	6/25/2018	
nitial Application Date:		

Application # _	185004440	1
	CLI#	U

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546

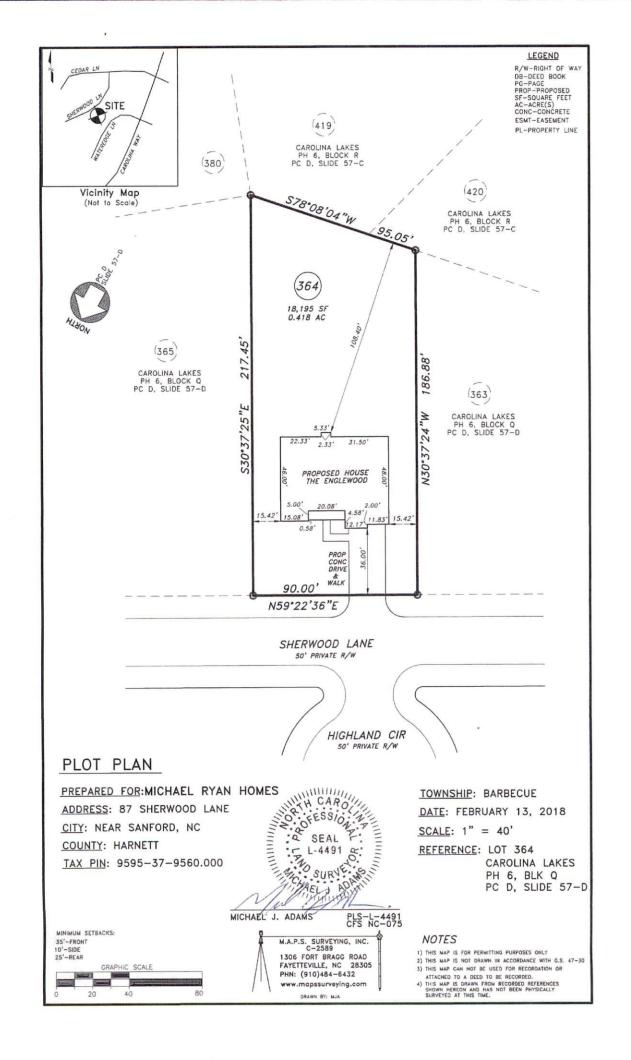
Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION PO Box 481452 Michael Ryan Homes, Inc. Mailing Address: LANDOWNER: Charlotte Warranty@MichaelRyanHomes.com City: Michael Ryan Homes, Inc. PO Box 481452 APPLICANT*: Mailing Address:___ Warranty@MichaelRyanHomes.com 28269 City: *Please fill out applicant information if different than landowner 843-574-8900 Phone # CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: Sherwood Lane State Road Name: Map Book & Page: PC#D/57D 87 Sherwood Lane 03 9,55 17 0364 PIN - 9595-37-9560.000 Zoning: Radiood Zone: Watershed: Deed Book & Page: 35 % / 9// Power Company*: Central Electric *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: 59 x 46 Bedrooms: # Baths: 3.5 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: 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 New Home Structures (existing or proposed): Single family dwellings: Manufactured Homes:_____ Other (specify):____ Required Residential Property Line Setbacks: Comments: Minimum Front Rear Closest Side Sidestreet/corner lot Nearest Building

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Inside Carolina Lakes, Take Left Onto Carolina Way, Left on Cedar Lane, Left on Sherwood Lane, Site on Left
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 Date

This application expires 6 months from the initial date if permits have not been issued

