*	01
Initial Application Date	9/m/b

Application #	1650038944
	61111

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext: 2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

03/11

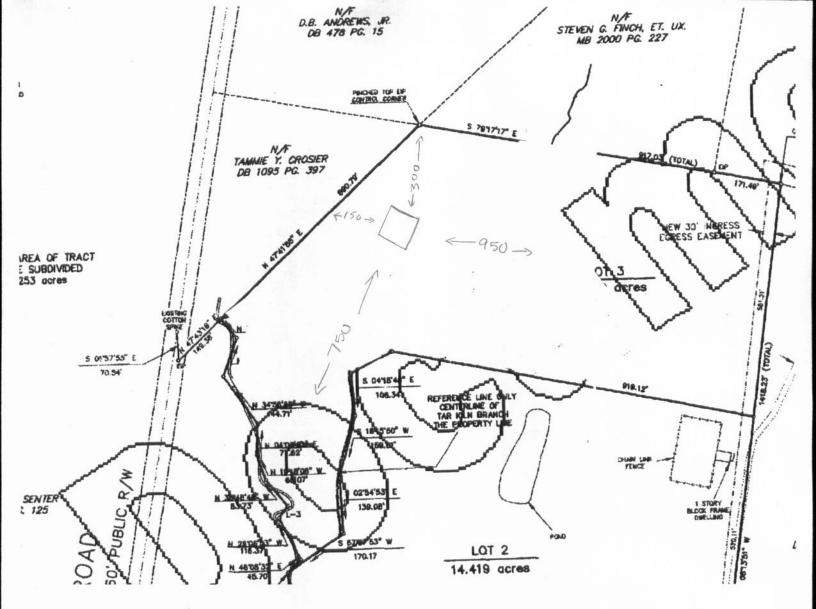
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Richard Casper	Mailing Address: 562 Morning 6(0)	(41)
city: Fugury Varing State: NC Zip: 27	Mailing Address: 562 Morning Glor 526 ontact No: 9196690480 Email: OCOSPE	rkids40
ADDUCANTE SE DOGGE A. D. of contract	212 Daga Q-1 ==	
city: Benson State: NCzio: 273	G Address: 212 DEED TOOL CI 504Contact No: 9194809095Email: RSLUJ Construction	EK@ / tol.
*Please fill out applicant information if different than landowner	Construction	Services.
CONTACT NAME APPLYING IN OFFICE: ROD SIU	Phone #	
PROPERTY LOCATION: Subdivision:	Lot #: Lot	17.52
	Lot #:Lot	Size: 1 175
Parrel: 040664 NOO 04	Map Book & Page: 2 PIN: 066H 54 4355.000	2007675
Zoning: RA30 Flood Zone: X Watershed: NA De	eed Book & Page: 3389, OU 5 Power Company*	
	supply premise number from Progr	ress Energy.
PROPOSED USE:		Monolishio
	ment(w/wo bath): Garage: Deck: Crawl Space: Sla	
(Is the bonus room finished? () yes	s () no w/ a closet? () yes () no (if yes add in with # bedroo	oms)
Manufactured Home:SWDWTW (Sizex)# Bedrooms: Garage:(site built?) Deck:(site built?)	te built?)
Home Occupation: # Rooms: Use: Use:	Hours of Operation: #Er addition 17x 6.8 Roof top de extention	nployees:
(Addition/Accessory/Other 8 x 19 Front Por	ch extention	
15 X18 Family R	loom extention and new screened Po	
ater Supply: County Existing Well New We	ell (# of dwellings using well) *Must have operable water	before final
ewage Supply: New Septic Tank (Complete Checklist)	Existing Septic Tank (Complete Checklist) County Sewer	
bes owner of this tract of land, own land that contains a manufactur	red home within five hundred feet (500') of tract listed above? () ye	es () no
es the property contain any easements whether underground or o	verhead () yes () no	
ructures (existing or proposed): Single family dwellings:	Manufactured Homes: Other (specify):	
equired Residential Property Line Setbacks: Comme	ents: Multiple Additions	
ont Minimum 35 Actual 35+		- **
ar 25 25+		
osest Side 10 10+		
destreet/corner lot_NA_NA		
parest Building NA NA	The second secon	
same lot . Residential Land Use Application .	Page 1 of 2	03/11

