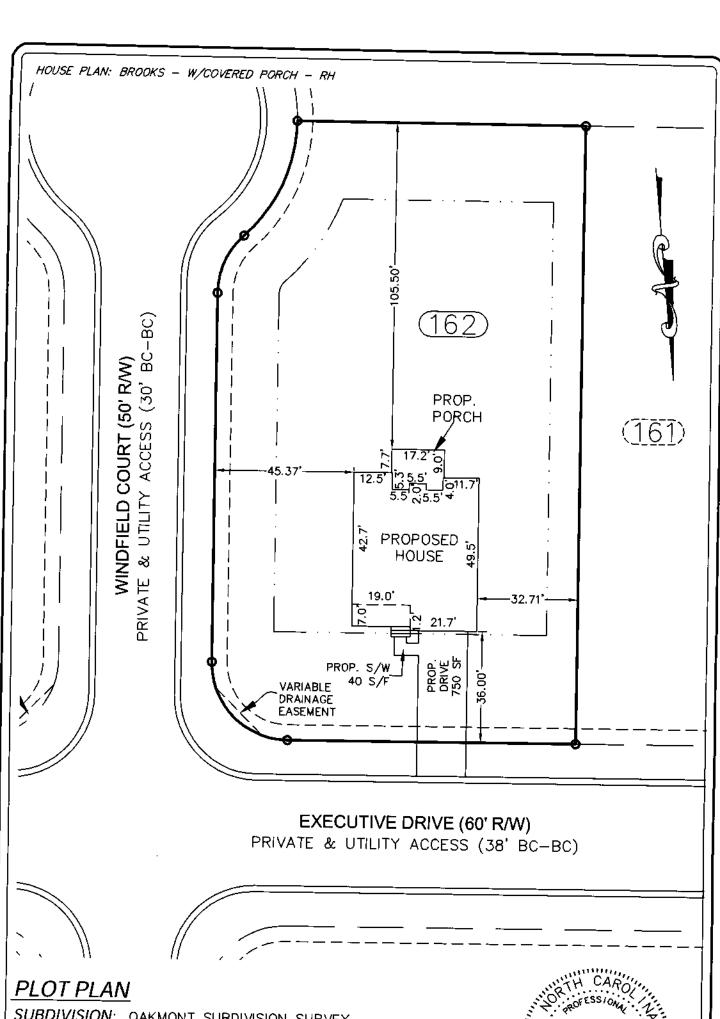
Initial Application Date: 3/7/18	Application # 1850043505
COUNTY Of Country Of C	F HARNETT RESIDENTIAL LAND USE APPLICATION , NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.hamett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR	OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: McKee Homes, LLC	Mailing Address: 109 Hay Street, Suite 301
City: Fayetteville State: NC Z	ip: 28301 Contact No: (910) 475-7100 ext 727 Emeil: krivera@mckeehomesnc.com
ABBRICANTS, McKee Homes, LLC	Mailing Address: 109 Hay Street, Suite 301
City: Fayetteville State: NC Z	ip: 28301 Contact No: (910) 475-7100 ext 727 Email: krivera@mckeehomesnc.com
*Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE: Josh Parlon	Phone # (910) 475-7100 ext 722
PROPERTY LOCATION: Subdivision: Oakwo	_
State Road # State Road Name:	Map Book & Page: 2017 / 392
	PIN: 0507-42-4904.000
Zoning: X Watershed: Watershed:	Deed Book & Page: 3364 / 0106 Power Company*: Central Electric
New structures with Progress Energy as service provider	need to supply premise number from Progress Energy.
(Is the bonus room finished?  Mod: (Sizex) # Bedrooms # Baths	Monolithic Slab:
Manufactured Home:SWDWTW (Size	x) # Bedrooms: Garage:(site bullt?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
Addition/Accessory/Other: (Sizex) Use:_	Closets In addition? () yes () no
Nater Supply: County Existing Well	New Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Check	d/st) Existing Septic Tank (Complete Checklist) County Sewer
Does owner of this tract of land, own land that contains a m	nanufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether undergr	round or overhead ( ) ves ( ) no
Structures (existing of proposed): Single family dwellings:	
Required Residential Property Line Setbacks:	Comments:
Front Minimum 3 S Actual 36	
Rear <u>25 105.5</u>	
Closest Side <u>LO</u> <u>32.71</u>	
Sidestreet/corner lot <u>Sub</u> <u>45.3</u> 7	
Nearest BuildingN/A	
on same lot Residential Land Use Application	Page 1 of 2 03/11

SPECIFIC DIRECTIONS TO	THE PROPERTY	FROM LILLI	INGTO	t:				
	Docs	Rd.	10	Executive	Dr.			
					• •			<del></del>
								<u> </u>
					, <u></u>	·		
		<u>_</u> _		<del></del>		<del>.</del> .	<del>-</del>	
	N-TV -	*						
		71					<del></del>	<u> </u>
If permits are granted I agree I hereby state that foregoing	Statements are act	curate and co	LLOCK TO	the best of my knowle	Caroline regulations odge. Permit sub	ng such work and d ed to revocation	the specifications of p if false information is	pians submitted provided.
<del>*</del>	Signature of	van			<u> </u>	/7/18		

