

4/21/10  
SCANNED  
DATE

①

Initial Application Date: 4/21/10

Application # 10-500-24273

CU \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

LANDOWNER: Pamela Weaver Mailing Address: 140 Wild Winds Drive

City: Coats State: NC Zip: 27521 Home #: 910-897-0500 Contact #: 910-890-1577

APPLICANT: Ronald Weaver Mailing Address: 140 Wild Winds Drive

City: Coats State: NC Zip: 27521 Home #: 910-897-0500 Contact #: 910-890-1577

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: RONALD WEAVER Phone #: 910-890-1577

PROPERTY LOCATION: Subdivision w/phase or section: Wild Winds Lot #: 5 Lot Acreage: .65

State Road #: 55 State Road Name: Hwy 55 Map Book&Page: 819/424

Parcel: 070690 0201 11 PIN: 0691-28-7415-000

Zoning: R430 Flood Zone: X Watershed: 14 Deed Book&Page: 2590 / 799 PE Premise #: \_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

421 From Lillington left on 55 in Erwin continue through Coats approx. 2 or 3 miles left on Wild Winds Drive, last house on right.

PROPOSED USE:

\*Homes with Progress Energy as service provider need to supply premise number from Progress Energy

Circle:

- SFD (Size \_\_\_ x \_\_\_) # Bedrooms \_\_\_ # Baths \_\_\_ Basement (w/wo bath) \_\_\_ Garage \_\_\_ Deck \_\_\_ Crawl Space / Slab  
(Is the bonus room finished? \_\_\_ w/ a closet \_\_\_ if so add in with # bedrooms)
- Mod (Size \_\_\_ x \_\_\_) # Bedrooms \_\_\_ # Baths \_\_\_ Basement (w/wo bath) \_\_\_ Garage \_\_\_ Site Built Deck \_\_\_ ON Frame / OFF  
(Is the second floor finished? \_\_\_ Any other site built additions? \_\_\_)
- Manufactured Home: \_\_\_ SW \_\_\_ DW \_\_\_ TW (Size \_\_\_ x \_\_\_) # Bedrooms \_\_\_ Garage \_\_\_ (site built? \_\_\_) Deck \_\_\_ (site built? \_\_\_)
- Duplex (Size \_\_\_ x \_\_\_) No. Buildings \_\_\_ No. Bedrooms/Unit \_\_\_
- Home Occupation # Rooms \_\_\_ Use \_\_\_ Hours of Operation: \_\_\_ #Employees \_\_\_
- Addition/Accessory/Other (Size 24x24) Use Game Room Closets in addition (  yes  no )

Water Supply:  County  New Well  Existing Well (No. dwellings \_\_\_) MUST have operable water before final

Sewage Supply:  New Septic Tank (Complete New Tank Checklist)  Existing Septic Tank  County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above?  YES  NO

Structures (existing or proposed): Single family dwellings 1421 Manufactured Homes \_\_\_ Other (specify) \_\_\_

Required Residential Property Line Setbacks:

Comments:

Front	Minimum	35	Actual	50
Rear		25		100
Closest Side		10		41
Sidestreet/corner lot		20		41
Nearest Building on same lot		6		-

Closet for existing M/BR, Home will remain a 3 bedroom home.

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.

Ronald R Weaver  
Signature of Owner or Owner's Agent

4-21-10  
Date

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY



FOR REGISTRATION REGISTER OF DEEDS  
 KIMBERLY S. HARGROVE  
 HARNETT COUNTY, NC  
 2009 FEB 11 04:25:39 PM  
 BK:2590 PG:799-801 FEE:\$17.00  
 NC REV STAMP:\$344.00  
 INSTRUMENT # 2009001825

HARNETT COUNTY TAX ID#

07-0690-0201-11

2-11-09 BY KBD

**NORTH CAROLINA GENERAL WARRANTY DEED**

Excise Tax: 344.00

Parcel Identifier No. 070690020111 Verified by \_\_\_\_\_ County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 By: REID 44745

Mail/Box to: \_\_\_\_\_

This instrument was prepared by: Ray McLean, Attorney (DEED PREP ONLY)

Brief description for the Index: Lot 5 Wild Winds Subdivision

THIS DEED made this 4 day of February, 2009, by and between

**GRANTOR**

Turner Matthews Construction, Inc.  
 475 Harvell Road  
 Coats, NC 27521

**GRANTEE**

Pam Weaver (AKA PAMELA B. Weaver)  
  
