I in the second
Initial Application Date: 6-16-08 ENVIRECT 6/17/08pplication # UY 50020318
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLIC Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax:
LANDOWNER: Teddy Stevenar Structard Mailing Address: 4409- Work on 6/25/0
City: Dwn State: NC Zip: 28334 Home #: 9/0-892-395
APPLICANT: Betty L. Lee Mailing Address: 44097 after 7000
City: Duan State NC Zip: 2833 4 Home #: 9/0 892-393 *Please fill out applicant information if different than landowner 2 2 2
CONTACT NAME APPLYING IN OFFICE: Betty & Lee Pho
PROPERTY LOCATION: Subdivision w/phase or section: Me human human
State Road #: 1705 State Road Name: Fair ground Rd.
Parcel: 02 15 18 0011 13 PIN: 1518 - 77 - 7
Zoning: MA - 30 Flood Zone: Watershed: WA Deed Book&Page: 112
*New homes with Progress Energy as service provider need to supply premise number
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 Hwy-to Red Hill Church Rd
turn eight on 3 Bridge Rd. follow to end. turn left on fairground
aprox-2 miles on right turn herale beige doubes wide -
first drine to left (all Repecta Shickland
PROPOSED USE: 40 Alles 892-3 Circles
□ 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 52 x 3 6 # Bedrooms 3 # Baths 2 Basement (w/wo bath) 1 Garage N/A Site Built Deck  ON Frame OFF
(Is the second floor finished?Any other site built additions?)  Manufactured Home:SWDWTW (Sizex) #BedroomsGarage(site built?) Deck(site built?)
Duplex (Size x ) No. Buildings No. Bedrooms/Unit
□ Home Occupation # Rooms Use Hours of Operation: #Employees
Addition/Accessory/Other (Sizex) UseClosets in addition(_a)yes (_i)no
Dalter L 200
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
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500) of fract listed above? (_)YES (_)NO  Structures (existing & proposed): Stick Built/Modular Manufactured Homes Other (specify)
Required Residential Property Line Setbacks; Comments:
20 724
25 792
Rear 27 40
Closest Side 10 10 10 10 10 10 10 10 10 10 10 10 10
Nearest Building 6 1/4
on same lot  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.
B-T+4.
Beity L Lee June 16-08
Signature of Owner or Owner's Agent Date  "This application expires 6 months from the initial date if no permits have been legislating."

"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

= 90 Prineway 553.073 proposed + House 90.000 290 fence 108 812 294.000 11,000 349 CH 3 113,000 DISTRICT RA - 30 USE MOS #BEDROOMS

Date

Zoning Administrator

OWNER NAME: Betty L. See

APPLICATION #:	
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\*This application to be filled out only when applying for a new septic system.\*

## 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)

exp	iration)			
DE	VELO	MENT INFO	ORMATION	
9	New si	ngle family re	esidence	
a	Expans	sion of existin	g system	
a	Repair	to malfunctio	ning sewage disposal system	
	Non-re	sidential type	of structure	
W	TER S	UPPLY	_	
d	New w	ell		
	Existin	ig well		
	Comm	unity well		
	Public	water		
	Spring			
Are	there a	ny existing we	ells, springs, or existing waterlines on this property?	
{	} yes	{_}} no {	} unknown	
SE I	PTIC pplying	for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
{	Acce	epted	[] Innovative	
{_	Alter	native	() Other	
			{}} Any	
			the local health department upon submittal of this application if any of the following apply to the property s "yes", applicant must attach supporting documentation.	in
{	}YES	( ) NO	Does the site contain any Jurisdictional Wetlands?	
		NO	Does the site contain any existing Wastewater Systems?	
{	}YES	(X) NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{	}YES	NO    NO	Is the site subject to approval by any other Public Agency?	
4	YES	{_} NO	Are there any easements or Right of Ways on this property?	
W.	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 H	ive Read	This Applicat	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County An	nd
Stat	e Officia	als Are Grante	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rule	25.
			olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making	
The	//		Lee Sor Owners Legal Representative Signature (Required)  Date	_(
PR	OPERT	Y ØWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) // DATE	

11/06

•	cont #	09160	APPLICAL.	00	Con	20215
NAME:			APPLICA1.	1#:0	7000	-010

\*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)

Environmental Health New Septic Systems Test 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 structure site. Use additional flags to outline driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place Environmental Health "orange" card in location that is easily viewed from road.
- 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 and use code 800 (after selecting notification permit if multiple permits) for Environmental Health confirmation.
   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 permits.
- ☐ Environmental Health Existing Tank Inspections Code 800
  - Place Environmental Health "orange" card in location that is easily viewed from road. Follow above instructions for placing flags 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 & select notification permit if multiple
    permits, then use code 800 for Environmental Health confirmation. 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.

If applying	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.					
		{} Innovative {} Conventional {} Any					
(_} Alte	mative	() Other					
		the local health department upon submittal of this application if any of the following apply to the property in a single property in the prope					
{_}}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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

04618

O4618

Excise lex

OH. 6 8.90

BOOK 912 POSE-218,219

CAYLE P. HOLDER REGISTER OF DEEDS HARNETT COUNTY, NO

Excise Tax \$14.00

Recording Time, Book and Page

Tax Lot No. Parcel Identifier N	lo,
Verified by County on the day	
by	r Brok of the global engine of material contents and material and an artist of the second of
Mail after recording to JOSEPH L. TART, ATTORNEY AT LA	W North to the
P. O. Box 39, Dunn, NC 28335	
This instrument was prepared by OSEPH L. TART	
Brief description for the Index	NO TITLE SEARCE

## NORTH CAROLINA-GENERAL WARRANTY DEED

THIS DEED made this 8th day of May

GRANTOR

R. A. McLAMB and Wife, HAZEL P. McLAMB

and CLESTER P. JOHNSON and Wife, RUBY JOHNSON

Route 1, Box 298 Benson, NC 27504 , 19<sup>90</sup> by and between

TEDDY SHERMAN STRICKLAND and Wife, REBECCA LEE STRICKLAND

88 Ballston Avenue Saratoga Springs, NY 12866

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

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

Harnett County, North Carolina and more particularly described as follows:

BEING all that certain 4.07 acre parcel or tract of land shown as Tract #11 according to a map of survey entitled "Section 3. Property of R. A. McLamb and Claster Johnson". dated June 20. 1988, and recorded in Plat Cabinet D. Slide 54-0. Harnett Sounty Registry, incorporated herein by reference.

EASEMENT GRANTED: A perpetual easement for the purpose of ingress, egress and the location of public utilities to and from NCSR NO. 1705 is hereby granted. Said easement being pore particularly described as shown on that certain plat recorded in Plat Cabinet D. Slide 54D. Harnett County Registry, incorporated herein by reference.

OFFICE OF HARNETT COUNTY
OFFICE OF HARNETT COUNTY
ON TOXAGO # 02-1518-0011
TAX SUPERVISOR

200000

N.C. Bat Amer. Farm No. 3 D 1976, Revised 1977.

Palend by Agreement with the H.C. Bur Assoc. 1981.

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