

Initial Application Date: 7-1-15

Application # 1550036946

CU# _____

Central Permitting, 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Owner: Dakmont Deve
Buyer: _____
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: 101 Hay Street
City: Fayetteville State: NC Zip: 28301 Contact No: (910) 475-7100 ext 72B Email: wbynum@mckeehomesnc.com

APPLICANT: McKee Homes, LLC Mailing Address: 101 Hay Street
City: Fayetteville State: NC Zip: 28301 Contact No: (910) 475-7100 ext 72B Email: wbynum@mckeehomesnc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: William Bynum Phone # (910) 475-7100 ext 728

PROPERTY LOCATION: Subdivision: Dakmont Lot #: 133 Lot Size: .85 acres
State Road # 153 State Road Name: Bunting Dr. Map Book & Page: 2013.1346
Parcel: 030507010046 34 PIN: 0507-32-9544
Zoning: RDACP Flood Zone: X Watershed: NA Deed Book & Page: 31651675 Power Company*: Central Electric
*New structures with Progress Energy as service provider need to supply premise number 01P from Progress Energy.

PROPOSED USE:

- SFD: (Size 59' x 40' 8") # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): N/A Garage: X Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab: X
(Is the bonus room finished? () yes (X) 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: X 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) X 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 (X) no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: X Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum _____	Actual <u>36</u>	Comments: _____
Rear	_____	<u>255</u>	_____
Closest Side	_____	<u>32.79</u>	_____
Sidestreet/corner lot	_____	_____	_____
Nearest Building on same lot	_____	_____	_____

HTE# 15-5-36546

Harnett County Department of Public Health

28502

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: McKee Homes PROPERTY LOCATION: BUNTING DR LOT # 133
 SUBDIVISION OAKMONT
 NEW REPAIR EXPANSION
 Type of Structure: SFD (59x41) Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: PUMP TO 25% REDUCTION
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well 00 feet Permit valid for: Five years
 No expiration
 Permit conditions: _____

Authorized State Agent: [Signature] RGHS Date: 7/17/15 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: McKee Homes PROPERTY LOCATION: BUNTING DR. LOT # 133
 SUBDIVISION OAKMONT
 Facility Type: SFD (59x41) New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** PUMP TO 25% REDUCTION (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)
PUMP TO 25% RED (Repair)

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>1</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size <u>1000</u> gallons	Exact length of each trench <u>228</u> feet	Soil Cover: <u>6-12</u> inches
	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>18.24</u> inches (Trench bottoms shall be level to +/-1/4" in all directions)	(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ inches total

Conditions: _____

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.
 Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] RGHS Date: 7/17/15
 Construction Authorization Expiration Date: 7/17/20