 140 Wild Winds Drive  
 Coats, NC 27521

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

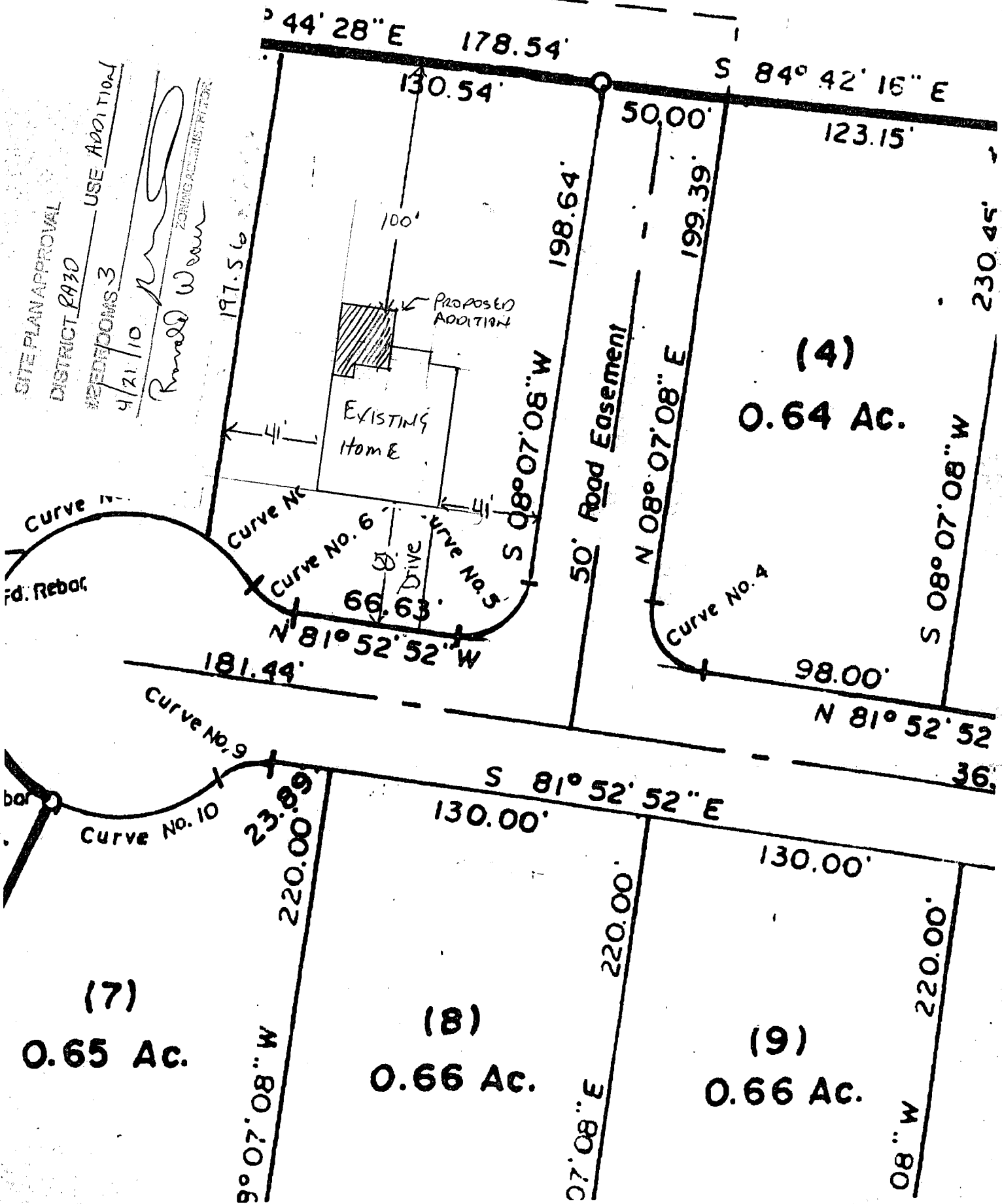
WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of \_\_\_\_\_, \_\_\_\_\_ Grove Township, \_\_\_\_\_ Harnett County, North Carolina and more particularly described as follows:

Being all of Lot 5, Wild Winds Subdivision, as recorded in Plat Cabinet F, slide 601B, of the Harnett County Registry.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2341 page 503.

A map showing the above described property is recorded in Plat Book F page 601B.

