

SCANNED

Initial Application Date: 7.15.10

7-15-10
DATE

Application # 10.50024826

CU _____

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

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

APPLICANT

LANDOWNER: Haven Bell Mailing Address: 180 Azaka Dr.

City: Lillington State: NC Zip: 27546 Home #: 910-497-0003 Contact #:

LANDOWNER

APPLICANT: Clyde Patterson Mailing Address: 4271 Leaflet Child

City: Broadway State: NC Zip: 27505 Home #: _____ Contact #:

*Please fill out applicant information if different than landowner:

CONTACT NAME APPLYING IN OFFICE: _____ Phone #: _____

PROPERTY LOCATION: Subdivision w/phase or section: Clearview Lot #: 11 Lot Acreage: 78AC

State Road #: HWY 27W State Road Name: 27 West Map Book & Page: 2000 582

Parcel: 03.9576.0089.21 PIN: 0517.27.4536

Zoning: RA20R Road Zone: X Watershed: N/A Deed Book & Page: OTP PE Premise #: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

From Lillington go about 10 mile toward Western Harnett School Team
Left on pay way LNK just before you get to school, Lot # 11 on the left.

PROPOSED USE:

*Homes with Progress Energy as service provider need to supply premise number from Progress Energy **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 28x80) # Bedrooms 4 # Baths 2 Basement (w/wo bath) _____ Garage _____ Site Built Deck front ON Frame OFF

(Is the second floor finished? _____ Any other site built additions? _____)

Manufactured Home: _____ SW _____ DW _____ TW (Size x) # Bedrooms _____ 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 () New Well () Existing Well (No. dwellings _____) **MUST** have operable water before final

Sewage Supply: New Septic Tank (Complete **New Tank Checklist**) () Existing Septic Tank () 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 or proposed): Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:

| | Minimum | Actual |
|------------------------------|-----------|------------|
| Front | <u>35</u> | <u>101</u> |
| Rear | <u>25</u> | <u>147</u> |
| Closest Side | <u>10</u> | <u>19</u> |
| Sidestreet/corner lot | <u>—</u> | <u>—</u> |
| Nearest Building on same lot | <u>10</u> | <u>—</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.

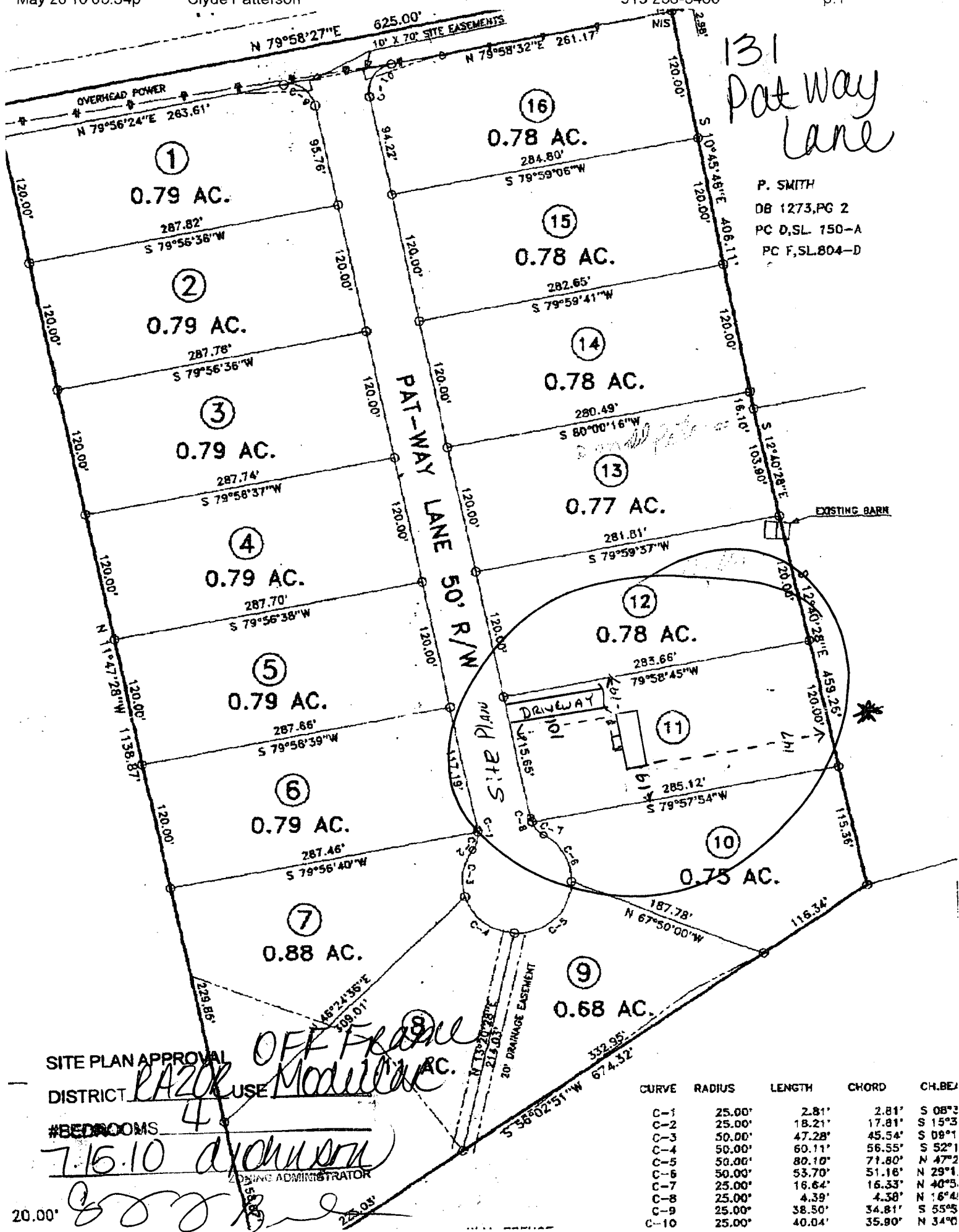
I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