			*	
A TOTAL A TOTAL CONTRACTOR OF THE PARTY OF T				
			Bar Tall Island	
All the second s	4 3 3 1 1 1			
	not.			
ermits are granted I agree to conform to all ordinal reby state that foregoing statements are accurate	nces and laws of the State of Nor and correctto the best of my kno	th Carolina regulating such wiledge. Permit subject to re	work and the specification evocation if false informati	is of plans sub ion is provided

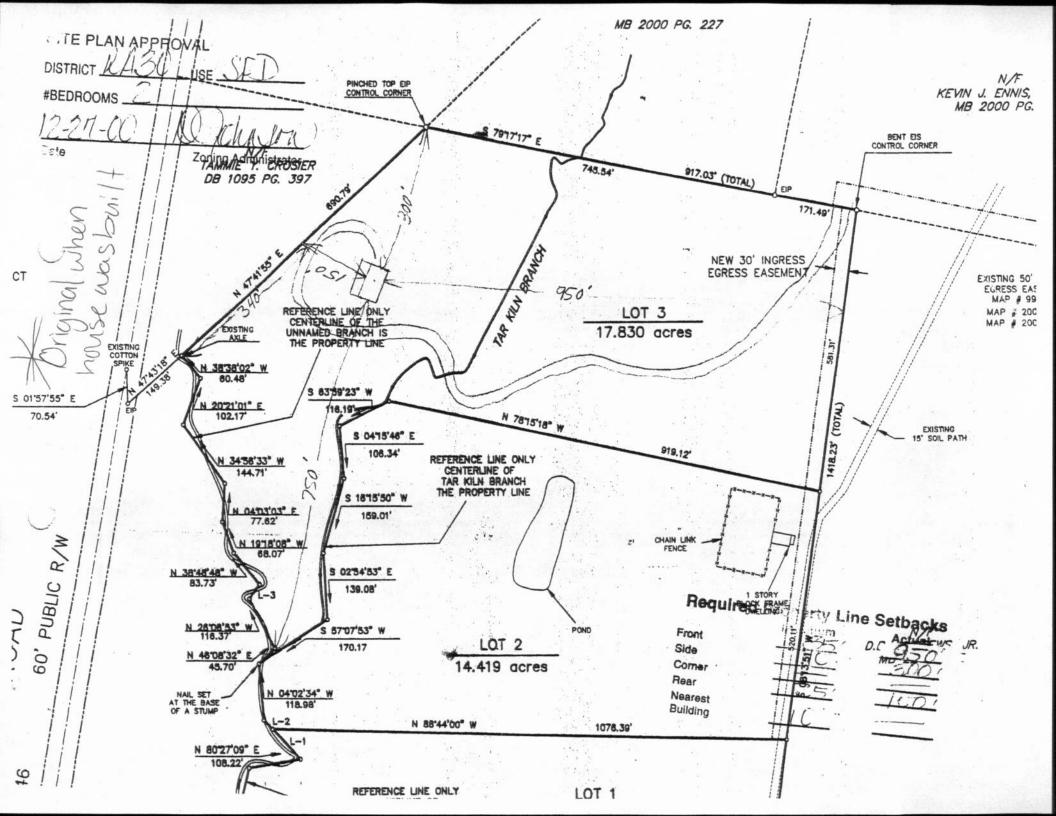
^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