\*\*\*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 essements, 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\*\*

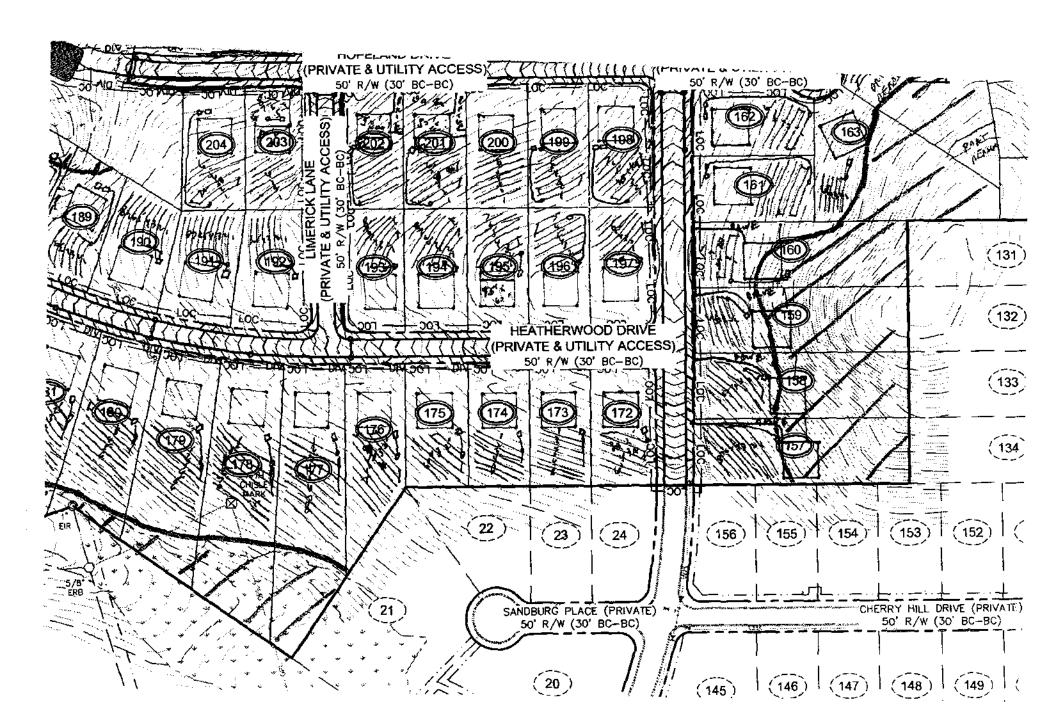


SUBDIVISION: OAKMONT SUBDIVISION SURVEY

# SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

# PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	SUBDIVIS	SION: OAKMONT		162 pump 70		
	<u>INITIAL S</u>	YSTEM: APPROVED 25% REC	REPAIR APPENSED 25% REDUCTION			
	DISTRIBL	ITION: SERIAL	<u></u>	DISTRIBUTION SERIAL		
	BENCHM	ARK: 100.0	<u> </u>	LOCATION PC 165/162		
	NO. BED	ROOMS: 5		LTAR O. 8 GPO/FTL		
	LINE	FLAG COLOR	ELEVATION	<u>LENGTH</u>		
	21	0	95.75	50'		
- Had	72	سا	95,00	60'		
In the	L 3	0	94.17	80 ′		
71				77. '		
	4	w	93,58	80′		
	5	0	82.75	70 '		
	6	, U	92.00	95'		
				795.		
	BY 1	I EAKEN		DATE 63/415		
	TYPICAL	PROFILE	-	THERE SHALL BE NO GRADING,		
	0-4	8 s/cs (VF, age)		CUTTING, LOGGING OR OTHER SOIL		
		2/Mm > 48"		DISTURBANCE IN SEPTIC AREA		
		12 144				





3/7/2018

To Whom it may Concern,

Oakmont Development Partners, LLC herby gives McKee Homes, LLC the right to begin applying for permits & beginning construction of lot 162 in the Oakmont community before the lots are purchased.