^{***}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.***



HARNETT COUNTY TAX ID # 03958527 0364 02-20-2018 BY: MT NORTH CAROLINA GENE	For Registration Kimberly S. Hargrove Register of Deeds Harnett County, NC Electronically Recorded 2018 Feb 20 10:01 AM NC Rev Stamp: \$ 46.00 Book: 3580 Page: 911 - 912 Fee: \$ 26.00 Instrument Number: 2018002131
Parcel Identifier No. 9595-37-9660.000 Verified by	
Mail/Box to: The Law Office of Jeffrey B. Radford, P.A., 1300 I	Bragg Blvd, Suite 1316, Fayetteville, NC 28301 - BOX
This instrument was prepared by: The Law Office of Jeffrey E. Rs	
Brief description for the Index: 101 364, BLK Q, PH Six, Ca	
THIS DEED made this 14th day of February	, 20 <u>18</u> by and between
GRANTOR	GRANTEE
Henry A Cumberbatch and wife, Sheila D Cumberbatch	Michael Ryan Homes, Inc. Po Box 481452
11505 Fox Trot Drive	Charlotte, NC 28269
Charlotte, NC 28269	}
7///	1
Enter in appropriate block for each Grantor and Grantee: name, ma	iling address, and, if appropriate, character of entity, e.g.
The designation Grantor and Grantee as used herein shall include singular, plural, masculine, feminine or neuter as required by contex	
WITNESSETH, that the Grantor, for a valuable consideration paid b	v the Grantee, the receipt of which is hereby acknowledged, has and
by these presents does grant, bargain, sell and convey unto the Grant	or in fee simple, all that certain lot or parcel of land situated in the
City of Sanford Barbecue and more particularly described as follows:	Township, Harnett County, North Carolina
Being all of Lot No. 364, Block Q, according to the map Carolina Harnett County Registry. Reference to said map is hereby made for	Rakes, Phase Six, recorded in Plat Cabinet D, Slide 57-D,
87 Sherwood Lane Sanford, NC 27332	
	$\overline{(a)}$.
The property hereinabove described was acquired by Grantor by ins	trument recorded in Book 983 page 681
All or a portion of the property herein conveyed includes or X	/ / -:
A map showing the above described property is recorded in Plat Bo	- (/ /-
NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010 Printed by Agreement with the NC Bar Association	7/1
	Y(2)
	V/20
	V//_
Submitted electronically by "The Law Offi in compliance with North Carolina statute	ce of Jeffrey E. Radford
and the terms of the submitter agreement	with the Harnett County Repister of peeds.
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	(0).
	V///^

