| Initial Appli callon Date:_/ | 204 12 | : X7 |
|------------------------------|-------------------|---------|
| initial Application bate | 754/93 | رهي |

| Application # | 35 | 00 | 3 | 25 | H |
|---------------|-----|----|---|----|---|
| • | CH# | • | | | |

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

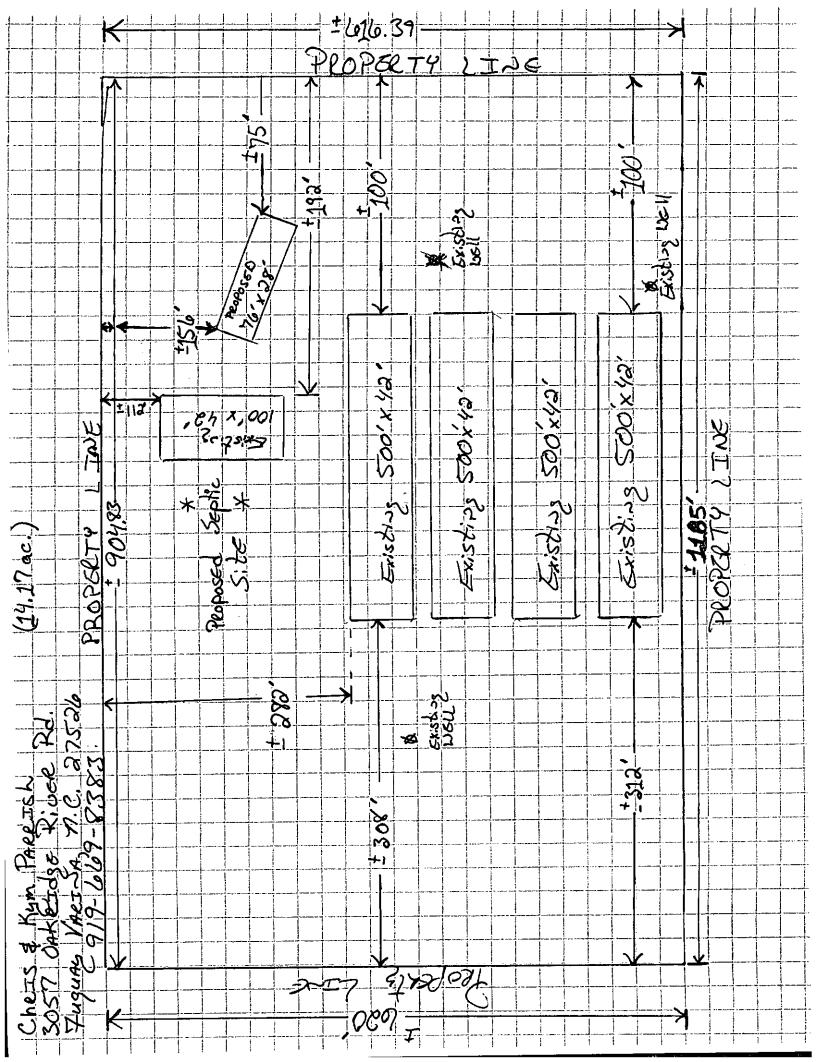
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

