

Initial Application Date: 11/13/08

Application # 08 500 21242

CU# _____

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

LANDOWNER: Timothy Dean Wolfe Mailing Address: 540 Mount Vista Drive

City: Lillington State: NC Zip: 27546 Home #: 910 814-1672 Contact #:

APPLICANT*: SAME Mailing Address: _____

City: _____ State: _____ Zip: _____ Home #: _____ Contact #:

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: SAME Phone #: _____

PROPERTY LOCATION: Subdivision w/phase or section: LITTLE RIVER PLANTATION Lot #: 106 Lot Acreage: 11.63

State Road #: 1128 State Road Name: DARRROCH ROAD Map Book&Page: GIS /

Parcel: D10536 0028 23 PIN: 0517-32-1452.000

Zoning: RAZOR Flood Zone: X Watershed: NA Deed Book&Page: 1420 / 452 Power Company*: SOUTH RIVER

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 210 (S) To Darrach Road (Turn Right)
Continue on Darrach Road, Take left on Mount Vista Drive
540 Mount Vista Is At The Very Back,

PROPOSED USE:

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 28 x 76) # Bedrooms 3 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 _____ x _____) Use _____ Closets in addition()yes ()no

Water Supply: () County Well (No. dwellings _____) **MUST** have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) () Existing Septic Tank (Complete Checklist) () 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 & proposed): Stick Built/Modular _____ Manufactured Homes EXT 1A20P Other (specify) 1 STORAGE (EXT)

Required Residential Property Line Setbacks:

Comments: _____

Front	Minimum	<u>35</u>	Actual	<u>658</u>
Rear		<u>25</u>		<u>100</u>
Closest Side		<u>10</u>		<u>210</u>
Sidestreet/corner lot		<u>-</u>		<u>-</u>
Nearest Building on same lot		<u>6</u>		<u>80</u>

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.

Timothy Dean Wolfe
Signature of Owner or Owner's Agent

13 Nov. 2008
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

Book 1420
Pg 453-454

HARNETT COUNTY NC
Book 1420
Pages 0453-0454

FILED 2 PAGE(S)
05/31/2000 3:59 PM
KIMBERLY S. HARGROVE
Register of Deeds

Recording: Time, Book and Page

SATISFACTION: The debt secured by the within Deed of Trust together with the note(s) secured thereby has been satisfied in full.

This the 22nd day of January, 2002

Signed: John H. Kelly Secretary
Stray Cat Corp
P.O. Box 118
Sanford, NC 27331-0118

Tax Lot No. _____ Parcel Identifier No. _____

Verified by _____ County on the _____ day of _____

by _____

Mail after recording to Stray Cat Corporation, PO Box 118, Sanford NC 27331

This instrument prepared by Frank W. Wishart, Jr. (TITLE NOT CERTIFIED-NO TITLE EXAMINATION)

Brief Description for the index

NORTH CAROLINA DEED OF TRUST

THIS DEED of TRUST made this 17th day of May, 2000, by and between:

GRANTOR	TRUSTEE	BENEFICIARY
TIMOTHY DEAN WOLFE (unmarried)	CLYDE K. ATKINS	STRAY CAT CORPORATION PO Box 118 Sanford NC 27331
DIXIE LEE GRAHAM (unmarried) 25 Hiroko Ln Spring Lake NC 28390		CANCELLED <u>1/24</u> 2002 KIMBERLY S. HARGROVE REGISTER OF DEEDS BY: <u>Judith Hamelton</u> <small>Register of Deeds/Asst/Deputy</small>

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

The designation Grantor, Trustee, and Beneficiary 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 whereas the Grantor is indebted to the Beneficiary in the principal sum of THIRTY ONE THOUSAND FIVE HUNDRED

Dollars (\$ 31,500.00), as evidenced by a Promissory Note of even date herewith, the terms of which are incorporated herein by reference. The final due date for payment of said Promissory Note, if not sooner paid, is May 17, 2015

