Initial Application Date:_	6	120	17

Residential Land Use Application

Application #	17-5004/1663
	CI I#

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

"A REC	-	_		OFFER TO PURC						CATION
										Grail. com
										Diani.
APPLICANT*:	Carplina ((uster)	Designation	Mailing Addres	ss: 220 H	luber L	<u> </u>			
City: Willow *Please fill out appli	Spring licant information	if different than	tate: NC Zi	p: <u>27592</u> Co	ontact No: _91	9 255-070	26 Email: _	Rogert	170	Yahoo.com
CONTACT NAMI										
PROPERTY LOC	CATION: Subdi	ivision:	he Hor	restead	1		Lot	#:	Lot Size:	4.85 Ac
State Road #										
Parcel:										
Zoning:	Flood Zone:	Wa	atershed:	Deed Boo	ok & Page:	1	Power Cor	npany*:		
*New structures v	with Progress E	Energy as se	rvice provider	need to supply	premise numbe	r	5, 11	from F	rogress E	nergy.
PROPOSED U	ISE:									
SFD: (Size				Basement(w						MonolithicSlab:
☐ Mod: (Size _				Basement (v					rame	Off Frame
☐ Manufacture	red Home:	SWDW	TW (Size	x	_) # Bedrooms:	Garage:_	(site built?) Deck:	(site bui	lt?)
□ Duplex: (Siz	zex	_) No. Buildi	ngs:	No. Be	edrooms Per Un	t:				
☐ Home Occu	upation: # Roon	ns:	Use:		Hours	of Operation:			_#Employ	/ees:
★ Addition/According to the Addition According to the Addition Ac	₹.									
Water Supply: _	County	Existin	ng Well	_ New Well (# o	of dwellings usir	g well) *Must ha	ve operable v	water befo	ore final
Sewage Supply:	New Se	eptic Tank (C	omplete Chec	cklist)E	xisting Septic Ta	ank (Complete	Checklist) _	County S	Sewer	
Does owner of th	his tract of land	, own land th	at contains a	manufactured h	ome within five	hundred feet (5	00') of tract li	sted above? () yes (₩ no
Does the propert	ty contain any	easements w	hether underg	ground or overh	ead () yes	(<u>)</u> no				
Structures (exist	ting or proposed	d): Single fan	nily dwellings:	lexisting	Manufacture	ed Homes:		Other (speci	fy): Fergo	sed Sun room
Required Resid	dential Proper	ty Line Seth	acks:	Comments	:					
Front Minim	num_35_	Actual	35 +		V .					
Rear	25		15+							
Closest Side	10	_ /	LS+	KIN II						
Sidestreet/corne	er lot_20	_			11					
Nearest Building on same lot	01	-			1					02/44

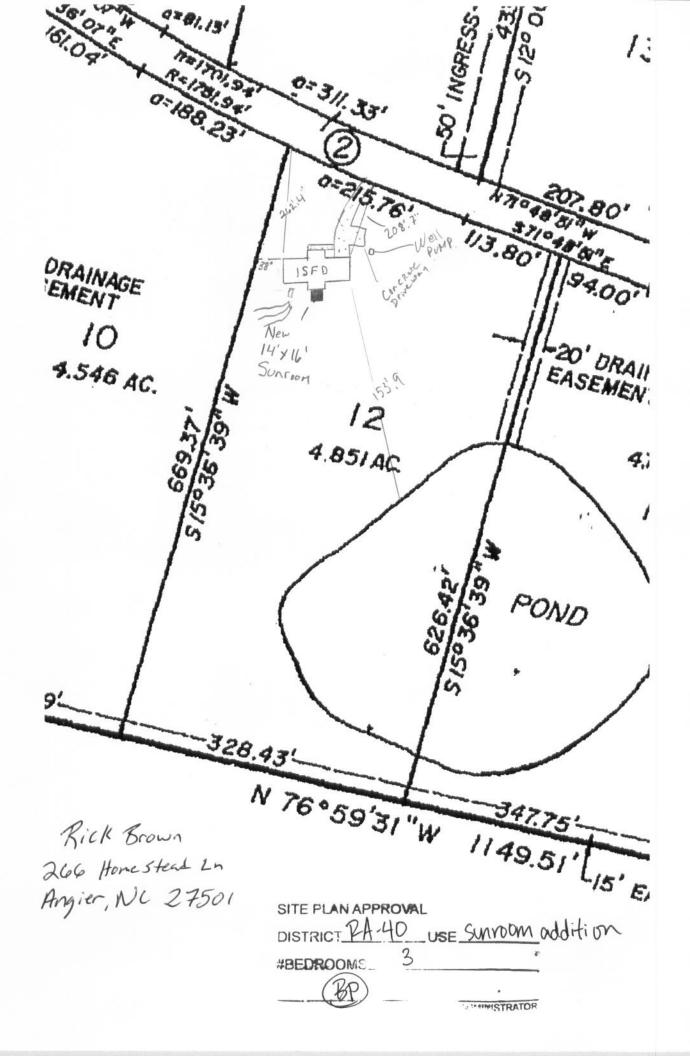
tone Steuc dow	Grove Chu	ch rd.	T/R on H	mester L	n. 266	
tone Steuc dow	n on Right	520.				
	3.00	22				
				- 11 558 - HW	THE STATE OF THE S	
					Name of the	
ts are granted I agree to conf	orm to all ordinances ar	nd laws of the State	of North Carolina re	egulating such work and	d the specifications of p	olans su
state that foregoing stateme	ats are accurate and co	rrect to the best of	my knowledge. Per	mit subject to revocatio	n if false information is	provide