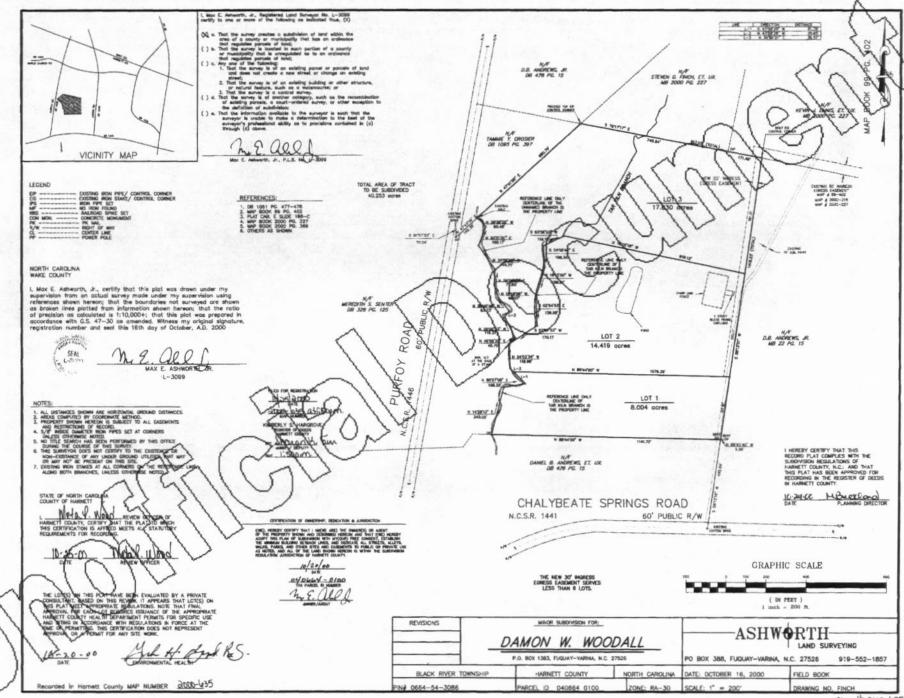
^{**}This application expires 6 months from the initial date if permits have not been issued**



DISTRICT RADO USE RENOV
#BEDROOMS

ZONING ADMINISTRATOR





NAME: Rob Sluik

APPLICATION #: 16 500 38944

	This application to be filled out when applying for a septic system inspection.
IF THE INFORMATIO	h Department Application for Improvement Permit and/or Authorization to Construct on in this application is falsified, changed, or the site is altered, then the improvement
PERMIT OR AUTHOR	RIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration entation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
	525 option 1 CONFIRMATION #
	I Health New Septic SystemCode 800
	ty irons must be made visible. Place "pink property flags" on each corner iron of lot. All property be clearly flagged approximately every 50 feet between corners.
 Place "orar 	nge house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks,
	s, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
	ge Environmental Health card in location that is easily viewed from road to assist in locating property.
If property evaluation	is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil 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
	to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
800 (after s	ring proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code selecting notification permit if multiple permits exist) for Environmental Health inspection. <u>Please note</u>
	n number given at end of recording for proof of request.
	Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. I Health Existing Tank Inspections Code 800
	ve instructions for placing flags and card on property.
	inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if
possible) a	nd then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
	AVE LIDS OFF OF SEPTIC TANK
if multiple	ering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit permits, then use code 800 for Environmental Health inspection. <u>Please note confirmation number</u> d of recording for proof of request.
	Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC	
	zation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{} Innovative {} Conventional {} Any
{}} Alternative	{}} Other
	tify the local health department upon submittal of this application if any of the following apply to the property in er is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
(_)YES (Z) NO	
{_}}YES {X} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {XNO	Does or will the building contain any drains? Please explain.
()YES (X) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES {_X} 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 \(\bigg\) NO	Are there any Easements or Right of Ways on this property?
YYES [_] 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 Appl	ication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Gra	nted Pight Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Pules