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My Commission Expires Sept 19 2018 State of Martin Bayes and see and clear of all encumbrances, and that Grantor will warrant and efford the title against the internal and persons whomesover, other than the following exceptions: Subject to all Eastenens, Restrictive Covenants and Rights of Way of Record. [IN WYNESS, WITE/ROW, the Grantor hose duty executed the foregoing as of the day and year from shoot written. [SEAL] [Print/Type Name Take SEAL] [Print/Type Name Take SEAL] [Print/Type Name Take SEAL] [Print/Type Name SEAL] [Print/Type	fee simple.		
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Print/Type Name & Title: Print/Type Name: State of Nath ITMA	Print/Type Name & Fish:		
State of Nath Carolina County or City of County	ву		18
I. the undersigned Notary Public of the County of City of MCCALENTHMA and State afforesaid, certify that personally appeared before me this day and acknowledged the due execution of fite longoing instrument for the purposes therein expressed. Witness my hand and Notarial stump or seal this 1 day of FEVALUATION (City of Notary Public Notary Public Notary Public Notary Public Office Public Office Opening instrument for the purposes therein expressed. Witness my hand and Notarial stump or seal, this of the County of City of Notary is Printed or Typed Name Notary Public Office Public Office Opening instrument in its manifold in its name of the inapplicable), and that by authority duty given and as the set of such eatity. The signed the foregoing instrument in its manifold in its helalf as its act and deed. Witness my hand and Notarial stump or seal, this day of Notary Public Office Public Office Opening instrument in its manifold in its helalf as its act and deed. Witness my hand and Notarial stump or seal, this day of Notary Public Office Opening instrument in its manifold in its helalf as its act and deed. Witness my hand and Notarial stump or seal, this day of Notary Public Office Opening instrument in its manifold in its new of Notary Public Notary Public Office Opening instrument in its manifold in its new of Notary Public Office Opening instrument in its manifold in its new of Notary Public Office Opening instrument in its new of Notary Public Notary Public Office Opening instrument in its new of Notary Public Office Opening instrument in its new of Notary Public Office Opening instrument in its new of Notary Public Office Opening instrument in its new of Notary Public Office Opening instrument in its new of Notary Public Office Opening instrument in its new of Notary Public Office Opening instrument in its new of Notary Public Office Opening instrument in its new of Notary Public Opening instrument in its new of Notary Public Opening instrument in its new of Notary Public Opening instrument in its new of	V / 371		S M
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State of	acknowledged the due execution of the torgoing instrument for the seal this 19 day of FERMAN 7018	the purposes therein expressed. Witness my hand and Notarial stump or	35 25 E
State of	V/(~ \	x Exicalex.	E SOCIE
State of	My Commission Expires Sep 19,2018	ENCA FOSALOS Notary Public	E S
I, the undersigned Notary Public of the County of City of Sersofally came before me this day and acknowledged that the is the North Carolina or Corporation/limited liability compony/general partnership/lip/filed plantfership barrike through the inapplicable), and that by authority duly given and as the act of such entity. The signed the foregoing instrument in its napplican its hehalf as its act and deed. Witness my hand and Notarial stamp or seal, this day of Notary Printed or Typed Name Notary Printed or Typed Name Notary Public of the County or City of State of State aforeshid, certify that	(Affix Scol)	Notury's Printed or Typed Name	20
personally came before me this day and acknowledged that the is the North Carolina or North Carolina o	State of · County or City of	and State afrowaid codify that	
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My Commission Expires: County or City of articles my hand and Notarial stump or seal, this day of 20	of corporation/limited liability company/general partnership/lipide	d pagaership (strike through the inapplicable), and that by authority	
My Commission Expires:	duly given and as the act of such entityhe signed the foregoing	ng instrument in its name, on its behalf as its act and deed. Witness	
Notary's Printed or Typed Name State of	and the state of t		
Notary's Printed or Typed Name State of	My Commission Expires:	Notary Public	
I. the undersigned Notary Public of the County or City of	(Affix Seal)		
Witness my hand and Notarial stump or seal, this	State of County or City of		
My Constriction Expires: Affix Seal) Notary's Printed or Typed Name NO But Association From No. 3 of 1976, Revised 61 1/1/2019		/ ^ / ^ /	•
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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 Michael Ryan Homes, Inc.	Date 06/26/2018
Site Address 87 Sherwood, Sanford, NC 27332	Phone 843-574-8900
Directions to job site from Lillington Enter Carolina Lakes Thru Ga	
	att, Eest Onto Caronna vray,
Left on Cedar Lane, Left on Sherwood Lane, Site on Left	
	LotS64, Block Q
Description of Proposed Work New Home	# of Bedrooms 5
Heated SF 4,000 Unheated SF 590 Finished Bonus Room? Seneral Contractor Information	
Michael Ryan Homes, Inc.	843-574-8900
Building Contractor's Company Name	Telephone
	arranty@michaelryanhomes.com
Address	Email Address
74751	
License #	
Electrical Contractor Information	
Description of Work New Home Service Size	
Kearns Electrical Service	919-369-7857 Telephone
Electrical Contractor's Company Name	
149 Allie Dr, Garner, NC 27529	kearnselectricalservice@gmail.com Email Address
Address L.22899	Liliali Address
License #	
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work New Home	
Stephenson Heating + Air	919 329 0686
Mechanical Contractor's Company Name	Telephone
343 Shipwash Drive, Garner, NC.	Stephensonhvac@aol.com
Address 27529	Email Address
18644	
License #	
Plumbing Contractor Information	
Description of Work New Home	# Baths_ 3.5
Glover Contract Plumbing, Inc.	910-892-1612
Plumbing Contractor's Company Name	Telephone
67 Hunter View Lane, Coats, NC 27521	gloverplumbinginc@rocketmail.com
Address	Email Address
23160	
License # Insulation Contractor Informatio	n
Tri-City Insulation, 334 E Mountain Dr, Fayetteville, NC 28306	 -
Insulation Contractor's Company Name & Address	Telephone

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 June 26, 2014

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 X General Contractor X 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 Michael Ryan Homes, Inc. Sign w/Title

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 875692

Filed on: 06/26/2018

Initially filed by: MRHWarranty

Designated Lien Agent

Project Property

Chicago Title Company, LLC

Online: www.liensnc.com

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

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com made support@lienese.com

LOT#364 BLK#Q 87 SHERWOOD LANE Sanford, NC 27332 North Carolina County

Property Type

1-2 Family Dwelling

Owner Information

Date of First Furnishing

MICHAEL RYAN HOMES PO BOX 481452 CHARLOTTE, NC 28269

United States

Email: accounting@michaelryanhomes.com

Phone: 843-573-8900

06/26/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384

Print & Post



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.