NOW, THEREFORE, as security for said indebtedness, advancements and other sums expended by Beneficiary pursuant to this Deed of Trust and costs of collection (including attorneys fees as provided in the Promissory Note) and other valuable consideration, the receipt of which is hereby acknowledged, the Grantor has bargained, sold, given, granted and conveyed and does by these presents bargain, sell, give, grant and convey to said Trustee, his heirs, or successors, and assigns, the parcel(s) of land situated in the City of _____ Township, Harnett County, North Carolina, (the "Premises") and more particularly described as follows:

NORTH CAROLINA
HARNETT COUNTY

RECEIVED AND CANCELLED

BEING all of Lot Numt recorded in Plat Cabinet for a more particular de: and regress over and up shown on the above refe

The Original of this instrument together with the notes secured thereby, having this day been exhibited to the undersigned marked "FULLY PAID AND SATISFIED".

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2002 JAN 24 12:56:19 PM
BK:1581 PG:434-437 FEE:\$0.00
INSTRUMENT # 2002001347

I hereby cancel the same of record under and by virtue of authority Contained in G.S. 45-37 (a) (2) of the General Statutes of North Carolina.

Witness my hand this 24 day of Jan, 2002

KIMBERLY S. HARGROVE BY: Judith Hamelton
REGISTER OF DEEDS Register of Deeds/Asst/Deputy

THIS IS A PURCHASE

Proofed By: Ruby P. Bala
Register of Deeds/Asst/Deputy

Date: 1-24-2002

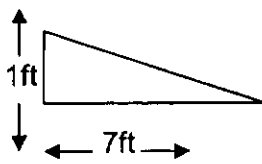
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R Criteria Certification

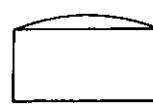
I, Timothy Dean Wolfe, understand that because I'm located in a
(Print Name)

RA-20R Zoning District and wish to place a manufactured home in this district I must meet the following criteria before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise of twelve (12) inches for every seven (7) feet of width. (See diagram)