SITE PLAN APPROVAL  
 DISTRICT 2930 USE ADDITION  
 BEDROOMS 3  
 4/21/10  
 Ronald Weaver  
 ZONING ADMINISTRATOR



HTE# 07-5-16612

# Harnett County Department of Public Health 19821

PERMIT # 24041

## Operation Permit

New Installation  Septic Tank  Repair  Nitrification Line  Expansion

PROPERTY LOCATION: High 55

Name: (owner) Turner Matthews

SUBDIVISION WILLOWBENDS

LOT # 5

System Installer: Larry Stoney

Registration # \_\_\_\_\_

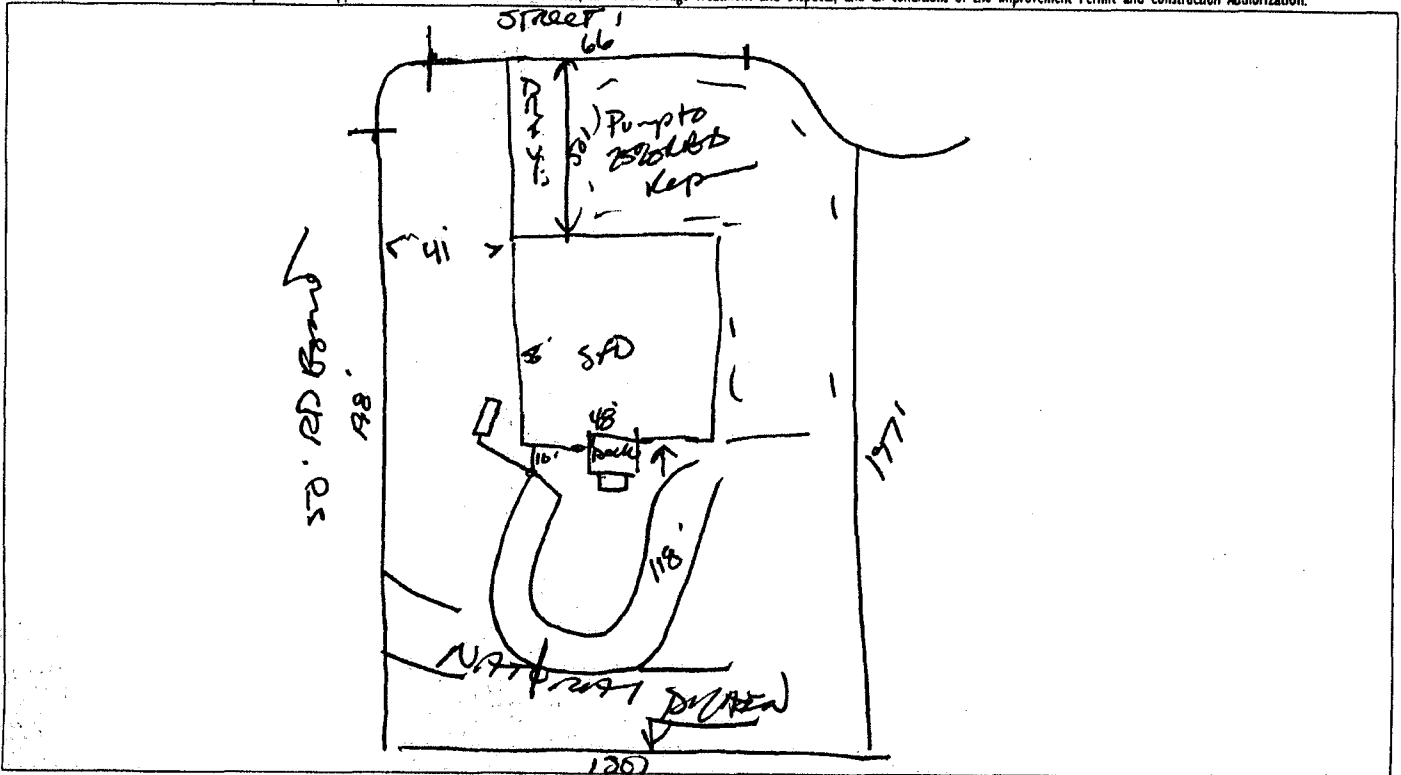
Basement with plumbing:  Garage  Number of Bedrooms 3

Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: 25% REDUCTION System Type III G Drum Types V and VI Systems expire in 5 years.

(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



### 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   
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: \_\_\_\_\_
- V. Other: \_\_\_\_\_

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other 25% REDUCTION Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
 Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 120 feet width of ditches 3 feet depth of ditches 28-318 inches  
 French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent

James E. Mark

Date 11-7-07

NAME: Ronald Weaver

APPLICATION #: 10-500-24273

\*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 # 108218

**Environmental Health New Septic System Code 800**

- **All property lines 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.**

**Environmental Health Existing Tank Inspections Code 800**

- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
- 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 (# possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
- 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.

Ronald R Weaver  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4-21-10  
DATE