

Initial Application Date: 2-26-15

Application # 1550035566

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

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

LANDOWNER: SCOTT C BROWN Mailing Address: 245 Cooper Store Rd
City: SANFORD State: NC Zip: 27322 Contact No: _____ Email: BROWN.SCOTT59@Yahoo.com

APPLICANT*: SCOTT C BROWN Mailing Address: 245 Cooper Store Rd
City: SANFORD State: NC Zip: 27322 Contact No: _____ Email: BROWN.SCOTT59@Yahoo.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Wes Wood Lot #: 16 Lot Size: 10.02

State Road # _____ State Road Name: _____ Map Book & Page: PK # 7636

Parcel: 09 9566 0109 25 PIN: 9546 61 6997.000

Zoning: R620 Flood Zone: X Watershed: III Deed Book & Page: 2820, 452 Power Company*: _____

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

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size 34 x 70) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes (X) no Any other site built additions? () yes (X) no

Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: _____ County _____ Existing Well New Well (# of dwellings using well 1) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes (X) no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 74
Rear 25
Closest Side 10 140
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

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 15-50035566 Date 4/02/15
Property Address 48878 *UNASSIGNED
PARCEL NUMBER 09-9566- - -0109- -25-
Application type description CP MODULAR HOME
Subdivision Name
Property Zoning PENDING

Owner Contractor

BROWN SCOTT C CLAYTON HOMES (SANFORD)
245 COOPER STORE RD 1921 KELLAR ANDREWS ROAD
SANFORD NC 27332 SANFORD NC 27330
(919) 774-1125

Applicant

BROWN SCOTT C #16

--- Structure Information 000 000 34X70 3BDR 2BATH ON FRAME MOD
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
SEPTIC - EXISTING? EXISTING
WATER SUPPLY NEW WELL

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1080001
Issue Date 4/02/15 Valuation 0
Expiration Date . . 9/29/15

Permit MODULAR PERMIT
Additional desc
Phone Access Code . 1076207
Issue Date 4/02/15 Valuation 199296
Expiration Date . . 4/01/16

Special Notes and Comments
T/S: 02/27/2015 09:33 AM VBROWN ----
outlaw lane off of nc 24 27

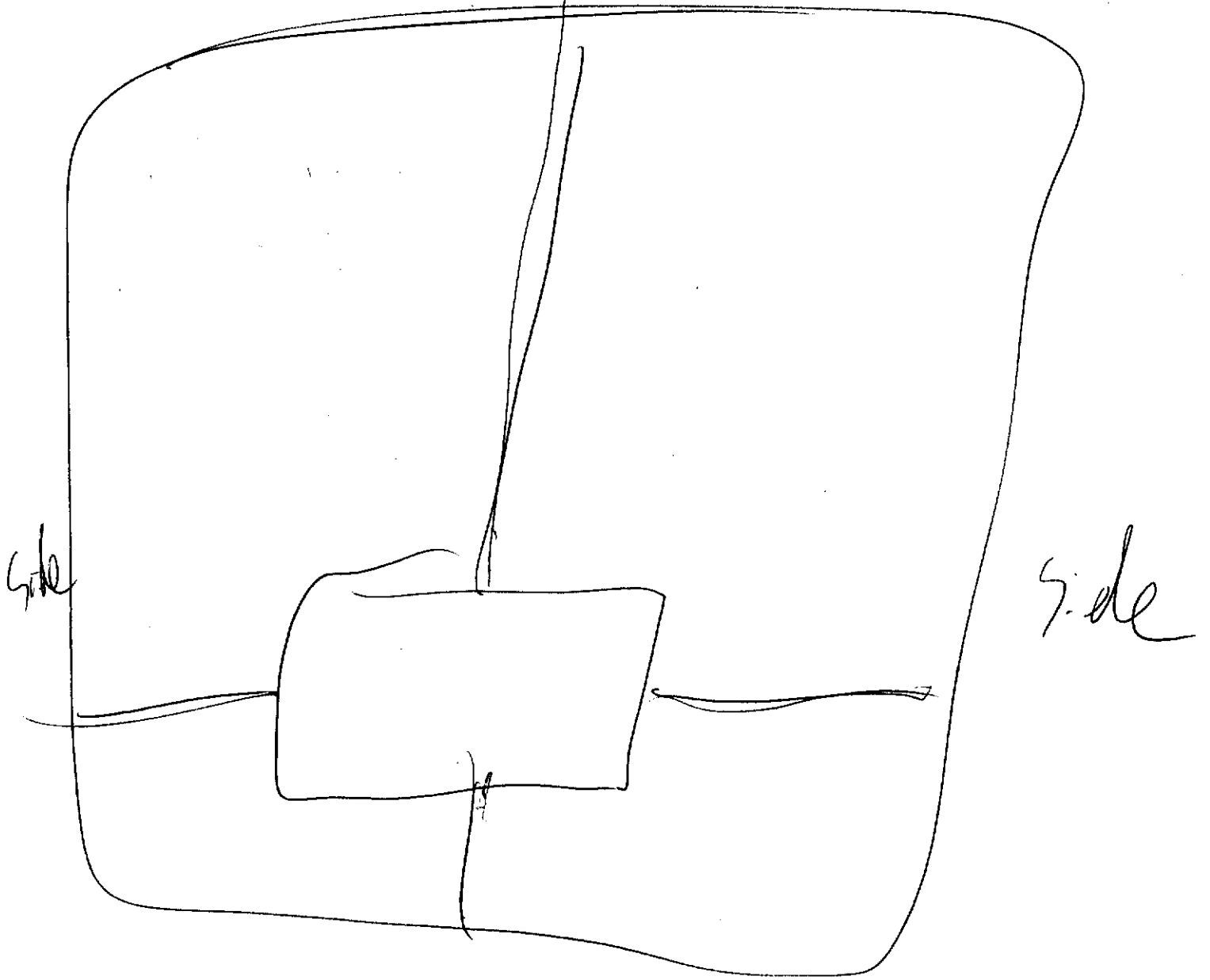
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PARCEL NUMBER	09-9566- - -0109- -25-		
Application description . . .	CP MODULAR HOME		
Subdivision Name			
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type MODULAR PERMIT					
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE	_____	___/___/___
20	103	B103	R*BLDG FOUND & TEMP SVC POLE	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30-40	119	B119	R*MOD MARRIAGE WALL	_____	___/___/___
40-50	425	R425	FOUR TRADE ROUGH IN	_____	___/___/___
40-50	125	R125	ONE TRADE ROUGH IN	_____	___/___/___
40-50	325	R325	THREE TRADE ROUGH IN	_____	___/___/___
40-50	225	R225	TWO TRADE ROUGH IN	_____	___/___/___
50-60	131	R131	ONE TRADE FINAL	_____	___/___/___
50-60	429	R429	FOUR TRADE FINAL	_____	___/___/___
50-60	329	R329	THREE TRADE FINAL	_____	___/___/___
50-60	229	R229	TWO TRADE FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___