Sincerely,

Patrick McKee Managing Member 5112 Pine Birch Dr Raleigh, NC 27606

919-793-5237

N/	AME	McKee	Homes, LLC		APPLICATION #:
PE	THE I	NEORMATION OR AUTHORIZ	Department Applicat IN THIS APPLICATION IS I	<u>ion for Improvement</u> FALSIFIED, CHANGED, OR HALL RECOME INVALID	For a septic system inspection.*  Permit and/or Authorization to Construct THE SITE IS ALTERED, THEN THE IMPROVEMENT The permit is valid for either 60 months or without expiration
		910-893-752	5 option 1		CONFIRMATION #
₹	Em	vironmental i	lealth New Septic Syste	<u>em</u> Code 800	
	•	iines must be	clearly flagged approxim	nately every 50 feet betw	erty flags" on each corner iron of lot. All property een corners.
	•	Place "orang out buildings,	e house corner flags" at e swimming pools, etc. P	each corner of the propo lace flags per site plan d	sed structure. Also flag driveways, garages, decks, eveloped at/for Central Permitting.
	•	Place orange if property is	Environmental Health ca thickly wooded, Environr	ard in location that is eas mental Health requires th	ily viewed from road to assist in locating property, nat you clean out the <u>undergrowth</u> to allow the soll freely around site. Do not grade property.
	•	All lots to be	addressed within 10 b	usiness davs after con	firmation, \$25.00 return trin tee may be incurred
	•	After preparir 800 (after sel confirmation)	ecting notification permit number given at end of re	<b>K house corners and p</b> voice permitting system : if multiple permits exist; ecording for proof of requ	reporty lines, etc. once lot confirmed ready.  at 910-893-7525 option 1 to schedule and use code  for Environmental Health inspection. Please note  lest.
_	•	Use Click2Go	w or IVR to verify results.	Once approved, proceed	ed to Central Permitting for permits.
0	Env	<u>ironmentai F</u>	lealth Existing Tank Ins	pections Code 800	
	•	Prepare for in <i>possible</i> ) and	instructions for placing fi aspection by removing s then put lid back in pla E LIDS OFF OF SEPTIC T	oll over <b>outlet end</b> of ta	y. ank as diagram indicates, and lift lid straight up (if for a septic tank in a mobile home park)
	• ,	After uncover if multiple pe given at end c	ing outlet end call the vormits, then use code 80 of recording for proof of re	olce permitting system at 0 for Environmental He squest.	t 910-893-7525 option 1 & select notification permit salth inspection. Please note confirmation number
					to Central Permitting for remaining permits.
					an be ranked in order of preference, must choose one.
		ccepted	{☐} Innovative	{₩ Conventional	<b>(□)</b> Any
[ 🔽	<b>A</b> 1	ternative	{□} Other		_
The ques	appli stion.	cant shall notif If the answer	y the local health departmens "yes", applicant MUST A	nt upon submittal of this ap ATTACH SUPPORTING	plication if any of the following apply to the property in DOCUMENTATION:
_	•	(D) NO	Does the site contain any	Jurisdictional Wetlands?	
	YES		Do you plan to have an ji	rigation system now or in	the future?
	YES	(D) NO	Does or will the building	contain any drains? Please	explain.
	)YES	{☑} NO	Are there any existing we	ells, springs, waterlines or	Wastewater Systems on this property?
	YES	(D)/NO			other than domestic sewage?
	YES	{₩ NO		oval by any other Public A	
	YES	IM NO		or Right of Ways on this n	

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

Does the site contain any existing water, cable, phone or underground electric lines?

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

NO IDD

{□}YES

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3/7/18 DATE HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: JBROCK Type: CP Drawer: 1

Oper: 3/89/18 52 Receipt no: 281477

Year Number
2018 50043505
506 EXECUTIVE DR
LILLINGTON, NC 27546
BP - ENV HEALTH FEES
8750.00

NEW TANK

MCKEE HOMES

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

Trans date: 3/89/18 Time: 9:41:53

\*\* THANK YOU FOR YOUR PAYMENT \*\*

Application #

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

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

# Application for Residential Building and Trades Permit

Owner's Name McKee Homes, LLC	Date 3/12/18
Site Address Executive Drive (corner lot, needs address)PID: 03	95 8901 1021 32 Phone 910-475-7100
Directions to job site from Lillington 127 to Docs Road, developm	
Subdivision Oakmont Valley View	Lot 162
Description of Proposed Work Single Family Home	# of Bedrooms 4
Heated SF 2927 Unheated SF 1478 Finished Bonus Ro	om <sup>2</sup> 1 Crawi Space Slab X
General Contractor Info	<u>mation</u>
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 Info Description of Work Single Family HomeService	
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	r Information
Description of Work Single Family Homes	
Certified Heating & Air	910-858-0000
Mechanical Contractor & Company Name	Telephone
P.O. Box 1071, Hope Mills, NC 28348	certifiedheatair@embarqmail.com
Address	Email Address
20012- H3-1	
License #	·
Plumbing Contractor Infe	<u>ermation</u>
Description of Work Single Family Home	# Baths 3
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 inf	<u>ormation</u>
Cumberland Insulation	910-484-7118
Insulation Contractor & 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 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 Hamett 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	
		 -10

Kelsey Rivera Dele: 2018.03,12 18:40:16 -04'00'

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

Affidavit for Worker's Compensation N C G S 87-14
The undersigned applicant being the
X 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.
X 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 Digitally sig

## DO NOT REMOVE!

# **Details: Appointment of Lien Agent**

Entry #: 815601

Filed on: 03/12/2018

Initially filed by: Jbuckwalter

### **Designated Lien Agent**

First American Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com

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

27601

Phone: 888-690-7384
Fax: 913-489-5231

Email: support@liensne.com (mails: support@liense.com)

# Project Property

Oakmont Lot 162 Harnett County Executive

NC 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

Email: krivera@nickeehomesnc.com

Phone: 910-475-7100

**Date of First Fernishing** 

03/26/2018

View Comments (0)

United States

Technical Support Hotline: (888) 690-7384