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

№ 16744

HAPNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

tion of any building at which a septic tank system is to be used the from the Harnett County Health Department." Name: (owner)	ansposar of sewage without first	obtaining a written permit
Property Location: SR# 1448 A+k-25		Septic Tank
		Nitrification Line
Subdivision Doman W. Woodall Tax ID #		. 2
Tax ID #	Cond to	#
Tax ID #	Quadrant #	day and a second
Basement with Plumbing: Garage	Lot Size: 11.650 Hz	
Water Supply: D W !!		
Distance From Well: SO ft.	anity	
Following is the minimum specifications for sewage dispositional approval. Type of system: Conventional Other		
Septic Tank: 1000 gallons	Pump Tank:	
bubsurface No. of exact length of each ditch grench Drain Required:	width of der	ons oth of
rench Drain Required: Linear feet	ft. ditches ft. ditches	ches 8 in.
- Enical feet	//	
ms permit is subject to revocation if site	: 1/2/201	1.6
lans or intended use change. Signe	ed: Juya M Jua	- R.J.
	Environmental Health	Specialist
*Maintain all set backs		
* Runditches carcenteur		
Hogie 65 x 76'		
	· Uppepu-	
		//
10/	LPP.	
\ <i>i</i> .	Tet.	

HA ETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # / () 4 / This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

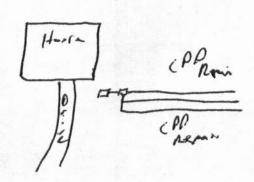
Owner or Authorized Agent	
Name: Thomas Finch	Telephone # 917-572 035
Address: 37/2 Rusts Ch. Rd	Fagura Varine NC. 27526
Property Location: SR# 1448	Road Name Afk. ~
New Installation Repair	Septic Tank Nitrification Lines
Subdivision Damon Woodall	Lot #
Number of Bedrooms Proposed:2	Lot size:
Basement With Plumbing	Without Plumbing
Water Supply: Well Public	Minimum Well Setback: 50 ft.
Type of System: Conventional Other	r
Tank Volume: Septic Tank/OOO gallons	Pump Chamber gallons
	Field Specifications
Number of fields/ Number of Lines per	Field 3 Length of lines 90ff.
Width of ditches ft. Depth of ditche	s/8inches
French Drain: Linear feet required	Depth of gravel
No wastewater system shall be covered or placed	into use by any person until an inspection by the
Name: Marnett County Health Dep	artment
Revised 2/96) CNSTRCT WRD	

TARNETT COUNTY HEALTH DECTION ENVIRONMENTAL HEALTH SECTION

Nº13865 00-5-0934

OPERATIONS PERMIT

Name: (owner) Property Location:		Repairs	Septic Tank Nitrification Lin
Contractor:		Registration #	
Basement with Plu	mbing: Garage:		
Water Supply:			
Distance From Wel	1:ft.		
Following are the	specifications for the sewage disposal syst	tem on above captioned	l property.
Type of system:	Conventional Other		
Size of tank:	Septic Tank: 1000 gallons Pur	mp Tank: gall	ons
Subsurface Drainage Field	No. of exact length of each ditch 90 ft.	width of	-alC
French Drain:	Linear feet	, /	m.
PERMIT NO/	Date: 8 Inspected b	0 D.	R-S alth Specialist



HARNETT COUNTY TAX ID# 040664 0100 04

03-31-2016 BY MT

For Registration Kimberly S. Hargrove

Register of Deeds

Harnett County, NC

Electronically Recorded 2016 Mar 31 04:28 PM NC Rev Stamp: \$ 1130.00

Book: 3389 Page: 51

Fee: \$ 26.00

Instrument Number:

2016004275

Submitted electronically by Adams Howell Sizemore and Lenfestey - Cary in compliance with North Carolina statutes governing recordable documents and the terms of the submitter agreement with the Harnett County Register of Deeds.

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax:

\$1130,00

Tax Map No.

Recording Time, Book and Page

04-04664 0100 04

Parcel Identifier No. 16643643338X

Mail after recording to: Grantee

This instrument was prepared by: Zdenek Law kirm, P.A. (without benefit of title exam or tax advice)

THIS DEED made this 29th day of March, 2016 by and between

GRANTOR

Thomas Glenn Finch and his wife, Betty D. Finch

MAILING ADDRESS: 8508 Quail Creek Drive Willow Spring, NC 27592

GRANTEE

Richard W. Caspar and his wife, Winifred Anne Caspar

MAILING ADDRESS: 562 Morning Glory lane Fuguay Varina, NC 27526

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 and more particularly described as follows:

