nitial Application Date: 3-2-/6 Application #_	1650038220
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910)	
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUB	MITTING A LAND USE APPLICATION**
ANDOWNER: Terry Lynn Gregory Mailing Address: A.C. Mor Dity: Lillagton State: N.C. Zip: 27546 Contact No: 910814-7347 Email:	rison Rd.
City: <u>L, / 1, 15 to A</u> State: <u>17. C.</u> Zip: <u>J / 5 Y 6</u> Contact No: 110 3/9 - / 39 / Email:	191558 OGMail. Con
City: L: 11:20 State: 111 Zip: 27546 Contact No: 910 84-7347 Email: Please fill out applicant information if different than landowner	Kd. <u>Tg13058 @g.mail.</u> co.
CONTACT NAME APPLYING IN OFFICE: Phone #	
State Road # 1288 State Road Name: A.C. Morrison Rd. Ma	ot #:Lot Size: .98AC.
State Road # 1288 State Road Name: A.C. Morrison Kd. Ma	ap Book & Page <u>2015 / 371</u>
Parcel: 15 05/9 003000 PIN: 05/9 80 03/	74.000
Coning: PRODFlood Zone: X Watershed: NA Deed Book & Page: 3367, 371 Power Co	ompany*:
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: C (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes a Mod: (Size 66 x 28) # Bedrooms 3 # Baths 2 Basement (w/wo bath) c Garage: c Site Built Dec	add in with # bedrooms)
(Is the second floor finished? () yes () no Any other site built additions? () y	
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built	?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use: Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:	_Closets in addition? () yes () no
Vater Supply: County Existing Well New Well (# of dwellings using well) *Must ha	
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist)	
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract l	listed above? () yes (∠) no
Does the property contain any easements whether underground or overhead () yes () no	
Structures (existing or proposed): Single family dwellings:	_ Other (specify):

APPLICATION CONTINUES ON BACK

Comments:__

Required Residential Property Line Setbacks:

25

Residential Land Use Typhratian

10

Actual 50

50+

Minimum 35°

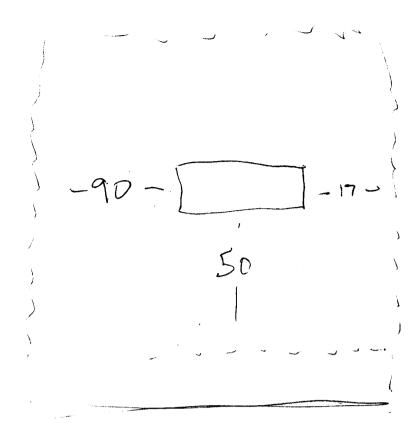
Front

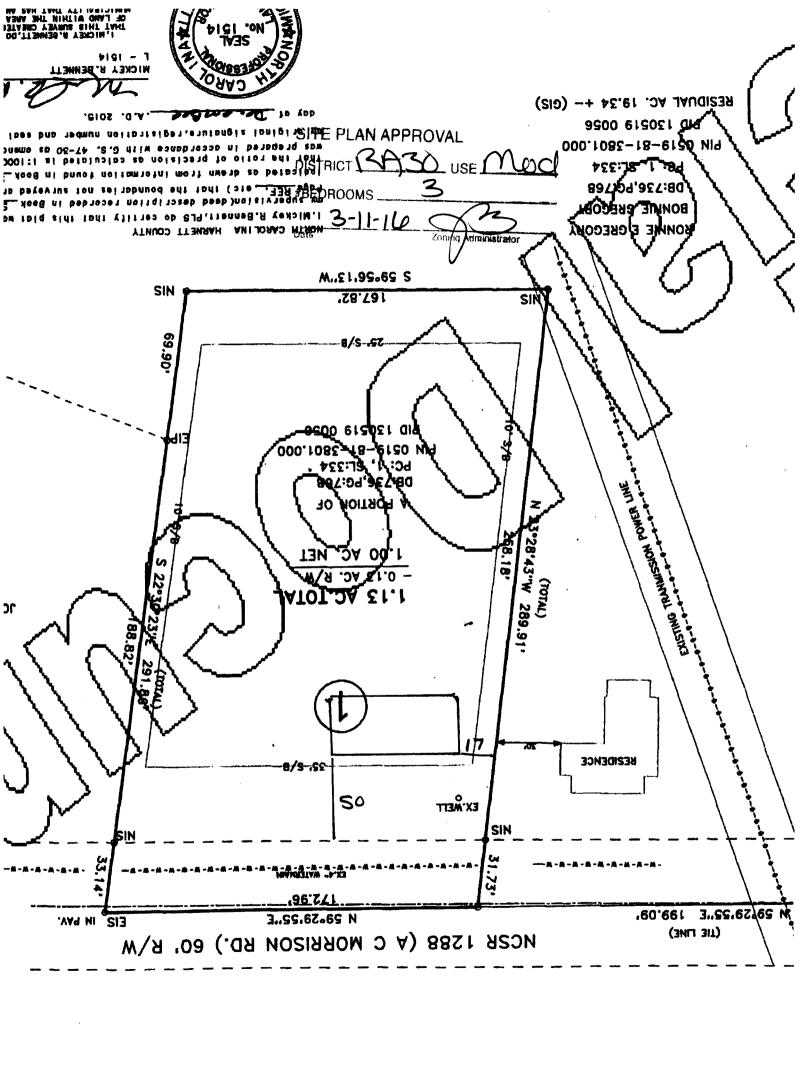
Rear

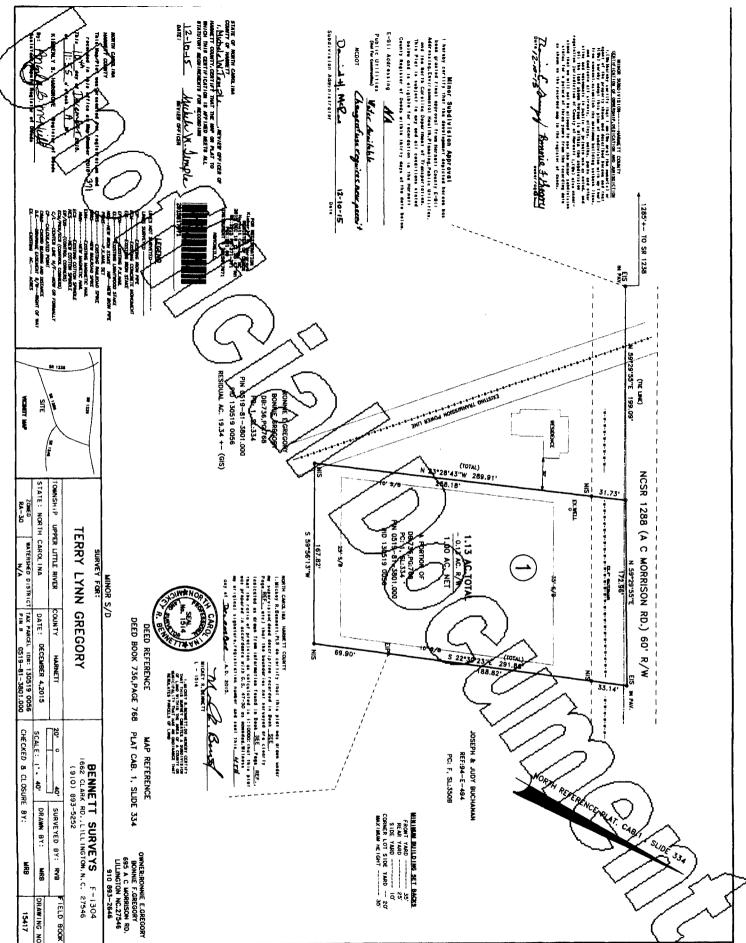
Closest Side

Sidestreet/corner lot_

Nearest Building on same lot







NAME:	Terry	bregory		APPLICATION #:	
	•	*This application to be	e filled out when applying t	for a septic system inspection.*	
Cou	nty Healtl	n Department Applica	tion for Improvement	t Permit and/or Authorization to Constr	ruct
IF THE II PERMIT depending	NFORMATIC OR AUTHOR g upon docum	N IN THIS APPLICATION IS RIZATION TO CONSTRUCT entation submitted. (Complete	S FALSIFIED, CHANGED, OR SHALL BECOME INVALID. site plan = 60 months; Comple	R THE SITE IS ALTERED, THEN THE IMPROVEME The permit is valid for either 60 months or without expete plat = without expiration)	ENT piration
<u>Env</u>	<u>rironmenta</u>	l Health New Septic Sys	stemCode 800 visible. Place "pink pror		
	lines must	oe clearly flagged approx	mately every 50 feet betw	ween corners.	
	out building	s, swimming pools, etc.	Place flags per site plan d	osed structure. Also flag driveways, garages, developed at/for Central Permitting.	
•	Place orang	ge Environmental Health	card in location that is eas	sily viewed from road to assist in locating prop	erty.
•	If property	is thickly wooded, Enviro	nmental Health requires the	that you clean out the <u>undergrowth</u> to allow	the soil
				k freely around site. <i>Do not grade property.</i> nfirmation. \$25.00 return trip fee may be in	
•	for failure	to uncover outlet lid. m.	ark house corners and n	property lines, etc. once lot confirmed read	<u>currea</u> Iv
•	After prepa 800 (after s	ring proposed site call the selecting notification perm	voice permitting system	at 910-893-7525 option 1 to schedule and us t) for Environmental Health inspection. Pleas	e code
				eed to Central Permitting for permits.	
<u>Env</u>	<u>ironmenta</u>	l Health Existing Tank II	nspections Code 800	.	
			flags and card on propert		
