Initial Application Date:	6	 1	7	_	13	
					_	

25

10

Residential Land Use Application

Rear

Closest Side

Sidestreet/corner lot

Nearest Building on same lot

	M	
Application #	1350031330	)

Initial Application Date: 7 / / - / 7	Application # 195 00 31350
COUNTY OF HARNETT RESIDEN Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone:	(010) 900 7505 +- 0
	, and a second s
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) &	
Applicant Mclean Chapel Partners Mailing	Address: PO Box 2611
	0: 919-821-6800 Email: groach @ smith law, con
Landow wc lay ton Homes Mailing Address:	3912 Fayetteville Rd
City: Raleigh State: NC Zip: 27603 Contact No *Please fill out applicant information if different than landowner	0: 919-772-5013 Email: 1781 Bcky ton homes. com
CONTACT NAME APPLYING IN OFFICE: Maynard Wilk	ins Phone # 919-772-5013
PROPERTY LOCATION: Subdivision: Me Lenn Chane L Rd	Lot #: 17 A Lot Size: # Acres
State Road # 2 p 3 0 State Road Name: State Road Name:	Map Book & Page: 2527 / 360
Parcel: 12 0546 0060 16 PIN:	0546 75 6999.000 200-828
Zoning: [[] Flood Zone: Watershed: Deed Book & Pag	e:
New structures with Progress Energy as service provider need to supply premise	number from Progress Energy.
PROPOSED USE:	
☐ SFD: (Sizex) # Bedrooms:# Baths: Basement(w/wo bath	): Garage: Deck: Crawl Space: Slab: Monolithic Slab: closet? () yes () no (if yes add in with # bedrooms)
Mod: (Size 25 x 56) # Bedrooms 3 # Baths 2 Basement (w/wo bath (Is the second floor finished? () yes () no An	
Manufactured Home:SWDWTW (Sizex) # Bedro	ooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms F	er Unit:
Home Occupation: # Rooms: Use: H	Hours of Operation:#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Nater Supply: County Existing Well New Well (# of dwelling	
ewage Supply: New Septic Tank (Complete Checklist) Existing Se	otic Tank (Complete Checklist) County Sewer
oes owner of this tract of land, own land that contains a manufactured home within	n five hundred feet (500') of tract listed above? () yes (X_) no
oes the property contain any easements whether underground or overhead ()	res () no
tructures (existing or proposed). Single family dwellings:	actured Homes:Other (specify):_Mollar
equired Residential Property Line Setbacks: Comments:	
10 A/ Dec	- Home what close to a now real trace

