

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE
A1. Building Owner's Name Charles Hair					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 466 Valerie Lane					Company NAIC Number:	
City Linden		State North Carolina		ZIP Code 28356		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PIN: -0554-59-1796; Deed Book 809, Page 965						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>						
A5. Latitude/Longitude: Lat. <u>35.260584</u> Long. <u>-78.815202</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number <u>6</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) <u>1,100</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A8.b <u>0</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage <u>0</u> sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A9.b <u>0</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Harnett County 370328			B2. County Name Harnett County		B3. State North Carolina	
B4. Map/Panel Number 3720054400	B5. Suffix K	B6. FIRM Index Date 01/05/2007	B7. FIRM Panel Effective/ Revised Date 01/05/2007	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) N/A	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 466 Valerie Lane			Policy Number:	
City Linden	State North Carolina	ZIP Code 28356	Company NAIC Number	

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.
Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: TOPCON GPS Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

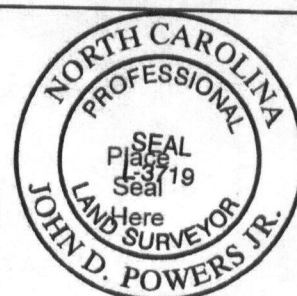
		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>111.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>114.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	_____	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>112.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>111.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>112.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>111.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name John D. Powers, Jr.	License Number L-3719
Title Professional Land Surveyor	
Company Name Powers Surveying (Firm License F-1359)	
Address 750 South Roberts Avenue	
City Lumberton	State North Carolina
	ZIP Code 28358
Signature 	Date 11/19/2018
	Telephone (910) 738-6980



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

DESIGN CRITERIA:
MAXIMUM WIND VELOCITY: 100 MPH
ROOF LIVE LOAD: 20 PSF
FLOOR LIVE LOAD: 40 PSF
MAXIMUM FLOOD VELOCITY: 3 FPS
MINIMUM SOIL BEARING CAPACITY: 2000 PSF

1. ALL GROUND ANCHORS SHALL DEVELOP A MINIMUM TOTAL WITHDRAWAL RESISTANCE OF 3,150 POUNDS IN THE SOIL TYPE IN WHICH THE ANCHOR WILL BE INSTALLED. THE INSTALLER SHALL VERIFY THAT THE ANCHORING SYSTEM WILL MEET OR EXCEED THIS RESISTANCE CAPACITY.
2. GALVANIZED STRAPPING SHALL BE 1 AND 1/4" WIDE MINIMUM BY 0.035" THICK MINIMUM HOT DIPPED GALVANIZED WITH A MINIMUM TENSILE STRENGTH OF 4,725 POUNDS PER ANCHOR.
3. SCREW ANCHOR CLAMPS, TENSIONING ADJUSTERS, AND OTHER ANCHOR HARDWARE SHALL NOT LIMIT THE OVERALL CAPACITY OF THE ANCHORING SYSTEM BELOW 4,725 POUNDS PER ANCHOR.
4. THIS DESIGN SHALL BE GOOD FOR SINGLE WIDE UNIT SET-UP WITHIN THE FOLLOWING FLOOD ZONE CONDITIONS:
 - FLOOD ZONE X BASED ON FEMA FIRM MAP DESIGNATION
 - PIER HEIGHT OF 36" OR LESS
 - INSTALLED WITHIN A WIND ZONE 2 CLASSIFICATION