Reel



Side

Front

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE HWY 27 WEST TOWARD
CAMERON, NC. TURN RIGHT ONTO HWY 24, 27 TOWARD
CAMERON, NC. TURN LEFT ONTO LINE RD.
TURN LEFT ONTO MERSADES LANE. FOLLOW
THE ROAD UNTIL IT T'S. MAKE A LEFT ONTO
OUTLAW LANE GO AROUND THE CURVE AND
103 IS ON THE LEFT. LOOK FOR FLAGS.

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.

Scott Brown
Signature of Owner or Owner's Agent

26 Feb 2015
Date

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

SITE PLAN APPROVAL

DISTRICT RA20 USE MOP

#BEDROOMS 3

Date 2-27-15

N. Chell

Date

Zoning Administrator

N73-06-16W

651.21'

N05-05-16E 581.77'

16

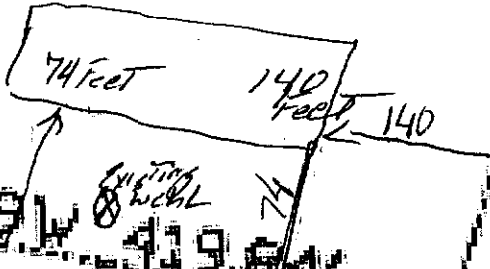
10.02 ac.

765.76'

S17-51-08W

N10-62-07W 255.19'

[Handwritten signature]



S15-00-47W

N84-05-15W

NAME: Scott C Brown

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 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 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 **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 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.

Scott C Brown
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

26 Feb 2015
DATE

09/09/11

Application #

15 50035566

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

Owner's Name SCOTT BROWN Date 3-20-15
Site Address 103 OUTLAW LANE CAMERON NC 28326 Phone 910 703 3622
Directions to job site from Lillington RT ON NC 24/27 W LEFT ON LINE ROAD LEFT ON MERSADIES LN. TN LEFT ONTO OUTLAW LN.

Subdivision WESWOOD 4 Lot 16
Description of Proposed Work INSTALL MODULAR HOME # of Bedrooms 3
Heated SF 2240 Unheated SF Finished Bonus Room? Crawl Space Slab

General Contractor Information
CLAYTON HOMES 919-774-1125
Building Contractor's Company Name Telephone
1921 KELLER ANDREWS ROAD SANFORD NC 27330 R1034@CLAYTONHOMES.COM
Address Email Address

License #
Electrical Contractor Information
Description of Work ELECTRIC HOOKUP Service Size 200 Amps T-Pole Yes XNo
SERVICE SOLUTIONS 910 635 9363
Electrical Contractor's Company Name Telephone
5798 MC DONALD RD PARKTON NC 28371
Address Email Address
20934