| LANDOWNER: Christ Kym Mailing Address: 3057 Oakeidge Riuse Rd. |
|---|
| City: Treus VARING State: 1.C Zip: 27603 Contact No: 919-1619-8383 Email: cparrish. 91/recon |
| APPLICANT': Same Mailing Address: |
| City: State: Zip: Contact No: Email: |
| *Please fill out applicant Information if different than landowner |
| CONTACT NAME APPLYING IN OFFICE: Chels TARRISL Phone # 919-669-8383 |
| PROPERTY LOCATION: Subdivision:Lot Size: |
| State Road Name: Ogh 1, Joe Nise No. Map Book & Page: 6/5 / |
| Parcel: 05 0644 0011 01 PIN: 0634 - 88 - 65 76 acc |
| Zoning: RA30 Flood Zone: Watershed: IL Deed Book & Page: 3130 1851 Power Company*: |
| New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy. |
| |
| PROPOSED USE: Monolithic Annual Correct Deck: Crawl Space: Slab: Slab: |
| SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: _ |
| |
| Mod: (Size 76x 28) # Bedrooms 4 # Baths 2 Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? (_) yes (_) no Any other site built additions? (_) yes (_) no |
| Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?) |
| Manufactured Home:SWDWTW (Size |
| Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: |
| Home Occupation: # Rooms:Use:Hours of Operation:#Employees: |
| Clarate in addition? / \una / \una |
| Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () n |
| Vater Supply:CountyExisting WellNew Well (# of dwellings using well) *Must have operable water before final |
| ewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer |
| ces owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no |
| oes the property contain any easements whether underground or overhead () yes() no |
| Other (annula) |
| tructures (existing or proposed): Single family dwellings:Manufactured Homes: Other (specify): |
| equired Residential Property Line Setbacks: Comments: |
| ront Minimum 35 Actual ± 420 |
| 25 = 156' |
| ear |
| destreet/corner kt |
| |
| earest Building 03/11 I same lot Page 1 of 2 03/11 Residential Land Use Application Page 1 of 2 |
| Residential Land Use Application APPLICATION CONTINUES ON BACK |

| Tues left | 2 Rawle Chu | ech Rd | 1 towards | Tugung | I MELLYA, |
|-----------|--|----------------------|----------------------|---------|-------------|
| new 2+ as | - Cheistias l Froek as Right imedial | OAKRIDGE Hy after | Rica Rd. Avers Sp | euce Ad | |
| | | | | | |

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



| $V \longrightarrow A \longrightarrow A$ |
|--|
| |
| NAME: APPLICATION #: |
| |
| *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 BIRD OF THE FORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE FORMATION IS FALSIFIED, CHANGED, OR THE BIRD OF THE BIRD OF THE FALSIFIED, CHANGED, OR THE BIRD OF THE BIR |
| depending upon documentation submitted. (Complete site plan 2 so months, Confirmation # |
| The summer of the state of the |
| • 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, |
| THE REPORT OF THE PART OF THE |
| Place orange Environmental Health card in location that is easily viewed from road to assist in locating property. Place orange Environmental Health card in location that is easily viewed from road to assist in locating property. Place orange Environmental Health card in location that is easily viewed from road to assist in locating property. |
| |
| |
| for failure to uncover outlet lid, mark nouse corners and property lines, etc. one of schedule and use code |
| end /after selecting notification narmit if multiple permits exist) to Environmental reduction narmit if multiple permits exist) |
| |
| Confirmation number given at end of recording for proceed to Central Permitting for permits. Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. Environmental Health Existing Tank Inspections |
| Follow above instructions for placing flags and card on property. Follow above instructions for placing flags and card on property. |
| 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 |
| Prepare for inspection by removing soil over oblief end of talk as diagrams. possible) and then put IId back in place. (Unless inspection is for a septic tank in a mobile home park) DO NOT LEAVE LIDS OFF OF SEPTIC TANK |
| |
| if multiple permits, then use code 800 for Environmental reality inspection |
| 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. |
| (A Conventional T ADV |
| () Appended Innovative |
| Alternative (X) Other Most Cast Effective. |
| 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: |
| Investigational Wetlands? |
| - imagion system now or in the future? |
| 1 : 0 Plane avalain |
| 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. |
| This Application And Cartify That The Information Provided Herein Is True, Complete And Correct. Authorized County And |
| On the Are Created Pight Of Fatry To Conduct Necessary Inspections To Determine Compniance with Applicable Laws And Kines. |
| State Officials Are Granted Right Of Entry To Contact Proper Identification And Labeling Of All Property Lines And Corners And Making 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 |
| 1/1/0/0/0000000000000000000000000000000 |
| PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE |



HARNETT COUNTY TAX ID# 05-06-44-0011-01 05-06-44-0011 FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County NC
2013 JUN 20 04:54:29 PM
BK:3130 PG:851-853
FEE:\$25.00
EXCISE TAX: \$180.00
INSTRUMENT # 2013010580
MALIOOD