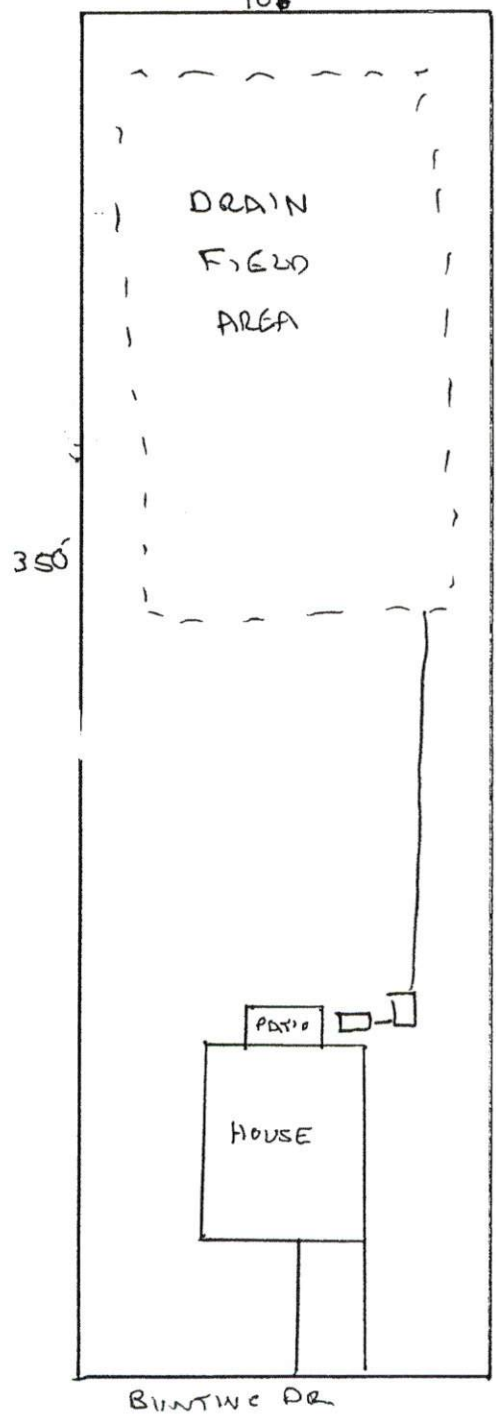
HTE# 15-536546

Permit # 28502

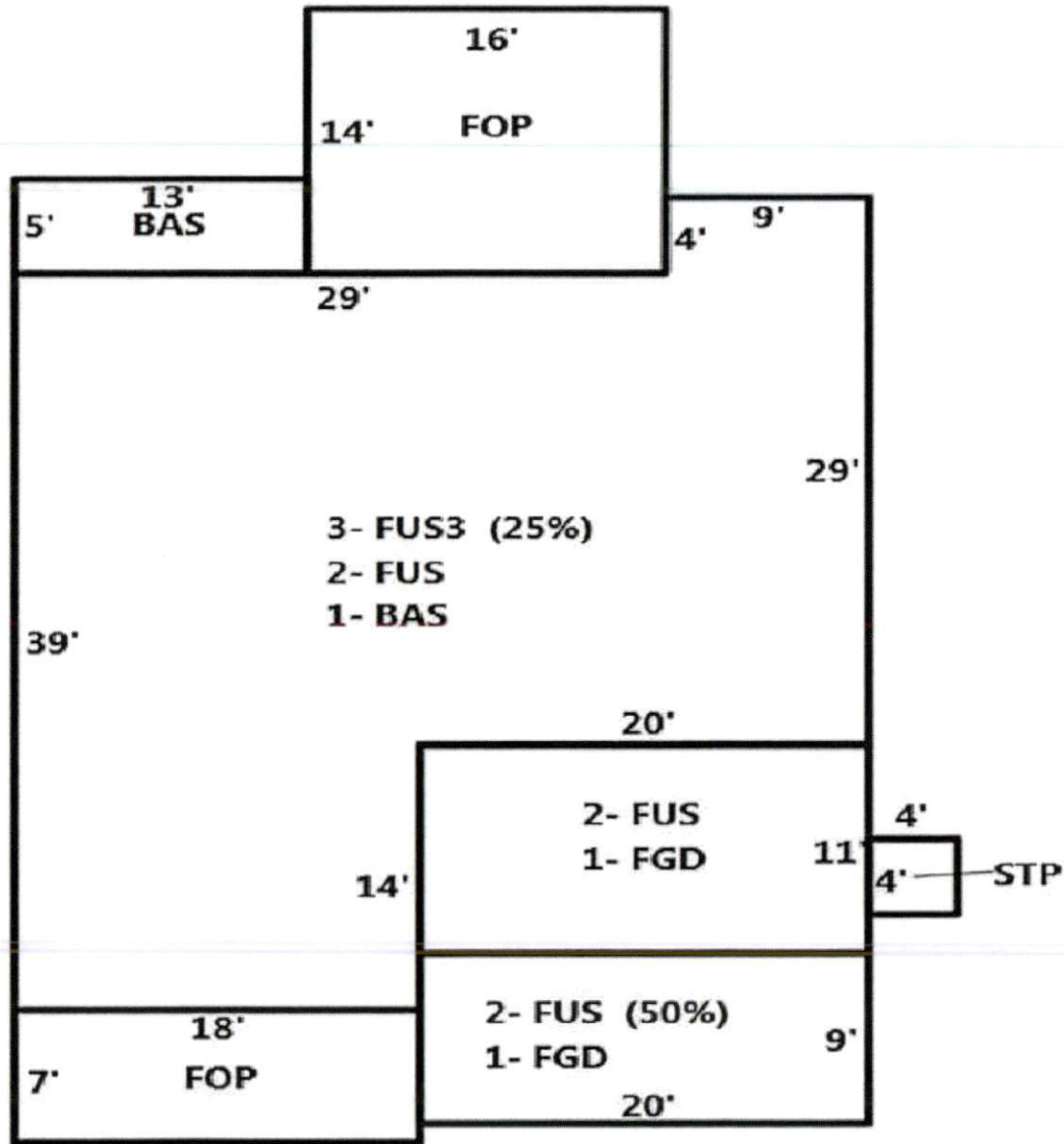
Harnett County Department of Public Health Site Sketch

