

Initial Application Date: 2-11-14

Application # 14500329104

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: Cathy Gardner Mailing Address: 1512 Mamie Upchurch RD
City: Lillington State: NC Zip: 27546 Contact No: 919-601-0008 Email: melissa@prestigeproperty
services.com

APPLICANT: Cathy Gardner Mailing Address: 1538 Mamie Upchurch RD
City: Lillington State: NC Zip: 27546 Contact No: 919-601-0008 Email: Same as above
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Daniel Duncan Phone # 919-601-0008

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: _____
State Road # 1514 State Road Name: Mamie Upchurch RD Map Book & Page: 1805 / 39-52
Parcel: 110672-0003-01 PIN: 0672-20-4518-000 Plat # 478-C
Zoning: RA-30 Flood Zone: X Watershed: W Deed Book & Page: 1805 / 39-52 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic Slab: _____
- 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 26' x 26') Use: Garage Closets in addition? () yes () no

Water Supply: _____ County _____ Existing Well New Well (# of dwellings using well 1) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ 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 () no

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

Structures (existing or proposed): Single family dwellings: 2 exist Manufactured Homes: _____ Other (specify): 1 ext

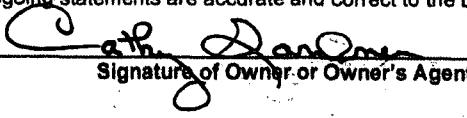
Required Residential Property Line Setbacks:

| | | |
|------------------------------|---------------|------------------|
| Front | Minimum _____ | Actual <u>51</u> |
| Rear | _____ | <u>25+</u> |
| Closest Side | _____ | <u>30</u> |
| Sidestreet/corner lot | _____ | _____ |
| Nearest Building on same lot | _____ | <u>22</u> |

Comments: _____
Building / Storage
1 ext pav w/ Deck

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 N. Right onto Old Coats RD
Left onto Neill's Crk RD. Right onto Mamie Upchurch RD. Home on
left approx 1 mile on right. "1512"

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.


Signature of Owner or Owner's Agent

2-10-14
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

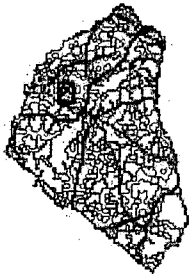
SITE PLAN APPROVAL

DISTRICT BA30 USE Garage

#BEDROOMS _____

Date 2-11-13

Zoning Administrator 



AddressPoints

Road Centerlines

MajorRoads

Rivers

Parcels

County_Boundary

CityLimits

Fort_Bragg_Camp_McCa

Red: Band_1

Green: Band_2

Blue: Band_3

Harnett.sid

Red: Band_1

Green: Band_2

Blue: Band_3



HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS



Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.

Harnett County GIS
305 W Cornelius Harnett Blvd, Suite 100
Lillington NC 27546
Phone: 910-893-7523 www.harnett.org

NAME: Cathy Gardner

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 8 00**
 - **All property irons must be made visible.** Place "pink p roperty flags" o n each corner i ron of lot. All roperty 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 En vironmental 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 Cod e 800**
 - Follow above instructions for placing flags and card on property.
 - Prepare for inspection by removing soil over over outlet end as diagram indicates, and lift lid straight up (if 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 u se code 800 for Environmental Health ins pection. **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.

Cathy Gardner
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2.10.14
DATE

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2003 AUG 01 01:15:13 PM
BK: 1805 PG: 39-52 FEE: \$50.00
INSTRUMENT # 2003015524

[Space Above This Line For Recording Data]

DEED OF TRUST

MIN: 100029500004209775

Prepared by and mail to: **Dwight W. Snow, Attorney, PO Box 397, Dunn, NC 28335**
DEFINITIONS

Words used in multiple sections of this document are defined below and other words are defined in Sections 3, 11, 13, 18, 20 and 21. Certain rules regarding the usage of words used in this document are also provided in Section 16.