NORTH CAROLINA GENERAL WARRANTY DEED

| Excise Tax: \$180.00 NO TITLE SEARCH 1 | NOR TAX ADVICE GIV | /EN | 20 |
|---|---|----------------------|---|
| Parcel Identifier No. 0015708 and 0015709 Verified by | County on the | day of | , 20 |
| Ву: | | | |
| Mail/Box to: GRANTEE | | P. Lanfactev P.A | |
| This instrument was prepared by: <u>Currie Tee Howell, Attorney, Ad</u> | lams, Howell, Sizemore a | & Lemestey, Fast | |
| Brief description for the Index: 13.08 acres, along with 15 foot wid | e easement | | |
| THIS DEED made this 18th day of June, 2013, by and between | | 2.4.2/2007 | |
| GRANTOR | | RANTEE | |
| Vernon Wayne Howell and wife, | James Christop | ther Parrish and v | vife, |
| Barbara H. Howell | Kymberly Gra 7125 Old Stage | nt rattisii Road | |
| 3453 Oakridge River Road | Raleigh, NC 27 | 603 | |
| Fuquay-Varina, NC 27526 | | | |
| Enter in appropriate block for each Grantor and Grantee: name, me corporation or partnership. The designation Grantor and Grantee as used herein shall include singular, plural, masculine, feminine or neuter as required by contemporary with the Grantor, for a valuable consideration pathas and by these presents does grant, bargain, sell and convey un situated in the City of, Buckhorn Township, Harnett Counters SEE ATTACHED EXHIBIT "A" | said parties, their heirs, st ext. id by the Grantee, the re- | ceipt of which is he | ns, and shall include ereby acknowledged, lot or parcel of land |
| The property hereinabove described was acquired by Grantor by and Book 589, Page 219. All or a portion of the property herein conveyed includes of A map showing the above described property is recorded in Plat NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010 Printed by Agreement with the NC Bar Association | or \underline{X} does not include the | primary residence (| <u>8,</u> Book <u>522,</u> Page <u>75</u> of a Grantor. |



Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

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

Application for Residential Building and Trades Permit

| orio mass mater | 2/20/24 |
|---|--|
| Owner's Name Cheis & Kum Haelish | Date 4/48/40/ |
| Site Address 3057 OAKRI de River Rd. | 7.1., 1.C. Phone 9/9-669-838 |
| STECTIONS TO JOD SILE HOLL ENGINEERS | usum VACINA. TURES left ON |
| RAWS Church Rd. Tuen left on Che | ist An Light. Tup, Kighty |
| of the Frek on Oakeidge Kicke Rd. | PROPORTS INEQUATED OTHER |
| Subdivision | CLot |
| Description of Proposed Work | # of Bedrooms |
| Joseph SE 2/50 Unheated SF Finished Bonus Room? | Crawl Space Slab |
| General Contractor Information | 919-669-8383 |
| CHRIS & Kym PARRISH | Telephone |
| Building Contractor's Company Name 3057 Oakeidse River 7.1. 1.C. | cpaceist. Il/Reco-Qo |
| 707/7 | Email Address |
| Address | |
| icense # | ation / |
| Description of Work ONECL Face & Melses Service Site | ation zeAmps T-Pole VesNo |
| Securption of | |
| DINALV Electrical Contractor's Company Name | Telephone |
| | EI Addropp |
| Address | Email Address |
| | |
| License # Mechanical/HVAC Contractor Inf | <u>formation</u> |
| • | |
| Description of Work | |
| Mechanical Contractor s Company Name | Telephone |
| Aldautation | Email Address |
| Address | Elliali Voness |
| | |
| License # Plumbing Contractor Inform | nation |
| Description of Work | # Baths |
| Description of Work | |
| Plumbing Contractor's Company Name | Telephone |
| Figurial Countries | Email Address |
| Address | FWIII WALLESS |
| | |
| License # Insulation Contractor Infon | <u>mation</u> |
| DUME | |
| Insulation Contractor's Company Name & Address | Telephone |
| Individual Contractor's Company Name & Address | and the second of the second o |

*NOTE General Contractor must fill out and sign the second page of this application

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. 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

