Initial Application	Date:	0	. J	<u>15</u>

Application #	5500	37228
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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" Circly Patterson Mailing Address: Law Tenco Rd State 2 Zip 2750 Contact No. 98-716-424 Email: Mailing Address:_____ City: Zip:_____ Contact No: _____ Email: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Phone # PROPERTY LOCATION: Subdivision: State Road # 154 9 State Road Name: Lowerce Rd Map Book & Page: 03 11091 9681 0200 02 PIN: 9641-04-25411.00 Zoning 2A30 Flood Zone: X Watershed: NA Deed Book & Page: 1811 1859 Power Company*: *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: Monolithic _x___) # Bedrooms:__ # Baths:__ Basement(w/wo bath):___ Garage:___ Deck:___ Crawl Space:___ Slab:_ (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) 10x18 Porch Mod: (Size 31 x 68) # Bedrooms 3 # Bath 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: ___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 ______) *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 (__) no Does the property contain any easements whether underground or overhead (___) yes (___) no Structures (existing of proposed): Single family dwellings: \(\begin{array}{c}\ldots\colon=\c Required Residential Property Line Setbacks: Actual 10 Minimum____ Front Rear Closest Side Sidestreet/corner lot

Nearest Building on same lot

SPECIFIC DIRECTIONS TO T	HE PROPERTY FROM	A LILLINGTON: Tak	e 421	do	Brage	way Exit	
turn right	go to	Maker Rd	Lot is	an e	rishet	as Soon	
dun sight	russ Her	nett Cound	& Line				
•							
			······································				
If permits are granted I agree to I hereby state that foregoing state	o conform to all ordinal atements are accurate	nces and laws of the State of and correct to the best of my	North Carolina re	gulating such	work and the spreyocation if fals	pecifications of plans subn	nitted.
	1/4 /		, momodgo. Tom	10-1	~/5	o information is provided.	
	Signature of Gune	or Owner's Agent		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

PROPUSED LIDIS FOR BARRY PATTERSON DATE 9-14-2003 153.91 19250 NOTE: PROPOSED LOTS 1, 2, AND 3 WILL CONTAIN 1.00 ACRES DUTSIDE OF SR 1949 R/W 3 17.7 ACRES ± REMAINING PIN # 9691-08-0818.000 101s11sinimbA gninoS #BEDBOOMS DISTRICT RASO

HTE#04-5-10007RR Harnett County Department of Public Health Replaces permit +2320 Improvement Permit A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: LAWERENCE Road PAHERSON SUBDIVISION BARRY PAHERSON Site Improvements required prior to Construction Authorization Type of Structure: SFD - 60x40 - 3BR When permit was issued in & Proposed Wastewater System Type: Convention al Projected Daily Flow: 360 GPD Number of bedrooms: 3 Max Number of Occupants: 6 max Water Was not available. To Basement Yes 11 NOW AVAILABLE. Pump Required: No May be required based on final location and elevations of facilities Type of Water Supply: Community Public & Well Distance from well 100 feet Permit valid to Permit conditions: MUST Meet On site for Final Layart - If well is wied must Permit valid for: Obtain well Deamit Abouthis dept. # 5748 Ot Plumbing shallow at we or higher Whose shows maintain All Set BAIK Authorized State Agent:: Date: 08-14-09 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meet site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to comp the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. **Construction Authorization** (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall ISSUED TO: BARRY & CINDY PATTERSON PROPERTY LOCATION: LAWRENCE Rd SUBDIVISION BARRY PATHEREN Facility Type: SFD-60x4.-3BL New Basement? Yes No Basement Fixtures? Yes ☐ Expansion ☐ Repair ☑ No Type of Wastewater System** ______ (Initial) Wastewater Flow: ____ (See note below, if applicable LPP Installation Requirements/Conditions Number of trenches ____ Trench Spacing: _____ Fee Soil Cover: _____ inche Septic Tank Size 1000 gallons Exact length of each trench ________ Pump Tank Size _____ gallons Trenches shall be installed on contour at a Maximum Trench Depth of: \ \ \mathcal{Q} inches (Maximum soil cover shall not a (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ______ft. TDH vs. ____ Aggregate Depth: Conditions: May Mytall As I Line 450 Long At 18" Accep System bo from well