SEE ATTACHED EXHIBIT A

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 1449 Page 497, Harnett County Registry.
A map showing the above described property is recorded in Map Book 2000 Page 635, Harnett County Registry and referenced within this instrument.
The above described property 🖾 does 🗆 does not include the primary residence of the Grantor.
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 coverants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that the 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 except for the exceptions hereinafter stated.
Title to the property herefnabove described is subject to the following exceptions:
2016 Ad Valorem Taxes Restrictions, easements and rights of way of record.
IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.
Thomas Glenn Finch (SEAL)
(ENTITY NAME) Thomas Glenn Finch
By: Setty D. Junch (SEAL)
Betty D/Finch
(1)do
NORTH CAROLINA WOLL COUNTY
certify that Thomas Glenn Finch and Betty D.
Finch personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: DEED Witness my hand and official stamp or seal, this the Witness my hand and official stamp or seal, this the
My Commission Expires: 1000
Notes Subtic
Print Notary Name: VEHIC OOPE
WAKE COULT
T. M.
ES OLIGONAM EST
A RATO WELL
THE ARM THE PROPERTY OF THE PR
THINININI THE TANK THE THINING THE TANK
9/2
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EXHIBIT "A"

ALL OF THAT CERTAIN PARCEL OF LAND, CONTAINING 17.830 ACRES, MORE OR LESS, LOCATED IN BLACK RIVER TOWNSHIP, HARNETT COUNTY, NORTH CAROLINA, AND SHOWN AS LOT 3 ON THAT MAP OF SURVEY BY ASHWORTH LAND SURVEYING, DATED OCTOBER 16, 2000, ENTITLED "MINOR SUBDIVISION FOR DAMON W. WOODALL," RECORDED AS MAP NO 2000-635, HARNETT COUNTY REGISTRY.

THERE IS ALSO CONVEYED HEREWITH A NON EXCLUSIVE RIGHT TO USE THAT 50 FOOT INGRESS AND EGRESS EASEMENT APPURTENANT AND UTILITY EASEMENT RECORDED AT BOOK 954, PAGE 25, HARNETT COUNTY REGISTRY AND THERE IS CONVEYED A NON EXCLUSIVE EASEMENT OF INGRESS AND EGRESS AND UTILITY EASEMENT RUNNING ALONG THE EASTERN AND SOUTHERN BOUNDARIES OF THOSE TRACTS SHOWN AS TRACTS TAND 2 UPON THAT MAP RECORDED AS MAP # 2000-227, HARNETT COUNTY REGISTRY.

THIS CONVEYANCE IS SUBJECT TO THAT EASEMENT SHOWN AS "NEW 30' INGRESS EGRESS EASEMENT" ON THAT MAP OF SURVEY RECORDED AT MAP NO 2000-635, WHICH EASEMENT SHALL BE AN INORESS, EGRESS AND UTILITY EASEMENT RESERVED TO DAMON W. WOODALL.

THIS CONVEYANCE IS SUBJECT TO THAT EASEMENT ENTITLED "ADDITIONAL 20' INGRESS EGRESS EASEMENT" AS SHOWN UPON THAT MAP BY ASHWORTH LAND SURVEYING, DATEDFEBRUARY 1, 2007, AND RECORDED AS MAP NO. 2007-218, HARNETT COUNTY REGISTRY, SEE DEED OF EASEMENT RECORDED IN BOOK 2380, PAGES 858-862. HARNETT COUNTY REGISTRY.

THIS CONVEYANCE IS ALSO SUBJECT TO THAT CERTAIN 10 FOOT WIDE NON-EXCLUSIVE UTILITY EASEMENT RUNNING FROM THE RIGHT OF WAY MARGIN OF N.C.S.R. 1446 TO THAT17.830 ACRES WHICH IS DESCRIBED IN THE DEED RECORDED AT BOOK 1449, PAGE 497, HARNETT COUNTY REGISTRY, WHICH UTILITY EASEMENT IS IDENTIFIED AS "10" UTILITY EASEMENT" UPON THAT SURVEY FOR THOMAS GLENN FINCH, DATED SEPTEMBER 4, 2001, BY ASHWORTH LAND SURVEYING, A COPY OF WHICH SURVEY WAS ATTACHED TO SAID EASEMENT RECORDED IN BOOK 1547, PAGES 717-721, HARNETT COUNTY REGISTRY.