Page 1 of 2

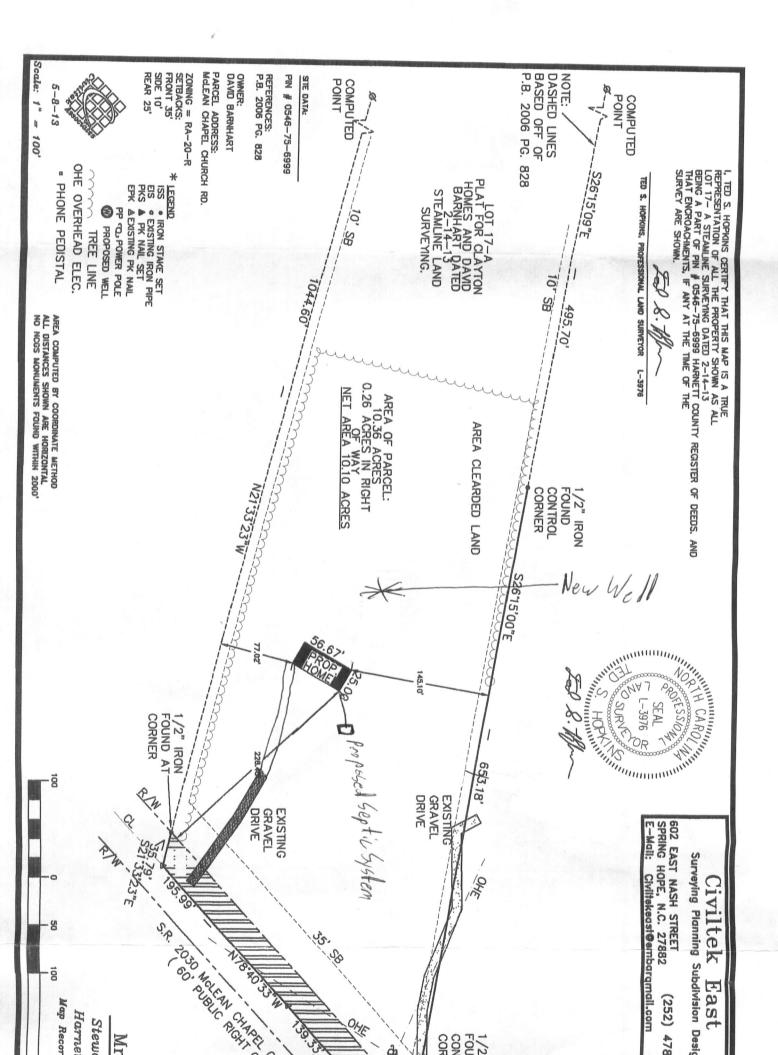
APPLICATION CONTINUES ON BACK

03/11

SPECIFIC DIRECT	TIONS TO THE PR	OPERTY FROM	LILLINGTON:	Head	South	20 (	15-40	1 5 (5 main 5+.
					US-HOL		7	right onto
Melenn	Chapel	Church	Rd	07	03.101	<b>5</b> ,	LUIN	right onto
						State of the state		No.
77								
If permits are grante	ed I agree to confor	n to all ordinance	es and laws of the	e State of Nor	th Carolina regu	ating such wo	rk and the s	pecifications of plans submitted
Thereby state that I	oregoing statements	s are accurate an	d correct to the b	est of my kno	wledge. Permit	subject to revo	odtion if fals	pecifications of plans submitted se information is provided.
	Signa	ture of Owner or	r Owner's Agent	t		Date	18	
	cont ,	ture of Owner of	c			_ato/		
	,							

\*\*\*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\*\*



NAME: Charten Homes Raleigh by May now wither APPLICATION #: stThis application to be filled out when applying for a septic system inspection.stCounty 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 #\_ Environmental Health New Septic System Code 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 put lid back in place. (Unless inspection is for a septic tank in a mobile home park) DO NOT LEAVE LIDS OFF OF SEPTIC TANK After uncovering outlet end call the voice permitting system at 910-893-7525 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 { \sqrt{ NO Does the site contain any Jurisdictional Wetlands? {\_\_}}YES Do you plan to have an irrigation system now or in the future? {\_\_}}YES Does or will the building contain any drains? Please explain.\_ {\_\_\_}}YES { V } 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? { / } NO {\_\_}}YES Is the site subject to approval by any other Public Agency? {\_\_}}YES Are there any Easements or Right of Ways on this property? { }YES 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 Sitg Evaluation Can Be Performed.

lamand William PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

# **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** 

The Applicant must sub 1. existing and/or propose 2. the location of the facil 3. the location for the prop 4. the location of existing 5. the location of any exist 6. above ground and/or un	mit a Site Plan. The Site Pland property lines and easement ity and appurtenance; bosed well; or proposed sewer lines and/oring wells within 100 feet of the	n is a map/drawing of s with dimensions; r sewage disposal systeme property; surface water		
1. there is a relocation of the control of the cont	I Health if any of the following proposed facility;	ing occur prior to well an area other than indic	ated on the well permit; or	
	PROPERTY I	NFORMATION I use of well Restaurant □	DN  Business □ Irrigation	<u> </u>
Parcel #			Lot #	
	Directions	s to the Site		
correct to the best of my knowle state officials are granted right	edge and is give in good faith. Rof entry to conduct necessary in consible for the proper identification will can be properly constructed.	epresentatives of the Har spections to determine co on and labeling of all prope daccording to the permit.  Adam	erty lines, underground utility lines, a	nd