	possible) a		lace. (Unless inspection is	tank as diagram indicates, and lift lid straigh is for a septic tank in a mobile home park)	it up (<i>if</i>
•	After uncovif multiple given at en	rering outlet end call the permits, then use code and of recording for proof of	voice permitting system a 800 for Environmental Herequest.	at 910-893-7525 option 1 & select notification lealth inspection. Please note confirmation r	number
• SEPTIC		Gov or IVR to hear results	s. Once approved, procee	ed to Central Permitting for remaining permits.	
If applying	ng for author	zation to construct please ind	icate desired system type(s):	can be ranked in order of preference, must choose or	ne.
{_}} A	ecepted	{}} Innovative	{}} Conventional	{}} Any	
			nent upon submittal of this a	application if any of the following apply to the prog GOCUMENTATION:	perty in
{}}YES	6 {_}} NC	Does the site contain a	ny Jurisdictional Wetlands?	?	
{}}YES	6 {_}} NC	Do you plan to have a	n <u>irrigation system</u> now or in	n the future?	

{}} Alte	rnative	{}} Other	
		y the local health department upon submittal of this application if any of the following a "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	pply to the property in
{}}YES	{}} NO	Does the site contain any Jurisdictional Wetlands?	
{}}YES	{_}} NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{_}}YES	{}} NO	Does or will the building contain any drains? Please explain.	
$\{X\}$ YES	{}} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this propo	erty?
{}}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 Rea	d This Applica	tion And Certify That The Information Provided Herein Is True, Complete And Correct.	Authorized County And
State Offici	als Are Grante	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Appli	cable Laws And Rules.
I Understa	nd That I Am S	olely Responsible For The Proper Identification And Labeling Of All Property Lines And G	Corners And Making
The Site Ac	cessible So The	at A Complete Site Evaluation Can Be Performed.	3-11-16
PROPER	TY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE

Application #

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

16-503822

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

	. 1
Owners Name Terry Greavy	Date 4 4 1 (
Site Address 63 AC morrison Rd	Phone 910-814-73
Directions to job site from Lillington	
Cubduses	
Subdivision	Lot
Description of Proposed Work OFF Frame module	
Heated SF Unheated SF Finished Bonus Room? _	Crawl Space Slab
General Contractor Informatio	<u> </u>
Building Contractor's Company Name	919-775-3600
3335 NC HUU 87 5	Telephone
Address	<u>N</u> (A
3140()	Email Address
License #	
Flactrical Contractor Information	on.
Description of Work Lectric Dok C Service Size	ZOUAmps T-Pole Yes VNo
Sarolina Air Inc	90-947-7707
Electrical Contractor's Company Name	Telephone
3100 May 15-501 Chrthage	NA
Address	Email Address
License #	
Mechanical/HVAC Contractor Inform	nation
Description of Work Hook OP Heath MC)
Carolina Fix Inc	910-947-7707
Mechanical Contractor s Company Name	Telephone
2700 Har 15-501 Cathor	L (A
Address	Email Address
235U9	Littali Address
License #	
Plumbing Contractor Informatio	<u>n</u>
Description of Work HOOK UP Water Sewer	#Baths
Larding Air In C	910-947-7707
Plumbing Contractor's Company Name	Telephone
2100 thay 15-201	N A
Address	Email Address
Lyongo #	
License # Insulation Contractor Information	n
	<u>u</u>
Insulation Contractor s Company Name & Agdress	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 PEES - 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 Raven Rock MH MOVEN
Sign w/Title Bules by gs Date 41416

Mapular.

Plan Box # App # Inspections for		Job Name_ Valuation 168960	SQ Feet 1766 Garage = 1760
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 Sui	rvey	Envir. Health	Other
Additions / Oth Footing Foundation Slab Mono Open Floor Rough In Insulation Final			

NORTH CAROLINA MODULAR BUILDING

	SET-UP CO	NTRACTOR LICENSE BO	MD #	LSM0847723
Æ,	EJ Womack DE	BA Raven Rock Mobile Home	Movers	
principal, located at dRLI Insurance		3336 NC HWY 87 Sanford	1. NC 2/332	\$7
d RLI Insurance	Company	(surety) of	otion incorporated up	ter the laws of the State (
Peoria, IL 6	1612-3967	(address) a corpora ct a surety business in the State	to of North Carolina a	s surety are indebted and
Illinois and	duly licensed to transac	ct a surety business in the Star	le of Notth Carolina a	city or county inspectio
und to the	Count	ty of Harnett Five Thousand and (20/100	_ (City or county inspectio
partment) in the sum of \$ 5,000.00) dollars for w		Five indusand and t	out 100	vorally
THE CONDITION OF THIS OBI stallation of the modular building	_IGATION IS SUCH , that described herein;	at whereas the principal has er	ntered into a contract t	for the set-up and
NOW, THEREFORE, if the print th the regulations of the North Cand void; otherwise, it shall be in fu	arolina State Building Co	and employees shall set-up ar ode governing installation of m	nd install said modular odular buildings, then	building in compliance this obligation shall be n
is expressly provided that:				
This bond is executed by the building.	e said principal and sure	ety to enable the principal to se	t-up one North Caroli	na labeled modular
This bond is in full force and Carolina labeled modular but	uilding at the following ac	ddress:		
Street		653 AC Morrison Rd	N.	orth Carolina
City	Lillir	ngton	, N	Ortif Carolina
This bond will remain in full building.	force and effect for one	year following the issuance of	the certificate of comp	oliance for the modular
4. The bond must remain on fi	e with the	County of Harnett	(city or county ins	pection dept.).
recovery of damages sustai	n addition to any other rened by him. agreed that his bond shi	emedy that he may have, bring	g an action in his own	name on this bond for the of the bond. The suret
Witness Whereof, the above bo	under portion hour over	outed this instrument under the	ir several seals, this t	he 4th
ov of April	2016 the i	name and corporate seal of ea	ich corporate party be	ing hereto affixed and
ese presents duly signed to be it	s undersigned represent	tative, pursuant to authority of	its governing body.	
		EJ Womack DBA Ray	ven Rock Mobile Hom	e Movers
			۸	
		$\mathcal{O}_{-\alpha}$	1/	
			Signature of princip	al
		Diffe		
		resi	Clerk I	
			Title	
		. /	WHITE THE PARTY OF	
		RLI Insurance Com	ANCE CO	
				<u>.</u>
		/ ₹ €	CPORA 722	21
		Surety by	701 100 E	
		<u> </u>	7 (signatui	eE
		 	WAR A. T.	=
			Wendy Holder	
		i i	(printed name)	
		Su		.
		Title	- AMIOIDO MINES	ICI.
		**	Box 3	1067
		A .d.d	Peoria, IL 616	12-3067
		Address	r edita, it 010	12 0007
		NO Delidera Area		Bowen Insurance Agency, I
		N.C. Resident Agent	300 Carthage S	
			Sanford, NC 273	21. 130
wer of Attorney Attached			Santord, NC 273 Address	
-			Addiess	R32005