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this,

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in owners

Construction Authorization Expiration Date: (192-14-

Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

Owner/Legal Representative Signature:

Authorized State Agent:

Harnett County Department of Public Health Site Sketch

	1000 TO 1000 OC 1 Pollon	PROPERTY LOCATON: LAWERENCE Rd
	ISSUED TO: BARRY & Cond PAHERLE	-
	Authorized State Agent:	Date: <u>08-14-09</u>
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	Meet onsite for Fin	al Larad
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	JUHY (THIN) I SE) SI I	11 1 a a la Caralial
	STUB ON Clumbing St	allow at ground level or high
	Where shown.	
	Tristall 4x100 At 18"	or 1 Line of 400 at 18"
	MITAIN (A100 M) 10	
	Kup Will I septice sy	item 100' Albart.
	V	1

Application #

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

37228

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

<u>Application for Residential Building and Trades Permit</u>

i phone must match	
Owners Name Lewis Betty Movelano	Date 11 2 15
Site Address Lot 2 Lawrence Rd Broa	clusu Phone
Directions to job site from Lillington	
Subdivision	Lot
Description of Proposed Work 677 Frame mode	# of Bedrooms 3
Heated SF Unheated SF Finished Bonus Room? General Contractor Information	Crawl Space Slab
Rowen Rock Mtt Movers	919.715-3600
Ruiding Contractor's Company Name	Telephone
3335 NC Itua 87 S San Good	N/A
Address	Email Address
3400	
License #	
Description of Work Electrical Fook if Service Size	700 Amps T-Pole Yes No
Corolina Air Tac	an-947-777
Electrical Contractor's Company Name	Telephone
3700 thou 15-501 Carthage	NIA
Address	Email Address
17702	
License #	
Mechanical/HVAC Contractor Inform	
Description of Work in Stall Heatpunip	015 0112 2207
Mechanical Contractor's Company Name	Telephone
27 D H V 1 15 -5 01 Cottonol	N d A
Address	Email Address
03549	Email Madroop
License #	
Plumbing Contractor Information	<u>n</u>
Description of Work Hook up water Sender	# Baths
Cardina Air Inc	910-947-7701
Plumbing Contractor's Company Name	Telephone
3700 HW 15-501 Covarrege	***************************************
Address 72	Email Address
License #	
Insplation Contractor Informatio	<u>n</u> h)
Insulation Contractor s Company Name & Address	Telephone / /