HARNETT\_COUNTY TAX ID

Recording Time, Book and Page
County on theday of, 20_
itorney at Law 013-115 NO TITLE CERTIFICATION
ENERAL WARRANTY DEED
ay of May, 2013 by and between:
GRANTEE:
CMH, INC.
5000 Clayton Road
Maryville, Tennessee 37804

WITNESSETH: that the Grantor, for a valuable consideration paid by Grantee, the receipt of which is hereby acknowledged, has and by these presents doth grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated near the City of \_\_\_\_\_\_, Stewart's Creek Township, Harnett County, North Carolina, and more particularly described as follows:

Being all of Lot 17A, according to Map Number 2013-115, recorded in the Harnett County Registry, entitled "Map For: Clayton Mobile Homes, David Barnhardt and McLean Chapel Partners, LLC", Stewart's Creek Township, Harnett County, North Carolina as surveyed by Bennett Surveys, Inc., dated February 14, consisting of 10.36 acres, incorporated herein by reference, and made a part of this instrument.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2327, Page 360, Harnett County Registry.

The above described property does not include the primary residence of the Grantor

A map showing the above described property is recorded in Map Number 2013-115.

TO HAVE AND TO HOLD the aforesaid tract 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 Grantor is seized of said premises in fee simple, has right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and will forever defend the said title against the lawful claims of all persons whomsoever, other than the following exceptions:

- a) General utility easements and right of ways appearing of record.
- b) Ad valorem taxes for the year 2013 and subsequent years, not yet due and payable.
- c) Subject to those certain Declarations of Restrictive Covenants recorded in Book 2364, Page 53, and corrected in Book 2417, Page 435, Harnett County Registry.

IN TESTIMONY WHEREOF, the Grantor has hereunto set his hand and seal, the day and year first above written.

MCLEAN CHAPEL PARTNERS, LLC
By: Byton & Kuhland
By: Wormunger  Title: Wormunger
STATE OF NORTH CAROLINA
COUNTY OF WAKE
I, Deborah E. Jolley the undersigned Notary Public of the County and State
atoresaid, certify that By con b. Kirklahol personally came before me this day and
acknowledged theathe is/are the Co-Managerof _McLean Chapel Parteners, LLC a
Limited Liability Company and that by authority duly given and as the act of such entity,he signed the
forgoing instrument in its name on its behalf as its act and deed
Witness my hand and Notarial stamp or seal, this the 9th day of May, 2013.
Deborah E. Jelley
My Commission Expires: 3-24-2016
DEBORAH E. JOLLEY
WAKE COUNTY NO
My Commission Expires 3-24-2016.

STATE OF NORTH CAROLINA	
COUNTY OF WAKE	
I, Dehorah E. Jolley the undersigne aforesaid, certify that Gerald F. Roach	, personally came before me this day
and acknowledged theat he is/are the Co-manage	of McLean Chapel Partners, LLC
Limited Liability Company and that by authority duly given	and as the act of such entity. he signed the
forgoing instrument in its name on its behalf as its act and de	eed.
forgoing instrument in its name on its behalf as its act and de Witness my hand and Notarial stamp or seal, this the	9 <sup>4</sup> h day of Mayl, 2013.
<u> </u>	Deborah E. Galley
My Commission Expires: 3-24-2016	Notary Public

DEBORAH E. JOLLEY NOTARY PUBLIC WAKE COUNTY, N.C. My Commission Expires 3-24-2016.