(A) "Security Instrument" means this document, which is dated **July 30, 2003**, together with all Riders to this document.

(B) "Borrower" is **ROBERT W GARDNER and CATHY B GARDNER, Husband and Wife As Joint Tenants**

Borrower is the trustor under this Security Instrument.

(C) "Lender" is **Taylor, Bean & Whitaker Mortgage Corp.**

Lender is a **Florida Corporation**

the laws of **Florida**

1417 North Magnolia Ave, Ocala, FL 34475

organized and existing under

Lender's address is

(D) "Trustee" is **DWIGHT W. SNOW**

(E) "MERS" is Mortgage Electronic Registration Systems, Inc. MERS is a separate corporation that is acting solely as a nominee for Lender and Lender's successors and assigns. **MERS is the beneficiary under this Security Instrument.** MERS is organized and existing under the laws of Delaware, and has an address and telephone number of P.O. Box 2026, Flint, MI 48501-2026, tel. (888) 679-MERS.

This Instrument was drafted by:

Name: **Tori Underwood**

[Person or Law Firm]

NORTH CAROLINA—Single Family—Fannie Mae/Freddie Mac UNIFORM INSTRUMENT

Form 3034 1/01

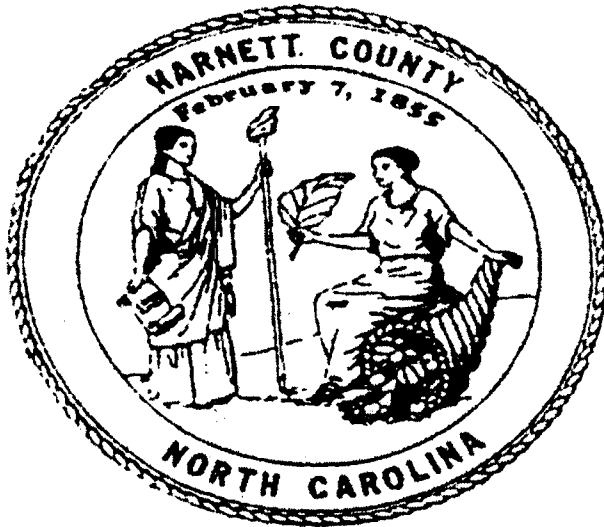
ITEM T9720L1 (0111)—MERS

(Page 1 of 12 pages)

GREATLAND ■
To Order Call: 1-800-530-9393 Fax: 616-791-1131

024091420977

024091420977



KIMBERLY S. HARGROVE
REGISTER OF DEEDS, HARNETT
COURTHOUSE
P.O. BOX 279
LILLINGTON, NC 27546

Filed For Registration: 08/01/2003 01:15:13 PM

Book: RE 1805 Page: 39-52

Document No.: 2003015524

DT 14 PGS \$50.00

Recorder: ELMIRA MCLEAN

ite of North Carolina, County of Harnett

foregoing certificate of LINDA J. MORGAN Notary is certified to be correct. This 1 ST of August 2003

MBERLY S. HARGROVE , REGISTER OF DEEDS

: Elmira McLean

puty/Assistant Register of Deeds

2003015524

2003015524

09/09/11

Application #

1450032904

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 Cathy Gardner Date 3-7-14
Site Address 1512 Mamie Spohn Rd Lillington NC Phone 919-639-9119-601-0008

Directions to job site from Lillington
[Handwritten directions]

Subdivision _____ Lot _____
Description of Proposed Work add a garage w/ Bonus Room # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____
stone wall

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
owner
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No
Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
owner
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
owner
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
owner
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____
owner

*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

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

3-7-14
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 _____

Sign w/Title Cathy Daneman Date 3-7-14

Plan Box # ME

Date 3-7-14
Job Name Gardner

App # 32904

Valuation \$84655

Heated SQ Feet 676

Garage 627
= 1303

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 14-50032904 Date 3/11/14
Property Address 1512 MAMIE UPCHURCH RD
PARCEL NUMBER 11-0672- - -0003- -01-
Application type description CP ADD & ALTER RESIDENTIAL
Subdivision Name CATHY BUTTS GARDNER
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