12/4/18

FOUNDATION PLAN

GENERAL NOTES

Scale: NTS

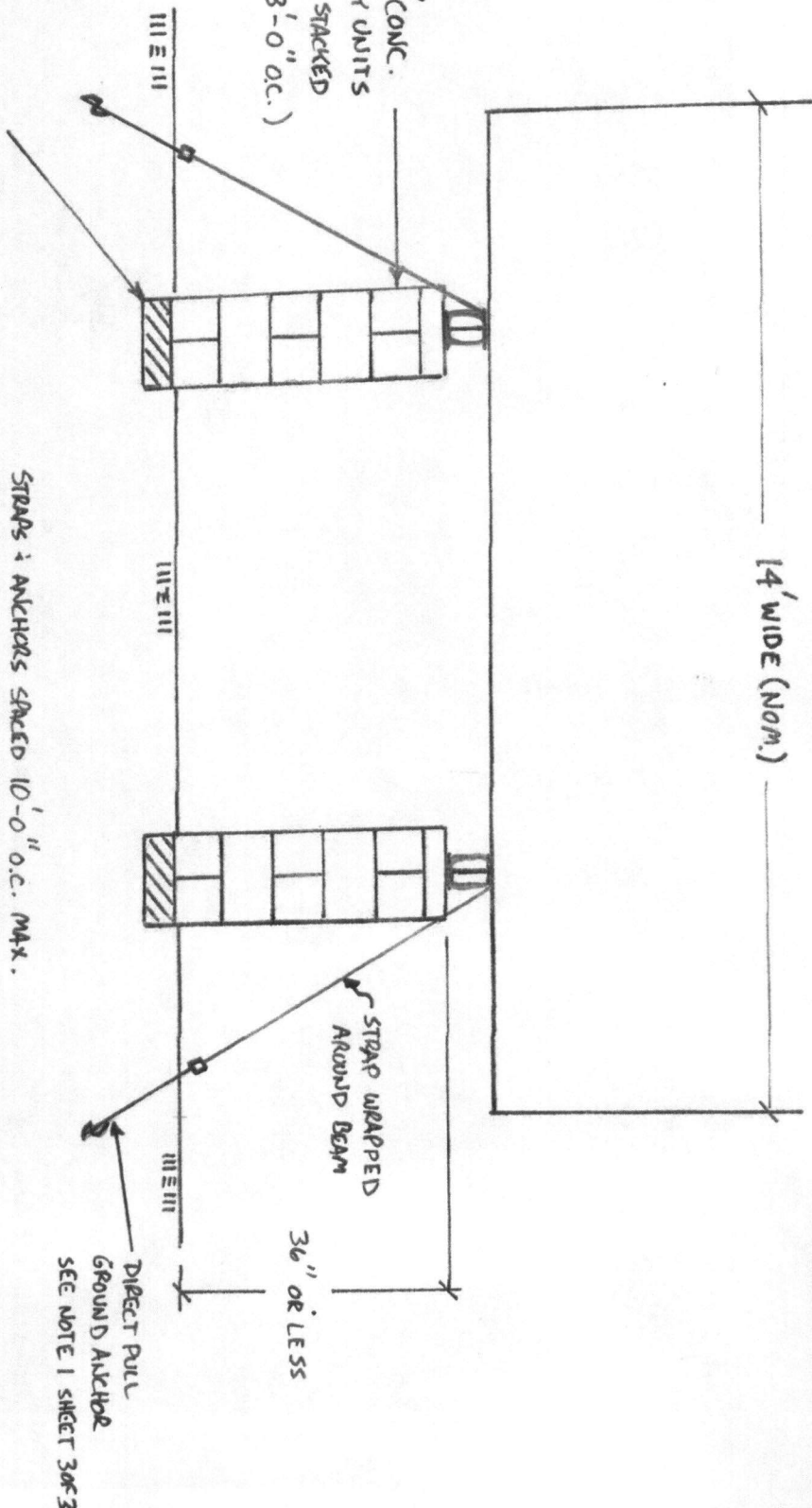
Date: 12/4/18

Revisions:

Donald D. Paschall, Jr., P.E.
 318 S. Spruce Street — PO Box 291
 Proctorville, NC 28375 (910) 734-2005

4" THICK CMU FOOTER
 16" x 16" SET 6" BELOW GRADE

16" x 16" CONC.
 MASONRY UNITS
 DOUBLE STACKED
 (SPACED 8'-0" O.C.)



STRAPS & ANCHORS SPACED 10'-0" O.C. MAX.

14' WIDE (NOM.)

36" OR LESS

DIRECT PULL
 GROUND ANCHOR
 SEE NOTE 1 SHEET 30F3



12/4/18

FOUNDATION PLAN

ANCHORING DETAIL FOR FLOOD HAZARD (SINGLE WIDE UNIT)