6-15-10
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



131
Pat Way Lane

P. SMITH
DB 1273, PG 2
PC D, SL 150-A
PC F, SL 804-D

SITE PLAN APPROVAL
DISTRICT

#BEDROOMS 4
7.15.10
ZONING ADMINISTRATOR

OFF Frame
RAZOR USE Module

| CURVE | RADIUS | LENGTH | CHORD | CH.BEA |
|-------|--------|--------|--------|---------|
| C-1 | 25.00' | 2.81' | 2.81' | S 08°3' |
| C-2 | 25.00' | 18.21' | 17.81' | S 15°3' |
| C-3 | 50.00' | 47.28' | 45.54' | S 09°1' |
| C-4 | 50.00' | 60.11' | 56.55' | S 52°1' |
| C-5 | 50.00' | 80.10' | 71.80' | N 47°2' |
| C-6 | 50.00' | 53.70' | 51.16' | N 29°1' |
| C-7 | 25.00' | 16.64' | 16.33' | N 40°5' |
| C-8 | 25.00' | 4.39' | 4.38' | N 16°4' |
| C-9 | 25.00' | 38.50' | 34.81' | S 55°5' |
| C-10 | 25.00' | 40.04' | 35.90' | N 34°0' |

NAME: KAREN BELL

APPLICATION #: 10-500-24826

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 # 110551

- Environmental Health New Septic System Code 800**
 - **All property irons must be made visible.** 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.**
 - **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 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 outlet end of tank 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 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES
 2516 Jefferson Davis Highway
 SANFORD, NORTH CAROLINA 27330
 (919) 775-3600 • 1-800-509-3600 • Fax: (919) 775-7533

| | | | |
|---|-------------------------|--------------------------------|---------------------------------------|
| BUYER(S) KAREN N. BELL | | PHONE 910 497-0003 | DATE 25 June 10 |
| ADDRESS 180 AZAKA DR. Spring Lake NC 28390 | | SALESPERSON Bonny Gault | |
| DELIVERY ADDRESS Lot #11 CLEARVIEW Sub. Lillington NC 27546 | | | |
| MAKE & MODEL Champion # 853 off FRA Mod. | YEAR 2010 | BEDROOMS 4 | FLOOR SIZE L 76 W 28 L 80 W 28 |
| SERIAL NUMBER | COLOR White / BK | PROPOSED DELIVERY DATE | STOCK NUMBER |
| <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED | | | |

| LOCATION | R-VALUE | THICKNESS | TYPE OF INSULATION | BASE PRICE OF UNIT | \$ 102100.00 |
|--|---------|-----------|--------------------|--------------------|---------------------|
| CEILING | | | | OPTIONAL EQUIPMENT | |
| EXTERIOR | | | | | |
| FLOORS | | | | | |
| THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16. | | | | SALES TAX | |

| OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES | | | | NON-TAXABLE ITEMS | |
|---|--|--|----|--|----------------------|
| | | | | VARIOUS FEES AND INSURANCE | |
| Set up | | | \$ | 1. CASH PURCHASE PRICE | \$ 153,000.00 |
| CRANE | | | | TRADE-IN ALLOWANCE | \$ |
| BRICK | | | | LESS BAL. DUE on above | \$ |
| Heat pump | | | | NET ALLOWANCE | \$ |
| Plumbing | | | | CASH DOWN PAYMENT | \$ |
| Electrical | | | | CASH AS AGREED SEE REMARKS | \$ |
| Step | | | | 2. LESS TOTAL CREDITS | \$ |
| Foster | | | | | |
| sheep wall | | | | SUB-TOTAL | \$ |
| Brnd | | | | SALES TAX (if Not Included Above) | |
| Permit | | | | 3. Unpaid Balance of Cash Sale Price | \$ 153,000.00 |
| Termite Insp | | | | Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted. | |
| 2/10 warranty | | | | ESTIMATED RATE OF FINANCING _____ % | |
| Land | | | | NUMBER OF YEARS _____ | |

| | |
|---------------------------------------|--------------------|
| REMARKS: | |
| BALANCE CARRIED TO OPTIONAL EQUIPMENT | \$ 48900.00 |

| | | | | | |
|---|------------|----------|---|---|--|
| NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE | | | | I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT. | |
| DESCRIPTION OF TRADE-IN | YEAR | SIZE | X | | |
| MAKE | MODEL | BEDROOMS | | | |
| TITLE NO. | SERIAL NO. | COLOR | | | |
| AMOUNT OWING TO WHOM | | | | | |
| ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER | | | | | |

| | | | |
|---|--|---|-------|
| E. J. WOMACK ENTERPRISES INC. | | SIGNED X _____ | BUYER |
| DBA COUNTRY FAIR HOMES | | SOCIAL SECURITY NO. _____ / _____ / _____ | |
| <small>Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent</small> | | SIGNED X _____ | BUYER |
| <small>By Bonny Gault Approved</small> | | SOCIAL SECURITY NO. _____ / _____ / _____ | |