Company or Name

Sign w/Title

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT PURSUANT TO G.S. 87-14(a)(1)

| Address and | Parcel Identification of Real Property Where Building is to be Constructed or Altered: |
|-------------|---|
| , ZAO | re Cheistopher Parcish |
| | (Print Full Name) n an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 g paragraphs 2-4 below and attesting to the following: |
| 1. | constructed or altered; |
| | I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation:); |
| 2. | I will personally superintend and manage all aspects of the construction or alternation of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina; |
| 3. | Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina; |
| 4. | Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422. (Signature of Affiant) Date |
| thi | orn to (or affirmed) and Subscribed before me the 1 day of Perenden 2013 Vesper C. Brown Unit Notary Public Harriett Geunty North Carolina |

(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law-G.S. 14-209)

The state of the s

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 13-50032574 Date 3/25/14 Property Address 3057 OAKRIDGE RIVER RD Subdivision Name Property Zoning RES/AGRI DIST - RA-30 Owner Contractor _____ ______ OWNER PARRISH JAMES CHRISTOPHER & KYMBERLE 3057 OAKRIDGE RIVER RD NC 27603 RALEIGH Applicant ______ PARRISH CHRIS Structure Information 000 000 76X28 4BDR 2BATH MOD Flood Zone FLOOD ZONE X 4.00 Other struct info # BEDROOMS SEPTIC - EXISTING? NEW TANK EXIST WELL WATER SUPPLY _______ Permit LAND USE PERMIT Additional desc . . 28X76 ON FRAME MOD Phone Access Code . 1025535

Issue Date . . . 3/25/14 Valuation . . .

Expiration Date . . 9/21/14 Phone Access Code . 1025535 Permit MODULAR PERMIT

Valuation 138259

Phone Access Code . 1011410
Issue Date . . . 3/25/14
Expiration Date . . 3/25/15 . Special Notes and Comments T/S: 12/04/2013 09:46 AM VBROWN ----3057 OAKRIDGE RIVE RD FUQ VAR 27603. 401N, LEFT ON RAWLS CHURCH RD, CHRISTIAN LIGHT RD, RIGHT ON FORK ON OAKDALE RIVER RD, PROPERTY ON RIGHT IMEDIATLY AFTER AVERY SPENCE RD.

Additional desc . .

MOD WILL BE BEHIND 4 CHICKEN HOUSES

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

| Proper PARCEI Applic Subdiv | ty Add NUMBE ation vision | lress ER descri Name | 13-50032574 | | |
|---|---|--|--|----------|-------|
| | | | Required Inspections | | |
| | Phone Insp# | Insp Code | Description | Initials | Date |
| Permit | type | | . LAND USE PERMIT | | |
| 999 999 | 818 820 | | PZ*ZONING INSPECTION PZ*ZONING/FINAL INSPECTION | | _/_/_ |
| Permit | type | • • • | . MODULAR PERMIT | | |
| 10 20 20-50 30-40 40-50 40-50 40-50 50-60 50-60 50-60 999 | 101 103 814 163 119 425 125 325 225 131 429 329 229 | B101 B103 A814 C163 B119 R425 R125 R325 R225 R131 R429 R329 R229 H824 H828 | R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION C*BLDG FLOOR FRAMING R*MOD MARRIAGE WALL FOUR TRADE ROUGH IN ONE TRADE ROUGH IN THREE TRADE ROUGH IN TWO TRADE ROUGH IN ONE TRADE FINAL FOUR TRADE FINAL THREE TRADE FINAL THREE TRADE FINAL TWO TRADE FINAL ENVIR. OPERATIONS PERMIT ENVIRO. WELL PERMIT | | |

On Frame MOD

| Plan Box # | 1c | Job Name Chris Parcish | | | |
|---|---|---|--|-------------|--|
| App # 13.500 | 32574 | Valuation 138 259 | SQ Feet_ | 2128 | |
| Inspections for S | FD/SFA | | | | |
| Crawl | Slab | Mono | Basement | | |
| Footing Foundation Address Open Floor Rough In Insulation Final | Footing Foundation Address Slab Rough In Insulation Final | Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final | Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final | | |
| Foundation Surve | ey <u>(Vo</u> | Envir. Health <u>New</u> | Other | | |
| Additions / Other | <u>.</u> | | | | |
| Footing Foundation Slab Mono Open Floor Rough In Insulation Final | | | | | |
| | ý . | | | | |