A-Shaped



Rounded

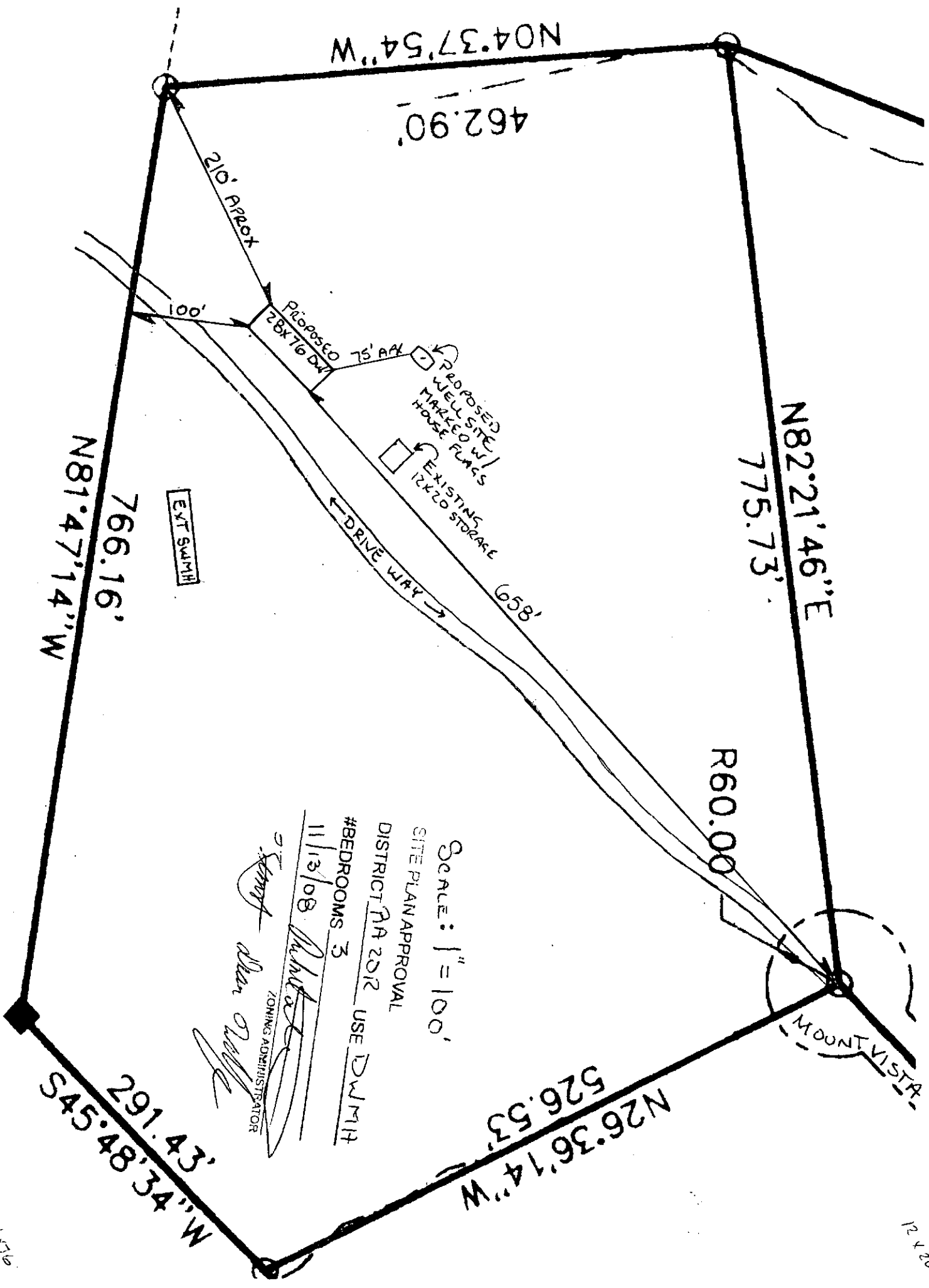
Note: Most
Rounded Roofs
will not meet this
requirement!

2. The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked-on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
3. The homes moving apparatus removed, underpinned or landscaped.

Timothy Dean Wolfe
*Signature of Property Owner/Agent

13 Nov 2008
Date

***By signing this form the owner/agent is stating that they have read and understand the information on this form**



N04.37'54" W

462.90'

210' RR R/W

100'

Proposed 28'x76' DW

75' RR

Proposed Well Site w/ Marked Flares
House

EXISTING 12'x20' STORAGE

DRIVE WAY

658'

N82.21'46" E
775.73'

R60.00'

MOUNT VISTA

N26.36'14" W
526.53'

766.16'
N81.47'14" W

EXT SWMH

291.43'
S45.48'34" W

Scale: 1" = 100'

SITE PLAN APPROVAL

DISTRICT MA 2012

#BEDROOMS 3

USE DWMH

11/13/08

[Signature]
ZONING ADMINISTRATOR

11.5.10

12 x 20

NAME: Timothy Dean Wolfe

APPLICATION #: 08 500 21242

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 # 096267

Environmental Health New Septic System Code 800

- 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.**
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- 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.**
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor 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.

Timothy Dean Wolfe
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

13 NOV. 2008
DATE

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Timothy Dean Wolfe (910) 814-3672
Applicant/Owner Phone Number
540 Mount Vista Drive Lillington, NC 27546
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changes that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address 540 Mount Vista Dr. Subdivision/Lot # LITTLE RIVER PLANTATION #106
Parcel # 010536 0028 23 PIN # 0517-32-1452.000

Directions to the Site

Hwy 210 (South), Turn Right on Darrach Road,
Turn Left on Mount Vista Drive, 540 Mount
Vista Is All The Way To The Back!

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Timothy Dean Wolfe
Property Owner's or Owner's Legal Representative Signature Required

13 Nov. 2008
Date