



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 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

LANDOWNER: McKee Homes, LLC Mailing Address: 4208 Six Forks Rd, Ste 810
City: Raleigh State: NC Zip: 27609 Contact No: 910-475-7100,727 Email: krivera@mckeehomesnc.com

APPLICANT*: McKee Homes, LLC Mailing Address: 4208 Six Forks Rd, Ste 810
City: Raleigh State: NC Zip: 27609 Contact No: 910-475-7100 Email: krivera@mckeehomesnc.com

*Please fill out applicant information if different than landowner

ADDRESS: 99 Glenwood court PIN: 0505-88-5048.000

Zoning: RA-20R Flood: MIN Watershed: NO Deed Book / Page: 3759:0710

Setbacks - Front: 26.05 Back: 51.54 Side: 5.00 Corner: _____

PROPOSED USE:

SFD: (Size 42 x 77.4) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: X Deck: Crawl Space Slab: Slab Mon X
TOTAL HTD SQ FT 2115 GARAGE SQ FT 578 (Is the bonus room finished? yes X no w/ a closet? yes X no (if yes add in with # bedrooms)

Modular: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FT (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: TOTAL HTD SQ FT

Home Occupation: # Rooms: Use: Hours of Operation: #Employees:

Addition/Accessory/Other: (Size x) Use: Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE

Water Supply: X County Existing Well New Well (# of dwellings using well) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank X County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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 X no

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

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.

Nicole Olsson

Signature of Owner or Owner's Agent

29SEP21

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**

APPLICATION CONTINUES ON BACK

strong roots • new growth



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: McKee Homes, LLC Date: 29Sep21
Site Address: 99 Glenwood ct. Phone: 910-475-7100,727
Subdivision: Anderson Creek Carriage Glen - Lot: 1016
Description of Proposed Work: New Construction - Single Family Total Job Cost: 201,000

General Contractor Information

McKee Homes, LLC 910-475-7100
Building Contractor's Company Name Telephone
4208 Six Forks Rd, Ste 810, Raleigh, NC 27609 noleson@mckeehomesnc.com
Address Email Address
82453 **HEATED SQ FT** 2115 **GARAGE SQ FT** 578
License #

Electrical Contractor Information

Description of Work Electric - Single Family Home Service Size: 200 Amps T-Pole: Yes No
J.M. Pope Electric 919-776-5814
Electrical Contractor's Company Name Telephone
409 Chatham St, Sanford, NC 27330 jmpopeelectric@gmail.com
Address Email Address
21326 - L
License #

Mechanical/HVAC Contractor Information

Description of Work Mechanical/ HVAC - Single Family
Certified Heating and Air 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071, Hope Mills, NC 28348 certifiedheatair@embarqmail.com
Address Email Address
2012 H3-1
License #

Plumbing Contractor Information

Description of Work Plumbing - Single Family # Baths 2
Dell Haire Plumbing 910-818-4863
Plumbing Contractor's Company Name Telephone
7612 Documentary Dr, Fayetteville, NC 28306 dellhaireplumbing@hotmail.com
Address Email Address
32886 P1
License #

Insulation Contractor Information

Cumberland Insulation 910-484-7118
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner 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.

Nicole Olason

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

29Sep21

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.

Sign w/Title: *Nicole Olason* Pre Construction Coordinator Date: 29Sep21

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 Agent 19 W. Hargett St, Ste 507
Ralerigh, NC 27601

Physical address of Agent Same as above

Telephone 910-484-7118 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.”

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Equal Opportunity Provider and Employer

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

*****DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY*****

Today's Date _____	Contract Date _____	Fees Due: Deposit, Owner, Water	\$25	Set Up Fee,
		Deposit, Owner, Sewer	\$25	all accounts: \$15
Date Service Requested _____		Deposit, Rental, Water	\$50	
		Deposit, Rental, Sewer	\$50	Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 99 Glenwood Court

Owner Renter _____ (PROPERTY OWNER & PHONE NO.) McKee Homes, LLC 910-475-7100,727

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) McKee Homes, LLC		NAME (FIRST, LAST)	
MAILING ADDRESS: 4208 Six Forks Rd, Ste 810, Raleigh, NC 27609			
SOCIAL SECURITY # OR TIN 271-87-2893	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$40 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. **Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.**

By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Nicole Olson

FOR OFFICE USE ONLY

FEES: Set-Up Fee \$15 ___ Deposit \$ _____ Same Day \$45 ___ Meter Fee \$70 ___ Damage \$ _____ Other \$ _____

Account # Transferred From: _____ Date To Turn Off _____

ACCOUNT #: CID: _____ LID: _____ WATER ___ SEWER ___ CREDIT: APPROVED / DENIED

Turn On: _____ Unlock Only: _____ Read Only: _____ Install: _____ Customer Serv Rep: _____