

			phoation #	
			CU#	
COUNTY OF Central Permitting 108 E. Front Street, Lillington	n, NC 27546 Phone	TIAL LAND USE APPLI e: (910) 893-7525 ext.2	CATION Fax: (910) 893-2793 www.ha	rnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OF	R OFFER TO PURCHASE)	& SITE PLAN ARE REQUIRE	D WHEN SUBMITTING A LAND USE AP	PLICATION**
NDOWNER David + Tamara Rodg				
V: Fugury Voins State: 16	Zip: 275% Contact	No: 919-915-5927	Email Togersd (99	agral.an
PPLICANT : John Szaleck	_ Mailing Address:_ /	016 Moderable &	Irne	
y: <u>Kaleigh</u> State: <u>MC</u> 2 ease fill out applicant information if different than landowner	Zip: <u>276/5</u> Contact	No. 931-269-94	7/ Email john @ Fani	ly boilding co
DORESS: 127 Jennar Drine		PIN: 0665-	41-9498.000	
ning: RA 40 Flood: NA Watershed:	NA Deed Book	/Page: 3533 Pg	1.3	
tbacks - Front: 35 Back: 25 Side: 10				
ROPOSED USE: Carport + Stongshow				
SFD: (Sizex) # Bedrooms: # Baths:	Basement/witure h	eth) Garage (Sack Crawl Passes Flat	Monolithic
TAL HTD SQ FT GARAGE SQ FT (Is th				
Modular (Sizex) # Bedrooms # Ba	ths Basement (w/	wo bath) Garage:	Site Built Deck: On Frame	Off Frame
TAL HTD SQ FT (Is the sec				
Manufactured Home:SWDWTW (Size	ėx) # Br	edrooms: Garage _	(site built?) Deck:(site b	uit?)
Duplex: (Sizex) No. Buildings	No. Bedroom	s Per Unit	TOTAL HTD SQ FT	
Home Occupation: # Rooms Use:		_ Hours of Operation	#Empi	oyees:
Addition/Accessory/Other: (Size # x 30) Use:	Corport + Sten	me stal-	Closets in addition? (_	_) yes (\int no
TAL HTD SQ FT GARAGE	730 sq. ft			
ster Supply: V County Existing Well	New Well (# of dwell (Need to Complete I	lings using well	_) *Must have operable water be he same time as New Tank)	fore final
wage Supply: New Septic Tank Expansion (Complete Environmental Health Checklis	Relocation &	Existing Septic Jank	County Sewer	,
es owner of this tract of land, own land that contains a	manufactured home w	ithin five hundred feet (50	00') of tract listed above? () yes	(1) no
es the property contain any easements whether underg	ground or overhead (_	yes ono		
uctures (existing or proposed): Single family dwellings:	Home Ma	nufactured Homes:	Other (specify): foo	I Sterage She
ereby state that foregoing statements are accurate and	correct to the best of r	my knowledge. Permit su	ing such work and the specification	is of plans submit
Signature of Owner pr	na Galed	i	2/9/2021	
Signature of Owner pr	Owner's Agent		Date	
"It is the owner/applicants responsibility to provide to: boundary information, house location, underg incorrect or missi "This application expire	ground or overhead ea ing information that is	asements, etc. The course contained within these initial date if permits his	nty or its employees are not resp applications.***	onsible for any

APPLICATION CONTINUES ON BACK

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"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 <u>undergrowth</u> 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.

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)

*MORE INFORMATION MAY BE REOURED TO COMPLETE ANY INSPECTIO

DO NOT LEAVE LIDS OFF OF SEPTIC TANK

() NO

EPTIC If applying	for authorizat	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	,
(_) Acc	epted	() Innovative {) Conventional {}} Any	
(_) Alte	mative	() Other	
he application. I	ant shall notif	y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	
_}YES	LYNO	Does the site contain any Jurisdictional Wetlands?	
}YES	(NO	Do you plan to have an irrigation system now or in the future?	
_}YES	LINO	Does or will the building contain any drains? Please explain.	
IYES	() NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
)YES	LUINO	Is any wastewater going to be generated on the site other than domestic sewage?	
)YES	LOYNO	Is the site subject to approval by any other Public Agency?	
_)YES	LAND	Are there any Easements or Right of Ways on this property?	

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.

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.

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HTE# 17-5-417412 Harnot County Department of Public .ealth Operation Permit New Installation Septic Tank W Nitrification Line Repair Exp	
	ansion
PROPERTY LOCATION: 501446 Penfry RED	
Name: (owner) DAVID 16050 RS SUBDIVISION Heritage HAVED LOT # 19	_
System Installer: Ktcky Hollow Registration #	
Basement with plumbing: Garage If Morpher of Bedrooms Type of Water Supply: Community If Public Well Distance from Well last	
System Type: 23 Alad Lat 2 3 +2 Type III 6 Despeny V and Vi Systems expire in 5 years.	
(In accordance with Table V a) Owner sturt contact-Hydith Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable Hersh Carolina General Statutes. Miles for Jewage Tryatmosts and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
7-pto	
- Led	
10gc	
1 17	
Film)	
89 misse	
	,
1 20	
3	
DEBUT CAUDITAIN	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961, Other:	
Subsurface system operator required? Yes No	
N. Operation:	
y Adam	
V. Other:	
	R Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Other Septic Tank: Septic Ta	lleer
Subsurface No. of exact length of width of a death of	illons
Drainage Field ditches of each ditch 500 feet ditches 5 feet ditches 5 inche	