ISSUED TO: MCKEE HOMES PROPERTY LOCATOR: BUNTING DR
SUBDIVISION OAKMONT LOT # 133

Authorized State Agent: ~~REAS (OLIVER TOLKSDORF)~~ Date: 7/17/15



*FINAL LAYOUT TO BE
DETERMINED AFTER LOT
IS CLEARED.



SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

William F. Bynum
Signature of Owner or Owner's Agent

29 June 2015
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

HOUSE PLAN: BROOKS - RH

S84°17'49"E

106.25'

N/F
M & JM, LLC
DB 2881, PG 145
FUTURE DEVELOPMENT

(134)

(133)

(132)

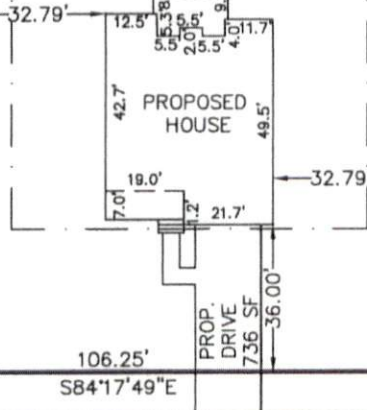


S05°42'11"W
350.00'

255.00'

S05°42'11"W
350.00'

PROP.
COVERED
PATIO



BUNTING DRIVE (50' R/W)

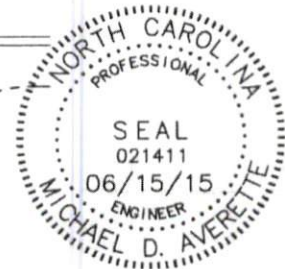
PRIVATE & UTILITY ACCESS (30' BC-BC)

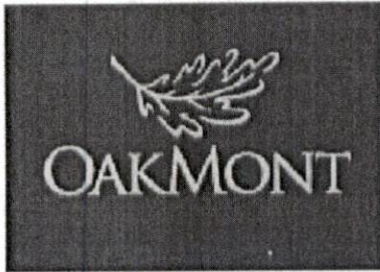
PLOT PLAN

SUBDIVISION: OAKMONT SUBDIVISION
PHASE ONE
SECTION THREE
MB 2013, PG 346

OWNER: MCKEE HOMES, LLC

SCALE: 1" = 40'





06/24/15

To Whom it may Concern,

Oakmont Development Partners, LLC hereby gives McKee Homes, LLC the right to begin applying for permits & beginning construction of lot 133 in Oakmont before the lots are purchased.

Sincerely,

Patrick McKee
Managing Member
5112 Pine Birch Dr
Raleigh, NC 27606
919-793-5237

NAME: _____

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.

William F. Bynum
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

22 June 2015
 DATE

09/09/11

Application # _____

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

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 McKee Homes, LLC Date 22 June 2015
Site Address 153 Bunting Drive Phone (910) 475-7100 x 728
Directions to job site from Lillington _____

Subdivision Dakmont Lot 133
Description of Proposed Work Single Family Residential # of Bedrooms _____
Heated SF 2933 Unheated SF 1508 Finished Bonus Room? No Crawl Space _____ Slab mono

General Contractor Information

GML Development Inc _____ (910) 475-7100 ext 728
Building Contractor's Company Name _____ Telephone _____
101 Hay Street, Fayetteville NC 28301 _____ wbynum@mckeehomesnc.com
Address _____ Email Address _____
63970 _____
License # _____