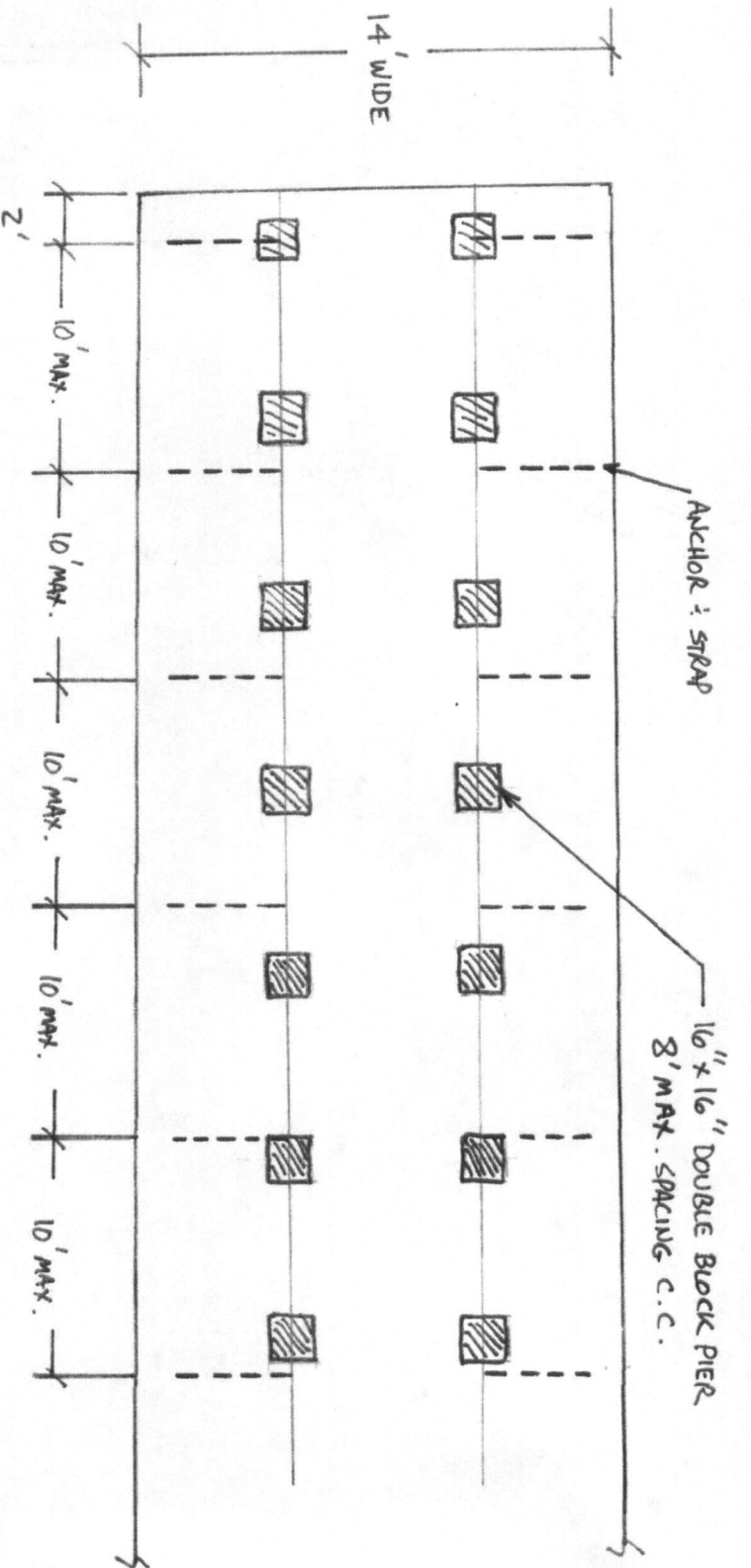
DETAILS

Scale: NTS

Date: 12/4/18

Revisions:

Donald D. Paschall, Jr., P.E.
 318 S. Spruce Street — PO Box 291
 Proctorville, NC 28375 (910) 734-2005



12/4/18

FOUNDATION PLAN

STRAP & PIER LAYOUT FOR FLOOD HAZARD (SINGLE WIDE UNIT)

Scale: NTS

Date: 12/4/18

Revisions:

Donald D. Paschall, Jr., P.E.
 318 S. Spruce Street — PO Box 291
 Proctorville, NC 28375 (910) 734-2005

HTE# _____

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
307 CORNELIUS HARNETT BOULEVARD
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

NAME: Charles Hark PHONE # 910-436-5972

ADDRESS 466 Valerie Ln Linden N.C 28356

NAME OF MOBILE HOME PARK OR S/D _____

NAME OF OWNER (IF DIFFERENT) _____

ADDRESS OF OWNER (IF DIFFERENT) _____

PROPERTY LOCATION: STATE ROAD NAME AND # SR 2031 Woke Rd

PURPOSE OF INSPECTION: Replace DWMH w SWMH

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If this system should malfunction, the owner is responsible for any necessary repair.

THIS INSPECTION IS VOID IF:

- (1) the intended use of the septic system should change, and/or
- (2) the system should fail or malfunction, and/or
- (3) the owner or tenant of the property changes, and/or
- (4) after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

AUTHORIZATION OF EXISTING SYSTEM

James E. Markland @ RSHAS
Signature of Environmental Health Specialist

11-15-18
Date

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

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)

Environmental Health New Septic System

- 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.

Handwritten mark

Environmental Health Existing Tank Inspections

- 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

MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION

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.



Initial Application Date: 11.2.18

Application # BRES1811.0003

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: Charles Hair Mailing Address: 466 Valerie Ln

City: Linden State: NC Zip: 28356 Contact No: 910-436-5972 Email: _____

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: same Phone # _____

ADDRESS: 466 Valerie Ln PIN: 0554.59.1796

DEED OR OTP: deed

PROPOSED USE:

SFD: (Size ___ x ___) # Bedrooms: ___ # Baths: ___ Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic 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 14x76 # Bedrooms: 3 Garage: site built? Deck: site built?
2 bath JUST SLIPS

2018
HUNTER

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
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank 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 no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 existing Other (specify): shop

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.

Charles Hair
Signature of Owner or Owner's Agent

11-02-18
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

strong roots • new growth

Harnett GIS

NOT FOR LEGAL USE .



11-2-18
 Harnett COUNTY
 GIS/E-911 Addressing
 November 2, 2018

Recycle Center
 ZONING ADMINISTRATOR
 Landfills
 Surrounding County Boundaries
 Federal Property
 City Limits

410
 512
 VALERIE-LN
 PUMP
 ELEVATION
 CUMBERLAND USE 3
 #BEDROOMS

Address Numbers	StepFM
○	—
●	—
—	—
—	—
—	—

Fire Hydrants
 Force Main
 Gravity
 Service Laterals
 Sewer Main
 Force Main
 Lillington Sewer

0 40 80 160 Feet
 1 inch = 94 feet