License #
Mechanical/HVAC Contractor Information
Description of Work INSTALL HVAC
SWAIM ELECTRICAL 336-685-9722
Mechanical Contractor's Company Name Telephone
3702 NEW SALEM RD CLAMAN NC 27033
Address Email Address
13074-H3

License #
Plumbing Contractor Information
Description of Work PLUMBING # Baths 2
PRIORITY PLUMBING 919 422 4935
Plumbing Contractor's Company Name Telephone
PO BOX 264 WILLOW SPRINGS NC 27592
Address Email Address
18550 -P1

License #
Insulation Contractor Information
Insulation Contractor's Company Name & Address Telephone
N/A

*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] G.M.
Signature of Owner/Contractor/Officer(s) of Corporation

3.30.15
Date

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 Clayton Homes

Sign w/Title *[Signature]* G.M. Date 3.30.15

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 270059

Filed on: 03/30/2015

Initially filed by:

r1034@claytonhomes.com

Designated Lien Agent

Old Republic National Title Insurance Company

Online: www.liensnc.com www.ltrng.comAddress: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com orenat@lhouse.com**Project Property**Lot #16 Weswood Subdivision Harnett County
Registry
103 Outlaw Lane
Cameron, NC 28326
Harnett County**Print & Post****Contractors:**

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner InformationScott Brown
103 Outlaw Lane
Cameron, NC 28326
United States
Email: r1034@claytonhomes.com
Phone: 919-774-1125**Property Type**

1-2 Family Dwelling

Date of First Furnishing

04/03/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

NORTH CAROLINA MODULAR BUILDING
SET-UP CONTRACTOR LICENSE BOND

#500908 Re: Brown

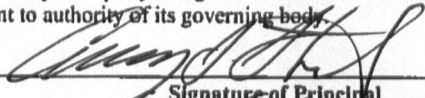
WE, CMH Homes, Inc., Dba: Clayton Homes #1034 as principal, located at 1921 Kellar Andrews Rd, Sanford, NC 27330 and American Bankers Insurance Company of Florida (surety) of 11222 Quail Roost Drive Miami, FL 33157(address) a corporation incorporated under the laws of the State of Florida and duly licensed 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:

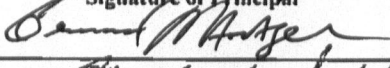
NOW, THEREFORE, if the principal and all his agents and employees shall set-up and install said modular building in compliance with the regulations of the North Carolina State Building Code governing installation of modular buildings, then this obligation shall be null and void; otherwise, it shall be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

1. 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: 103 Outlaw Lane
City: Cameron, NC 28326
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 Harnett County (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.

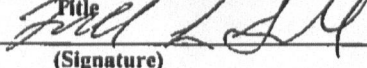
In Witness Whereof, the above bounden parties have executed this instrument, this the 30th day of March 2015, the name and corporate seal of each corporate party being hereto affixed and these present duly signed by its undersigned representative, pursuant to authority of its governing body.



Signature of Principal



Title

Surety by 

(Signature)

Todd Gould

(Print Name)

Title Attorney-in-Fact

Address 11222 Quail Roost Dr., Miami, FL 33157

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 0500908

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:

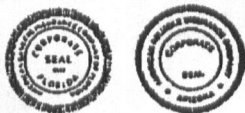
*** Andy Bruner or Joseph G. Johnson or Todd Gould ***

of Maryville and State of Tennessee 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 ***

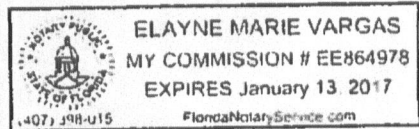
In witness whereof, American Bankers Insurance Company of Florida and American Reliable Insurance Company have caused these presents to be signed by its Senior Vice President, Processing Operations of American Bankers Insurance Company of Florida, and its corporate seal to be hereto affixed this 4th day of February, AD., 2015.

Attest.: [Signature] Assistant Secretary, American Bankers Insurance Company of Florida



AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA by: [Signature] Kathy McDonald, Senior Vice President Property Solutions Business American Bankers Insurance Company of Florida

Attest.: [Signature] Secretary, American Reliable Insurance Company



State of Florida SS: County of Dade

On this 4th day of February, in the year 2015, 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.

[Signature] NOTARY PUBLIC

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 AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA and AMERICAN RELIABLE INSURANCE COMPANY, on July 29, 1993.

[Signature] SECRETARY, American Reliable Insurance Company

[Signature] ASSISTANT SECRETARY, American Bankers Insurance Company of Florida

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 4th day of February, 2015.

[Signature] SECRETARY, American Reliable Insurance Company

[Signature] ASSISTANT SECRETARY, American Bankers Insurance Company of Florida

To Form and Be A Part of Bond Number LPM 0500908

PRINCIPAL NAME: CMH Homes, Inc., Dba: Clayton Homes #1034 March 30, 2015