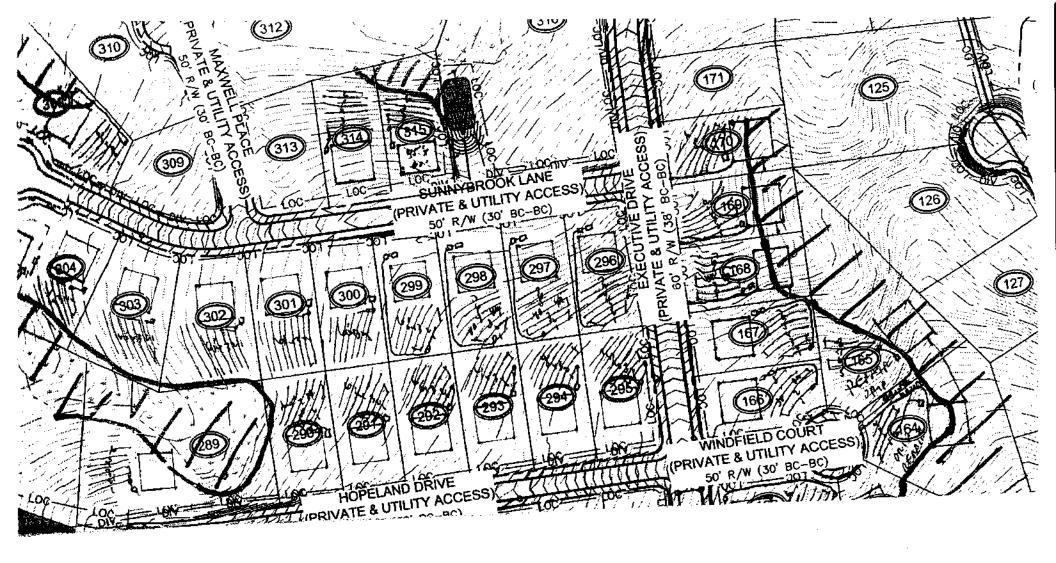


PLOT PLAN

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	SUBDIVISION: OAKMONT		LOT 315
	INITIAL SYSTEM: APPROVED 25%	RECUCTION	REPAIR APPROVED 25% REQUIREM
	DISTRIBUTION: SEA.A.	<u> </u>	DISTRIBUTION SERIAL
	BENCHMARK: 100.0		LOCATION CONTRIL # 3758
	NO. BEDROOMS: 3		LTAR 0.4 GPO/FTL
	LINE FLAG COLOR	ELEVATION	<u>LENGTH</u>
	11 0	104,00	65'
- 4) 2 B	103.17	80'
syster (3 0	102,34	80
3434			225'
	4 8	101.50	80′
	5 0	100.6)	83
	6 8	89.50	25'
			235
	BY MEALER		DATE 03/2-15
	TYPICAL PROFILE		THERE SHALL BE NO GRADING,
	0-14 W/ / VF-, WS-		CUTTING, LOGGING OR OTHER SOIL
	14-36+ Sec (Fi, w)	15614	DISTURBANCE IN SEPTIC AREA
	cr 2/Pm > 32"	* Horse	E BOX LAMITED TO 45 DEEP
	INSTAN AT 18"	BY	60 WIRE





2/2/2018

To Whom it may Concern,

Oakmont Development Partners, LLC herby gives McKee Homes, LLC the right to begin applying for permits & beginning construction of lots 198, 296, and 315 in the Oakmont community before the lots are purchased.

Sincerely,

Patrick McKee Managing Member

5112 Pine Birch Dr Raleigh, NC 27606

919-793-5237

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 2/09/18 52 Receipt no: 246085

Year Number Amount 2018 50043266 68 SUNNYBROOK LN LILLINGTON, NC 27546 BP - ENV HEALTH FEES \$750.00

NEW TANK

MCKEE HOMES

Tender detail CP CREDIT CARD Total tendered Total payment \$750.00 \$750.00 \$750.00

Time: 10:44:19 Trans date: 2/09/18

** THANK YOU FOR YOUR PAYMENT **

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

Application #
43200

Each section below to be filled out by whomever performing work filles be owner or incensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name McKee Homes, LLC	Date 2/16/18	
Site Address 68 Sunnybrook Lane	Phone 910-475-7100	
Directions to job site from Lillington 127 to Docs Road, develop	ment on the left	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Subdivision Oakmont Estates	Lot 315	
Description of Proposed Work Single Family Home	# of Bedrooms 4	
	com? No Crawl Space Slab X	
General Contractor Info		
GML Development, Inc	910-475-7100,727	
Building Contractor's Company Name	Telephone	
109 Hay Street, Ste 301, Fayetteville, NC 28301	krivera@mckeehomesnc.com	
esenbly	Email Address	
53970		
icense #		
Electrical Contractor Inf	ormation	
•	ce Size 200 Amps T-Pole Yes	
J.M. Pope Electric	919-776-5144	
lectrical Contractor's Company Name	Telephone	
409 Chatham St., Sanford, NC 27330	jmpopeelectric@gmail.com	
Address	Email Address	
213 <u>26-L</u>		
icense #	- I-Formation	
Mechanical/HVAC Contracts	ir intormation	
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		
cense #		
Plumbing Contractor Inf	<u>formation</u>	
Description of Work Single Family Home	# Baths 2.5	
Dell Haire Pluming	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 In	<u>formation</u>	
Cumberland Insulation	910-484-7118	
Insulation Contractor's Company Name & Address	Telephone	

I hereby certriy 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 Hamett 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: 2018.02.16 10:28:16 -05'00'	2/16/18
Signature of Owner/Contra	ctor/Officer(s) of Corporation	Date

	Affidavit	for Worker's C	Compensation N C G S 87-14
The un	dersigned applicant being	the	
<u>X</u>	_ General Contractor	Owner	Officer/Agent of the Contractor or Owner
	eby confirm under penaltie h in the permit	s of penjury that th	e person(s) firm(s) or corporation(s) performing the work
	Has three (3) or more emp	loyees and has ob	tained workers compensation insurance to cover them
them I	Has one (1) or more subco	ontractors(s) and h	as obtained workers compensation insurance to cover
	Has one (1) or more subco g themselves	entractors(s) who h	as their own policy of workers compensation insurance
	Has no more than two (2)	employees and no	subcontractors
Departs to issue	ment issuing the permit ma	sy require certificat	sought it is understood that the Central Permitting les of coverage of worker's compensation insurance prior permitted work from any person firm or corporation
Compa	nny or Name McKee	Homes, LLC	<u> </u>
Sign w	Title Kelsey Rivera	igitally signed by Kelsey Rives a etc. 2016.02.16 10 28.01 -05 00	Construction Coordinat Date 2/16/18

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 Age	19 W. Hargett St., Suite 507
, ,	Raleigh, NC 27601
Physical address of Ag	same as above
Telephone 888-6	90-7384 _{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."

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 800495

Filed on: 02/15/2018

Initially filed by: jbuckwalter

Designated Lien Agent

First American Title Insurance Company

Online: www.liensnc.com (hep www.benes.com)

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

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto rapport@booms com)

Project Property

Oakmont Estates Lot 315 Harnett County 68 Sunnybrook Lane

NC

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

McKee Homes LLC 109 Hay Street Ste 301 Fayetteville, NC 28301 United States

Email: krivera@mckeehomesnc.com

Phone: 910-475-7100

View Comments (0)

03/05/2018

Date of First Furnishing

Technical Support Hotline: (888) 690-7384