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

^{***}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.***

NAME: PICK BYOWN APPLICA	MON#: 17-5004/463
This application to be filled out when applying for a septic sys	tem 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 A	LTERED, THEN THE IMPROVEMENT
PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is you	lid for either 60 months on without and inti-
depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without 910-893-7525 option 1 CONFIRM.	expiration) 22 whold harcol
910-893-7323 option 1 CONFIRM	ATION # DI OLLS 81
Environmental Health New Septic System Code 800	
 All property irons must be made visible. Place "pink property flags" on lines must be clearly flagged approximately every 50 feet between corners. 	each corner iron of lot. All property
 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/fo	or Central Permitting.
 Place orange Environmental Health card in location that is easily viewed from 	m road to assist in locating property.
 If property is thickly wooded, Environmental Health requires that you clean 	out the undergrowth to allow the so
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. \$2 for failure to unpoyer outlet lid mark house agreement and prepared line.	25.00 return trip fee may be incurred
 for failure to uncover outlet lid, mark house corners and property lines After preparing proposed site call the voice permitting system at 910-893-75 	etc. once lot confirmed ready.
800 (after selecting notification permit if multiple permits exist) for Environn	pental Health inspection. Please not
confirmation number given at end of recording for proof of request.	rental freath inspection. Flease note
Use Click2Gov or IVR to verify results. Once approved, proceed to Central	Permitting for permits
Environmental Health Existing Tank Inspections Code 800	. ormanig to portino
 Follow above instructions for placing flags and card on property. 	
 Prepare for inspection by removing soil over outlet end of tank as diagra 	m indicates, and lift lid straight up (
possible) and then put lid back in place. (Unless inspection is for a septic to	ank in a mobile home park)
DO NOT LEAVE LIDS OFF OF SEPTIC TANK	
 After uncovering outlet end call the voice permitting system at 910-893-752 	25 option 1 & select notification permi
if multiple permits, then use code 800 for Environmental Health inspection	on. 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 Process. 	
 Use Click2Gov or IVR to hear results. Once approved, proceed to Central PosePTIC 	ermitting for remaining permits.
If applying for authorization to construct please indicate desired system type(s): can be ranked in	order of preference, must choose one.
{} Accepted	
{}} Alternative {} Other	
The applicant shall notify the local health department upon submittal of this application if an question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENT	y of the following apply to the property in FATION :
{}}YES{}} NO Does the site contain any Jurisdictional Wetlands?	

{_}} Alte	rnative	{}} Other	
		by the local health department upon submittal of this application if any of the following apply to the is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	property in
{_}}YES	{_}} NO	Does the site contain any Jurisdictional Wetlands?	
{}}YES	{_}} NO	Do you plan to have an <u>irrigation system</u> 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 Rea	d This Applica	ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized G	County And
State Offici	als Are Grant	ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws	And Rules.
I Understar	nd That I Am	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And	d Making
	1208	nat A Complete Site Evaluation Can Be Performed. 6/20 S OR OWNERS I ECAL REPRESENTATIVE SIGNATURE (REQUIRED)	17
PROPER	I I OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	4



PC-C Stide 128-B LOCATION MAP Pehruary 10, 1987 RESIstration Number SET A.A. SINE I OPHIS' I A "W -19 89' SET NATION (REF POINT) OF MILE TO S.R. IS COUPVE DATA

DATA

THE METERS

THE METERS DAVID WALLACE, JR. STOKES LAWRENCE P. Thready by - Alide 128-8 MELVIN PATE S 45 % 17 24 55.83 25.0% 191/993'691/90'25/96: 230 JOYNER GODWIN-JORDAN & ASSOCIATES, P.A.