Application # 313 30

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

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 Clayton Homes	Date 5 ////
Site Address 17A Mclean Chapel Church Rd.	Phone (919)72501
Directions to job site from Lillington 60 East on E. Front St.	take 1stright ontozna Street
Take 1st right onto E IveySt. Take 2nd left or	Aos. Main St. Continue on 40
Turn right onto McLean Chapel Church Kd	
Subdivision	Lot
Description of Proposed Work moduleup home	# of Bedrooms
Heated SF Unheated SF Finished Bonus Room?	
Church Hones General Contractor Information	
Building Contractor's Company Name 13011	Telephone
Address	Email Address
6852	
License # Electrical Contractor Information	
Description of Work electrical panel Service Size	200 Amps T-PoleYesNo
Glenn's Service Co. Inc	919-779-0849
Electrical Contractor's Company Name	Telephone
6005 brack Penny Rd Raley NX 27603	
Address	Email Address
12810 L	
License #  Mechanical/HVAC Contractor Inform	nation
Description of Work Instal Heatquing	
Glenn's Servico Co Onc	(919) 779-0849
Mechanical Contractor's Company Name	Telephone
6005 Brack Penny Rd Ralugh NC27603	
Address	Email Address
12327H3	
License #  Plumbing Contractor Information	
is finished with the first $\sim 1$ . The first bulk is the first of the first state of $\sim 1$ .	
Description of Work Plum Dins	# Baths 4935
Physical Contractor a Company Name	Telephone
Plumbing Contractor's Company Name J	relephone
Address	Email Address
18550 P	
License #	
Insulation Contractor Information	<u>on</u>
	Talanhana
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 current fee schedule 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

Company or Name

## NORTH CAROLINA MODULAR BUILDING SET-UP CONTRACTOR LICENSE BOND

### #499273 Re: Barnhardt

WE, CMH Homes, Inc., Dba: Clayton Homes #781 as principal, located at 3912 Fayetteville Rd, Raleigh, NC 27603 and American Bankers Insurance Company of Florida (surety) of 11222 Quail Roost Drive Miami, FL 33157(address) a corporation incorporated under the laws of the State of Florida and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and bound to the Harnett County (city or county) Inspection Department in the sum of Five Thousand (\$5,000) Dollars for which payment we bind ourselves and our legal representatives jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has entered into a contract

for the set-up and installation of the modular building described herein:

NOW, THEREFORE, if the principal and all his agents and employees shall set-up and install said modular building in compliance with the regulations of the North Carolina State Building Code governing installation of modular buildings, then this obligation shall be null and void; otherwise, it shall be in full force and effect. It is expressly provided that:

 This bond is executed by the said principal and surety to enable the principal to set-up one North Carolina labeled modular building.

2. This bond is in full force and effect as to the above State Building Code obligations of the principal for the set-up of one North Carolina labeled modular building at the following address:

Street: TBD McLean Chapel Church Rd City: Bunnlevel, NC 27944

3. This bond will remain in full force and effect for **ONE YEAR** following the issuance of the certificate of compliance for the modular building.

4. The bond must remain on file with the <u>Harnett County</u> (city or county) Inspection Department.

- 5. The owner of the modular building described in paragraph 2, who sustains any loss or damage by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.
- 6. It is further understood and agreed that this bond shall be open to successive claims up to the face value of the bond. The surety shall not be liable for successive claims in excess of the bond amount, regardless of the number of claims made against the bond.

In Witness Whereof, the above bounden parties have executed this instrument, this the <u>16<sup>th</sup></u> day of <u>May</u> 20<u>13</u>, the name and corporate seal of each corporate party being hereto affixed and these present duly signed by its undersigned representative, pursuant to authority of its governing body.

Signature of Principal	
11	and the same of th
Surety by Title	
(Signature)	3
Andy Bruner	100
(Print Name)	
Title Attorney-In- Fact	77
	X47
Address 11222 Quail Roost Dr., Miami, FL 3315	57
NC Resident Agent	
Address	

**Power of Attorney Attached** 

## American Bankers Insurance Company of Florida American Reliable Insurance Company

11222 Quail Roost Drive, Miami, FL 33157-6596

### GENERAL POWER OF ATTORNEY

#### KNOW ALL MEN BY THESE PRESENTS.

LPM 0499273

That American Bankers Insurance Company of Florida, a corporation duly organized and existing under the laws of the State of Florida, and having its Home Office in Miami, Dade County, Florida, and that American Reliable Insurance Company, a corporation duly organized and existing under the laws of the State of Arizona, and having its Home Office in Scottsdale, Maricopa County, Arizona, does by these presents make, constitute, and appoint:

## \*\*\* Andy Bruner or Timothy R. Rhoades or Todd Gould \*\*\*

of <u>Maryville</u> and State of <u>Tennessee</u> its true and lawful Attorney-in-Fact, with full power and authority for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto, if a seal is required, on bonds, undertakings, recognizance, consents of surety, or other written obligations in the nature thereof, as follows

## \*\*\* ANY AND ALL BONDS - MAXIMUM PENALTY \$150,000.00 \*\*\*

In witness whereof, American Bankers Insurance Company of Florida and American Reliable Insurance Company have caused these presents to be signed by its Senior Vice President, Processing Operations of American Bankers Insurance Company of Florida, and its corporate seal to be hereto affixed this <u>28th</u> day of <u>January</u>, AD., <u>2013</u>.

Attest .: Assistant Secretar

Florida

rister Secretary, American Reliable Insurance Company

State of Florida

County of Dade

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Kathy McDonald, Senior Vice Presiden

**Property Solutions Business** 

American Bankers Insurance Company of Florida

**ELAYNE MARIE VARGAS** MY COMMISSION # EE864978 **EXPIRES January 13, 2017** FloridaNotaryService com

On this 28th day of January, in the year 2013, before me Elayne M. Vargas a notary public, personally appeared Kathy McDonald, personally known to me to be the person who executed the within instrument as Senior Vice President, Processing Operations of American Bankers Insurance Company of Florida on behalf of the corporation therein named and acknowledged to me that the corporation executed it.

RESOLUTION OF THE BOARD OF DIRECTORS OF AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA AND AMERICAN RELIABLE INSURANCE COMPANY

WHEREAS, it is necessary for the effectual transaction of business that the Company appoint agents and attorneys with power and authority to act for it and in its name in the states and territories of the United States, and additionally American Bankers Insurance Company of Florida in the provinces of the Dominion of Canada.

RESOLVED, that the American Bankers Insurance Company of Florida and American Reliable Insurance Company hereby does authorize and empower the Senior Vice President, Operations of American Bankers Insurance Company in Florida in conjunction with its Secretary or one of its Designated Signers, under its corporate seal, to appoint any person or persons to act as its true and lawful attorney-in-fact, to execute and deliver any and all contracts, guaranteeing the fidelity of persons holding positions of public or private trust, guaranteeing the performances of contracts other than insurance policies and executing or guaranteeing bonds and undertakings, required or permitted to all actions or proceedings, or by law allowed; and

FURTHER RESOLVED, that the signature of any officer authorized by resolutions of the Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof, such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

I certify the above is a true copy of a resolution adopted by unanimous consent by the Board of Directors of and AMERICAN RELIABLE INSURANCE COMPANY, on July 29, 1993.

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Listina Cama SECRETARY, American Reliable Insurance Company

ASSISTANT SECRETARY

I, the undersigned Secretary of American Bankers Insurance Company of Florida, and I, the undersigned Secretary of American Reliable Insurance Company, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in force and effect.

And I do hereby further certify that the Certificate of this Power of Attorney is signed and sealed by facsimile under and by the authority of the resolution adopted by the Board of Directors of the American Bankers Insurance Company of Florida and the Board of Directors of American Reliable Insurance Company by unanimous consent on the 29th day of July, 1993, and that said resolution has not been amended or repealed.

Given under my hand and the seal of said Company, this 28th day of January, 2013.

Cama SECRETARY, American Reliable Insurance Company

ASSISTANT SECRETARY, American Bankers Insurance Company of Florida

To Form and Be A Part of Bond Number LPM 0499273 PRINCIPAL NAME. CMH Homes, Inc., Dba: Clayton Homes #781 May 16, 2013