Drainage Field French Drain Required:

Authorized State Agent

7545

Date

1-15-17

HARNETT COUNTY TAX ID # 080665 0003 07

08-11-2017 BY: MT

Excise Tax: \$ 260.00

For Registration Kimberly S. Hargrove
Register of Deeds
Harnett County, NC
Electronically Recorded
2017 Aug 11 11:50 AM NC Rev Stamp: \$ 260.00
Book: 3532 Page: 3 - 4 Fee: \$ 26.00
Instrument Number: 2017012050

NORTH CAROLINA GENERAL WARRANTY DEED

Parcel Id	dentifier No. <u>080665000307</u>	Verified by	County on t	he day of	, 20
Mail/Bo	x to: Willard & Willard, L.L.P., 10	000 St. Albans Drive, S	uite 140, Raleigh, NC	27609	
	rument was prepared by: Willard &				19
Brief des	scription for the Index: LOT 14,	PH 2, Heritage Haven			
THIS DE	EED made this11th day of _	August	. 2017	7, by and between	
Patricia F 96 Jenma			David Andrew Ro Tamra Joy Rogers 127 Jenmar Drive Fuquay Varina, No		-
Enter in a	appropriate block for each Granter a on or partnership.	and Grantee: name, mai	ling address, and, if ap	propriate, character of en	tity, e.g.
The desig plural, ma	nation Grantor and Grantee as used asculine, ferminine or neuter as requ	herein shall include said ired by context.	parties, their heirs, succ	essors, and assigns, and sh	all include singular,
situated in	SETH, that the Grantor, for a valuable sents does grant, bargain, sell and con the City of Fuquay Varing rolina and more particularly describ	nivey unto the Grantee i	n fee simple, all that ce	et of which is hereby acknown ertain lot, parcel of land or ship, Harnett	condominium unit
BEING Registry	all of Lot 14, Heritage Haven Sub	division, Phase 2, as re	corded in Plat Cabinet	C, Slide 135-C, Harnett	County
The prope All or a po	erty hereinabove described was acqueration of the property herein convey	zired by Grantor by instred includes or _X_	rument recorded in Bodoes not include the pr	ok 3115 page	76
	owing the above described property				
		Page I	of 2		
NC Bar Asse Printed by A	ociation Form No. 3 © 1976, Revised © 197 greement with the NC Bar Association - 198	7, 2002, 2013		This standard form North Carolina Bar Association	has been approved by:
	Submitted electronically in compliance with North and the terms of the subm	by "Willard & Will Carolina statutes litter agreement wi	governing records th the Harnett Co	able documents ounty Register of De	eds.
	and the terms of the subm	itter agreement wi	th the Harnett Co	unty Register of De	eds.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

claims of all persons whomsoever, other than the following exceptions: All recorded restrictions, easements, and rights of way of record. Ad valorem taxes for tax year 2017.

IN WITNESS WHEREOF, the Grantor has duly exec	tuted the foregoing as of the day and year first above written.	
	× 1/m 1/6-	(SEAL)
(Entity Name)	Print/Type Name: Harry T. Rogers	(SEAL)
Ву:		
	* Patricia Rogers	(SEAL)
Print/Type Name & Title:	Print/Type Name: Patricia Rosers	
By:		(SEAL)
By: Print/Type Name & Title:	Print/Type Name:	
Ву:		(SEAL)
Print/Type Name & Title:	Print/Type Name:	
State of North Carolina - County or City	v of _Wake	
I, the undersigned Notary Public of the Coun	ity or City of Wake and State aforesaid, certify	that
Harry T. Rogers and Patricia Rogers	personally appeared before me this day and ac	knowledged the due
execution of the foregoing instrument for the purposes	therein expressed. Witness my hand and Notarial stamp or sea	d this 11th day of
August . 20_17.	/////	/
GAI	L G. WILLARD	_
6/200	Notary Public	
My Commission Expires: 12/2/2018	Wake County, NC Cail G. Willard	_Notary Public
(Affix Seal)	ission Expires 12/21/2018 Notary's Printed or Typed Name	
State of County or City	y ofand State aforesaid, certify	
I, the undersigned Notary Public of the Coun	ty or City of and State aforesaid, certify	that
	personally appeared before me this day and ac	knowledged the due
	therein expressed. Witness my hand and Noturial stamp or sea	I this day of
, 20		
My Commission Evolution		Name DAY
My Commission Expires:(Affix Seal)	Notary's Printed or Typed Name	_Notary Public
(Attix Seal)	Notary's Primed or Typed Name	
State of County or City	of	
I, the undersigned Notary Public of the Coun	ty or City of and State aforesaid, certify	that
	personally came before me this day and ack	
_he is the of	, a North Carolina or	monteagra and
	liability company/general partnership/limited partnership (strik	through the
inapplicable), and that by authority duly given and as t	the act of such entity, _he signed the foregoing instrument in it	ts name on its
behalf as its act and deed. Witness my hand and Notar	rial stamp or seal, this day of	, 20
My Commission Expires:		Notary Public
(Affix Seal)	Notary's Printed or Typed Name	promise and
	really of times of Typos ridine	