Electrical Contractor Information

Description of Work Single Family Residential Service Size 200 Amps T-Pole X Yes No
Sandy Ridge Electric _____ (910) 323-2458
Electrical Contractor's Company Name _____ Telephone _____
454 Whitehead Rd, Fayetteville, NC 28312 _____ keith@sandyridgeelectric.com
Address _____ Email Address _____
100064 _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work Single Family Residential
Certified Heating & A/C _____ (910) 858-0000
Mechanical Contractor's Company Name _____ Telephone _____
PO Box 1071, Hope Mills, NC 28348 _____ certifiedheatair@embarqmail.com
Address _____ Email Address _____
20012 H3-1 _____
License # _____

Plumbing Contractor Information

Description of Work Single Family Residential # Baths _____
Dell Haire Plumbing _____ (910) 818-4863
Plumbing Contractor's Company Name _____ Telephone _____
7612 Documentary Drive, Fayetteville, NC 28306 _____ dellhaireplumbing@hotmail.com
Address _____ Email Address _____
24204 PL _____
License # _____

Insulation Contractor Information

Cumberland Insulation _____ (910) 484-7118
Insulation Contractor's 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 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.

William F. Bynum
Signature of Owner/Contractor/Officer(s) of Corporation

22 June 2015
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 McKee Homes, LLC

Sign w/Title William F. Bynum (pre-con coordinator) Date 22 June 2015

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 312563

Filed on: 06/22/2015

Initially filed by: j buckwalter

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@liensnc.com (<mailto:support@liensnc.com>)

Project Property

Oakmont Lot 133
153 Bunting Dr
Lillington, NC 27546
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

McKee Homes
101 Hay St
Fayetteville, NC 28301
United States
Email: jbuckwalter@mckeehomesnc.com
Phone: 910-475-7100

Date of First Furnishing

07/22/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

unfurnished attic

Plan Box # AA4

Date 7-1-15
Job Name Mobee

App # 36546

Valuation 281568 Heated SQ Feet 2933

Garage 502
= 3435

Inspections for SFD/SFA

Crawl Slab Mono ✓ Basement

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey Envir. Health Other

Additions / Other

- Footing
- Foundation
- Slab
- Mono
- Open Floor
- Rough In
- Insulation
- Final

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	15-50036546	Date	7/21/15
Property Address	153 BUNTING DR		
PARCEL NUMBER	03-0507-01- -0046- -37-		
Application type description	CP NEW RESIDENTIAL (SFD)		
Subdivision Name	OAKMONT PH1 SC3 52LOTS		
Property Zoning	RES/AGRI DIST - RA-20R		

Owner

Contractor

OAKMONT DEV PTNRS LLC
5112 PINE BIRCH DRIVE
RALEIGH NC 27606

GML DEVELOPMENT INC
5112 PINE BIRCH DRIVE
RALEIGH NC 27606
(919) 793-5237

Applicant

MCKEE HOMES LLC #133
101 HAY ST
FAYETTEVILLE NC 28301
(910) 475-7100

--- Structure Information 000 000 59X40.8 3BDR MONO W/ GARAGE

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3000000.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	NEW TANK
	WATER SUPPLY	COUNTY

Permit	BLDG, MECH, ELEC, PLB, INSU PERMIT		
Additional desc			
Phone Access Code	1098391		
Issue Date	7/21/15	Valuation	0
Expiration Date	7/20/16		

Special Notes and Comments

T/S: 07/01/2015 08:19 AM JBROCK ----
OAKMONT #133
XX
PERMIT INCLUDES BLDG, ELEC, MECH, PLUMB
INSULATION AND LAND USE.
XX
Work must conform and comply with the
STATE BUILDING CODE and all other State
and local laws, ordinances & regulations

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Page 2
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 Property Zoning RES/AGRI DIST - RA-20R

Permit BLDG,MECH,ELEC,PLB,INSU PERMIT

Additional desc . . .
 Phone Access Code . . . 1098391

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10-30	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
10-999	309	P309	R*PLUMB UNDER SLAB	_____	___/___/___
10-999	205	E205	R*ELEC UNDER SLAB	_____	___/___/___
20-999	114	B114	R*BLDG MONO SLAB/TEMP SVC POLE	_____	___/___/___
30-50	129	I129	R*INSULATION INSPECTION	_____	___/___/___
30-60	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
30-60	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
30-60	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
30-60	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
40-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
40-60	131	R131	ONE TRADE FINAL	_____	___/___/___
40-60	329	R329	THREE TRADE FINAL	_____	___/___/___
40-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___