THIS EASEMENT IS AN EASEMENT APPURTENANT TO THAT 17.830 ACRE PARCEL OF LAND DESCRIBED IN THE DEED RECORDED AT BOOK 1449, PAGE 497, HARNETT COUNTY REGISTRY.

TOGETHER WITH AND SUBJECT TO SUBDIVISION STREET MAINTENANCE AGREEMENT RECORDED NOVEMBER 6, 2000 IN BOOK 1449, PAGE 503, HARNETT COUNTY REGISTRY.

NOTE: DANA 0. WOODALL RELEASED FROM SUBDIVISION STREET MAINTENANCE AGREEMENT; RECORDED NOVEMBER 8, 2000 IN BOOK 1449, PAGE 826, HARNETT COUNTY REGISTRY. TOGETHER WITH BOND OF INDEMNITY RECORDED NOVEMBER 6, 2000 IN BOOK 1449, PAGE 505, HARNETT COUNTY REGISTRY.

Application #

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits 16500389

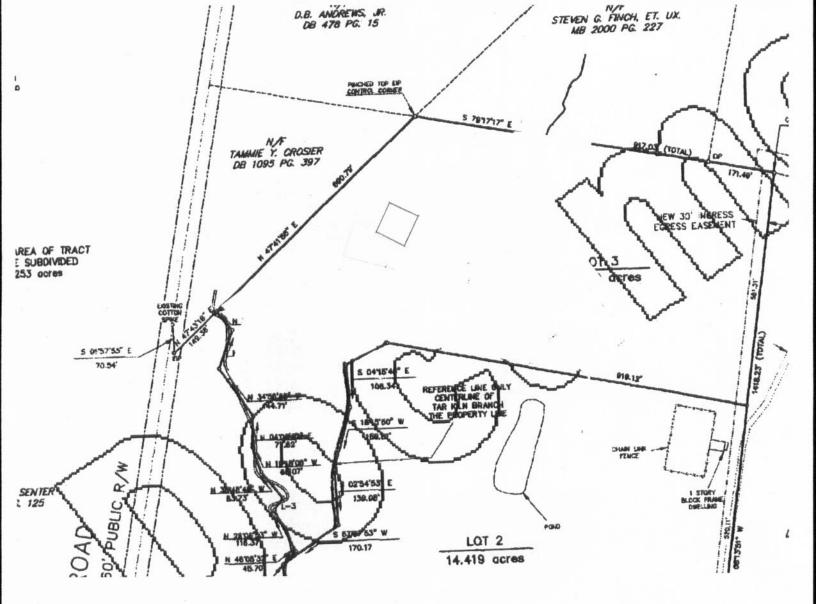
Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

Owner's Name Dich Coeper	Date 6-9-2016
Site Address 562 Morning 6 long In	Phone 9/9 669 046
Directions to job site from Lillington For Ent on 17mg 2/	
Directions to job site from Emiligion	
Subdivision	Lot
Description of Proposed Work 3 Add troops	
Heated SF 694 Unheated SF Finished Bonus Room? General Contractor Information	Crawl Space Slab
General Contractor Information	1 1/2 2
STS Property Kestoration UC	7/9/4809095 Telephone
Building Contractor & Company Name	
212 Deep Pool at Benson M	Email Address Senties
72.356	Email Address Service 378
License #	
Description of Work Wire Service Size	<u>n</u>
Zips Electric	910527 9404
Electrical Contractor's Company Name	Telephone
5211 Perry Dliver Dr Address	Zipsclech & Ogmuil Con Email Address
21114-1	Littali Addiess
License #	
Mechanical/HVAC Contractor Inform	0
Description of Work Add Registers to Add ton	I Raye Exhurst
Cope Fear Climate Control	910 237 2835
Mechanical Contractor s Company Name	Telephone
40 South Oak Lane	
Address 4960	Email Address
License #	
Plumbing Contractor Informatio	itche ~
Description of Work Maris Planty Invent	# Baths
CIL Flomby + Drains	9194516999
Plumbing Contractor s-Company Name	Telephone
3/8 July Ir topy - Corne il	
Address	Email Address
<u>30.10)</u>	
License # Insulation Contractor Informatio	n
Barris Trestation	419 422 2765
Insulation Contractor's Company Name & Address	Telephone