ENGINEERING, SURVEYING & PLANNING
PO BOX 249 DUNN, N.C. 28334
DUNN M 1822-919 TANN MY EN 483-1489
TNO DETE STANN BY CHECKED BY
MAY 1986 P DEFUSION J CODM Y 9 THE HOMESTEAD BOUNDARY SURVEY BLACK RIVER TOWNSHIP HARNETT

"4" 11" "1" " " 1" "

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits Application # 17-5004110163

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

Owners Name Rick Brown	Date 6/19/17
Site Address 266 Home STEAR LA Aingier NC	27501 Phone 919 639-418
Directions to job site from Lillington	
	1-
Subdivision Homestead Subdivision	Lot 12
Description of Proposed Work ADD 14 x 16 SUN FORM ON back	of Hase # of Bedrooms 3
Heated SF 2000 Unheated SF 600 Finished Bonus Room? General Contractor Information	<u>₩ 0</u> Crawl Space <u>✓</u> Slab
Carolina Custom Design + TRim Building Contractor's Company Name	919 255-0726 Telephone
220 Amber La Willow Spring, Dc 27592 Address	RMOH17@ Yahpo. Com Email Address
License # Electrical Contractor Informat	ion
Description of Work Fishel outlets, Ceiling Fant Florid Service Size	Amps T-PoleYesNo
tiletrical Xterts	919-369-2117
Electrical Contractor's Company Name	Telephone
71 Mistywood Dr Figury-Vorina Nc 27526 Address 22 22689-L	Email Address
License # Mechanical/HVAC Contractor Info	rmation
Description of Work Install Ziki air Vents from exis	
	919-639-4181
Mechanical Contractor's Company Name	Telephone
266 Home Stead by Angier NC 27501	reprowaz8@ Gmail.com
Address	Email Address
License #	ton
Plumbing Contractor Informat	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Information	tion
RICK Brown/Horsowner 266 Howested In Airgier 275	
Insulation Contractor's Company Name & Address	Telephone

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-eurrent fee schedule C/19/17 Date

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

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 Sign w/Title That Math own Date 6/19/17

Aguirre Law Office, P.A. (Without title search or closing) Prepared by & mail to: PO Box 1167 Fuquay-Varina, NC 27526 Parcel No. 040682 0511 Tax ID No. 000400374000 Excise Tax: \$.00 **20012090** TOTS GENERAL WARRANTY DEED, made this 18TH day of August, 2000, by and between Ricky Q. Brown 266 Homestead Road HARNETT . COUNTY . NC hereinafter called Grantors; Angjer, NG-27500 1434 and Pages 0634-0634 FILED 1 PAGE (S) 08/18/2000 11:38 AM Ricky G. Brown and wife, Deborah A. Parker 266 Homestead Read KIMBERLY S. HARGROVE Register Of Deeds hereinafter called Grantees: Angier, NC 27861 . WITNESSETH: The designation Graptor and Grantee used herein shall include parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context. 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 Black River Township, Harnett County, MC and more particularly described as follows: Being all of Lot 12 of The Homestead, containing 4.851 acres, more or less, as shown on map recorded at PC#C, Slide 128-B, Harnett County Registry. Book 835, Page 688. Deed Reference: The purpose of conveyance is to title the property in the Grantee as tenancy by the entireties. 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 Granton is seized in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all adverse enounderances, and that the Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for exceptions hereinafter stated. IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be executed by duly authorized officers and its seal affixed by authority of its Board of Directors, the day and year first above set. (SEAL) STATE OF NORTH CAROLINA COUNTY OF HARNETT I, a Notary This County and State aforesaid, certify that Ricky C. Brown personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Whose my Clarical stamp or seal, this 1810 day of August 2000. Notary Public Expres 10-21-2003 My Commission E COUNT is/are Maa tunke pmson Motary The foregoing Certificate(s) of __ certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book