GARDNER CATHY BUTTS OWNER

1538 MAMIE UPCHURCH RD
LILLINGTON NC 27546
(919) 639-2034

Applicant

GARDNER CATHY

1538 MAMIE UPCHURCH RD
LILLINGTON NC 27546
(919) 601-0008

--- Structure Information 000 000 26X26 ATT GARAGE
Flood Zone FLOOD ZONE X
Other struct info SEPTIC - EXISTING? EXT TANK
WATER SUPPLY EXT WELL

Permit RESIDENTIAL BUILDING PERMIT
Additional desc
Phone Access Code . 1022656
Issue Date 3/11/14 Valuation 84655
Expiration Date . . 3/11/15

Permit RESIDENTIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code . 1022722
Issue Date 3/11/14 Valuation 0
Expiration Date . . 3/11/15

Permit RESIDENTIAL INSULATION PERMIT
Additional desc
Phone Access Code . 1022730
Issue Date 3/11/14 Valuation 0
Expiration Date . . 3/11/15

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1022748

| | | |
|-------------------------------|----------------------------|--------------|
| | Page | 3 |
| Application Number | 14-50032904 | Date 3/11/14 |
| Property Address | 1512 MAMIE UPCHURCH RD | |
| PARCEL NUMBER | 11-0672- - -0003- -01- | |
| Application description . . . | CP ADD & ALTER RESIDENTIAL | |
| Subdivision Name | CATHY BUTTS GARDNER | |
| Property Zoning | RES/AGRI DIST - RA-30 | |

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|---|-------------|-----------|--------------------------------|----------|-------------|
| Permit type RESIDENTIAL BUILDING PERMIT | | | | | |
| 999 | 103 | B103 | R*BLDG FOUND & TEMP SVC POLE | _____ | ___/___/___ |
| 999 | 111 | B111 | R*BLDG SLAB INSP/TEMP SVC POLE | _____ | ___/___/___ |
| 999 | 105 | B105 | R*OPEN FLOOR | _____ | ___/___/___ |
| 999 | 101 | B101 | R*BLDG FOOTING / TEMP SVC POLE | _____ | ___/___/___ |
| 999 | 429 | R429 | FOUR TRADE FINAL | _____ | ___/___/___ |
| 999 | 425 | R425 | FOUR TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 131 | R131 | ONE TRADE FINAL | _____ | ___/___/___ |
| 999 | 125 | R125 | ONE TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 329 | R329 | THREE TRADE FINAL | _____ | ___/___/___ |
| 999 | 325 | R325 | THREE TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 229 | R229 | TWO TRADE FINAL | _____ | ___/___/___ |
| 999 | 225 | R225 | TWO TRADE ROUGH IN | _____ | ___/___/___ |
| Permit type RESIDENTIAL INSULATION PERMIT | | | | | |
| 999 | 129 | I129 | R*INSULATION INSPECTION | _____ | ___/___/___ |
| Permit type RESIDENTIAL PLUMBING PERMIT | | | | | |
| 999 | 305 | M305 | R*PLUMB SEWER CONNECTION | _____ | ___/___/___ |
| 999 | 307 | P307 | R*PLUMB WATER CONNECTION | _____ | ___/___/___ |
| 999 | 309 | P309 | R*PLUMB UNDER SLAB | _____ | ___/___/___ |
| 999 | 131 | R131 | ONE TRADE FINAL | _____ | ___/___/___ |
| 999 | 125 | R125 | ONE TRADE ROUGH IN | _____ | ___/___/___ |
| 999 | 315 | P315 | R*PLUMB HW HEATER | _____ | ___/___/___ |