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 sehedule Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N C G S 87-14 The undersigned applicant being the Owner Officer/Agent of the Contractor or Owner General Contractor 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 Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance 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

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



DISTRICT RASO USE REPOV

#BEDROOMS 4

OLUMB ZONING AUMINISTRATOR

Plan Box # AAA Job Name Sof S Property Rest				
App # 3894	14	Valuation 67164	SQ Feet <u> (99</u> Garage	
Multipl	e Addi	tions	,=	
Inspections for SF	D/SFA			
Crawl	Slab	Mono	Basement	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
Foundation Surve		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 16-50038944 Date 7/07/16 Property Address 562 MORNING GLORY LN Application type description CP ADD & ALTER RESIDENTIAL Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Contractor Owner _____ ______ S&S PROPERTY RESTORATION, LLC CASPER RICHARD W & WINIFRED 212 DEEP POOL CT. 562 MORNING GLORY LANE FUQUAY VARINA NC 27526 BENSON, NC BENSON NC 27504 (919) 480-9095 Applicant ______ S&S PROPERTY RESTORATION 212 DEEP POOL CT NC 27504 BENSON (919) 480-9095 Structure Information 000 000 MULTIPLE ADDITIONS Flood Zone FLOOD ZONE X Other struct info SEPTIC - EXISTING? EXISTING WATER SUPPLY ______ Permit RESIDENTIAL BUILDING PERMIT Additional desc . . Phone Access Code . 1144666 -Permit RESIDENTIAL ELECTRICAL PERMIT Additional desc . . Phone Access Code . 1147610 Valuation ______ Permit RESIDENTIAL INSULATION PERMIT Additional desc . . Phone Access Code . 1147628
Issue Date . . . 7/07/16 Valuation
Expiration Date . . 7/07/17 Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1147636

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.

J 1	-			
Application Number Issue Date Expiration Date	16 7/07/16 1/03/17		Page Date 	2 7/07/16 0
Permit	RESIDENTIAL	MECHANICAL PERMIT		
Phone Access Code . Issue Date Expiration Date	7/07/16	Valuation		0
Permit	RESIDENTIAL	PLUMBING PERMIT		
Additional desc Phone Access Code . Issue Date Expiration Date		Valuation		0

Special Notes and Comments 562 MORNING GLORY LN FUQUAY VARINA

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. Page 3 Application Number 16-50038944 Date 7/07/16 Property Address 562 MORNING GLORY LN					
PARCEL NUMBER 04-0664010004- Application description CP ADD & ALTER RESIDENTIAL					
Subdivision Name RES/AGRI DIST - RA-30 Property Zoning RES/AGRI DIST - RA-30					
Required Inspections					
Seq	Phone Insp#		Description	Initials	Date
Permit type RESIDENTIAL BUILDING PERMIT					
999	103	B103			//
999	111		•		/_/
999	105	B105	R*OPEN FLOOR		/,/,
999	101		R*BLDG FOOTING / TEMP SVC POLE		/,/,
999	429	R429	FOUR TRADE FINAL		-
999	425	R425	FOUR TRADE ROUGH IN ONE TRADE FINAL		/,/,
999	131	R131	ONE TRADE FINAL ONE TRADE ROUGH IN		',',
999 999	125 329	R125 R329	THREE TRADE FINAL		- - ',',
999	325	R325			'/'/
999	229				'/'/
999	225		··· · · · -		
Permit type RESIDENTIAL INSULATION PERMIT					

999 129 I129 R*INSULATION INSPECTION