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 K Date

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

NORTH CAROLINA MODULAR BUILDING

		SET-U	P CONTRACTOR LICENSE BOND	#	LSM0806013
ΝE,		EJ Woma	ack DBA Raven Rock Mobile Home Mov	ers	
	incipal, located at		3336 NC HWY 87 Sanford, NO	C 27332	
and _	RLI Insura	ance Company	(surety) of	P.O. Box	3967
20110		and duly licensed to t	(address) a corporation	North Carolin	a as surety, are indebted and
lana	rtment) in the sum of		Five Thousand and 00/1	00	(city or county inspection
ieha	5.000.00) dollars fo	or which payment we t	pind ourselves and our legal representati	ives iointly an	severally.
		, ,	CH, that whereas the principal has entere		•
	lation of the modular build			d into a contin	action the set-up and
with t		h Carolina State Build	gents and employees shall set-up and in ing Code governing installation of modul		
t is e	expressly provided that:				
1.	This bond is executed by building.	/ the said principal and	d surety to enable the principal to set-up	one North Ca	rolina labeled modular
2.	Carolina labeled modula	r building at the follow	oove State Building Code obligations of t ving address: Lot #2 Lawrence Rd	he principal fo	or the set-up of one North
	City		Broadway		, North Carolina
3.	This bond will remain in building.	full force and effect for	r one year following the issuance of the o		ompliance for the modular
4.	The bond must remain o	on file with the	County of Harnett	(city or county	inspection dept.).
5.	The owner of the modula covered by this bond ma recovery of damages su	y, in addition to any o	n paragraph 2, who sustains any loss or ther remedy that he may have, bring an	damage by re action in his o	eason of any act or omission wn name on this bond for the
6.	It is further understood a shall not be liable for suc	nd agreed that his boo cessive claims in exc	nd shall be open to successive claims up ess of the bond amount, regardless of th	to the face v ne number of c	alue of the bond. The surety claims made against the bond
lay o	f October	,2015	e executed this instrument under their se , the name and corporate seal of each c resentative, pursuant to authority of its g	orporate party	being hereto affixed and
			5 DWarran & FOR Gaves 5	Daale Maabila III	ama Marraya
			EJ Womack DBA Raven F	KOCK MODIIE H	ome Movers
			1 /91/		
				Signature of Pri	ncipal
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			RLI Insurance Company	ING BANC	CONTINUE
			RLI Insurance Company	3	
			Surahu hu	I. \$700	lis : 3 =
			Surety by	Sign	ature)
				(printed name	er ie)
			Title	and have	FO 13 HILLING
				P.O. Bo	HIII''' N 3967
			Address	Peoria, IL 6	1612-3967
_			N.C. Resident Agent	300 Carthag	Bowen Insurance Agency, Inc e St. 27330
owe	r of Attorney Attached			Sanford, NC 2 Address	R3200507

R3200507-50,0



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

POWER OF ATTORNEY

RLI Insurance Company

Bond No. <u>LSM0806013</u>

Know All Men by These Presents:

	RLI Insurance Company , a corporation organ	nized and existing under the laws of the State of
	linois, and authorized and licensed to do business in all states	
constitute and ap	appoint: Wendy Holder in the City of	Sanford , State of
North Card	Carolina, as Attorney In Fact, with full power and au	uthority hereby conferred upon him/her to sign,
	owledge and deliver for and on its behalf as Surety, in general, any and a	
amount not to	to exceed Ten Million and 00/100 Do	ollars (<u>\$10,000,000.00</u>) for any single
obligation, and sp	d specifically for the following described bond.	
Principal:	EJ Womack DBA Raven Rock Mobile Home Movers	
Obligee:	County of Harnett	
Type Bond:	Modular Building, Setup and Installation Contractor	
Bond Amount:	it: \$ 5,000.00	
Effective Date:	e: October 29, 2015	
The	RLI Insurance Company further certifies that	the following is a true and exact copy of a
	opted by the Board of Directors of RLI Insurance Comp	
corporate seal	ss, Powers of Attorney or other obligations of the corporation. T eal may be printed by facsimile."	ne signature of any such officer and the
IN WITNESS W	WHEREOF, the RLI Insurance Company	has caused these presents to be executed by
its <u>Vice</u>	WHEREOF, the RLI Insurance Company ice President with its corporate seal affixed this 29th day of	has caused these presents to be executed by fOctober,2015
IN WITNESS Wits Vice ATTEST:	ice President with its corporate seal affixed this 29th day of	has caused these presents to be executed by f,
its <u>Vice</u>	ice President with its corporate seal affixed this 29th day of	f <u>October</u> , <u>2015</u> .
its <u>Vice</u>	ice President with its corporate seal affixed this 29th day of the seal af	ance Company
ATTEST: Cherie L. Montgor On this 29th	with its corporate seal affixed this 29th day of SEAL Barton W. E. Bar	f October , 2015 . Fance Company Davis Vice President Appeared Barton W. Davis
ATTEST: Cherie L. Montgor On this29thoandChericas	with its corporate seal affixed this	f October , 2015 . Fance Company Davis Vice President Appeared Barton W. Davis
ATTEST: Cherie L. Montgor On this29thoandChericas	with its corporate seal affixed this	rance Company Oavis Vice President Appeared Barton W. Davis ed that they signed the above Power of Attorney cretary , respectively, of the said