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>LSM0847723</u>

Know All Men by These Presents:

That the	RLI Insurance Company	, a corpor	ation organized a	nd existing under the	laws of the State of
Illin	ois, and authorized and	licensed to do business in	n all states and the	e District of Columbi	a does hereby make.
constitute and ap	ppoint: Wendy Hol	der in th	e City of	Sanford	, State of
North Care	olina , as <u>Attorney In I</u>	act, with full po	wer and authority	y hereby conferred u	pon him/her to sign,
execute, acknow	vledge and deliver for and on its bel	half as Surety, in general,	any and all bond	ds, undertakings, and	recognizances in an
amount not to	exceed Ten Milli	on_and 00/100	Dollars	(\$10,000,000,00) for any single
obligation, and s	specifically for the following describ	ed bond.			
	EJ Womack DBA Raven Rock				
	County of Harnett				
V •					
Bond Amount:	\$ 5,000.00				
Effective Date:	April 4, 2016				- W-W
The	RLI Insurance Company	further cert	ifies that the fo	llowing is a true a	nd exact copy of a
Resolution adop	eted by the Board of Directors of	RLI Insura	nce Company	, and r	low in force to-wit:
corporate seal	Powers of Attorney or other of I may be printed by facsimile."				
IN WITNESS V	WHEREOF, the RLI	Insurance Company	na	s caused tilese preser	116
its Vice	e President with its corpora	ite seal affixed this4	h day of	April	
ATTEST:	. L'Montomer	CORPORATE SEAL	RLI Insurance	Company W. H	
Cherie L. Montgo	, 0	TAR LINOTHIN	Barton W. Davis		Vice President
On this 4th and Che as said corporation	Vice President RLI Insurance Company	ing by me duly sworn, ac	cknowledged that ssistant Secretary	t they signed the above the they signed the above they are the they signed the above they are the are they are the are they are the are they are they are they are they are the are they are the are the are they are the a	ve Power of Attorney pectively, of the said
Jacqueline M. Boo	avangline M. Bockla	NOTARY "OFF	FICIAL SEAL" LINE M. BOCKLER DN EXPIRES 01/14/18		

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 16-50038220 Date
Property Address 653 A C MORRISON RD
PARCEL NUMBER 13-0519- - -0056- -02Application type description CP MODULAR HOME
Subdivision Name RONNIE EUGENE & RONNIE GREGORY
Property Zoning PENDING Date 4/11/16 Contractor Owner -----_____ RAVEN ROCK MOBILE HOME MOVER GREGORY TERRY LYNN 3335 NC 87 HWY. SANFORD NC 27332 (919) 775-3600 Applicant GREGORY TERRY LYNN 660 A C MORRISON RD NC 27546 LILLINGTON (910) 814-7347 Structure Information 000 000 66X28 OFF FRAME MOD 3BDR Flood Zone FLOOD ZONE X Other struct info # BEDROOMS .00 SEPTIC - EXISTING? EXT TANK
WATER SUPPLY EXT WELL WATER SUPPLY Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1134717 Issue Date . . . 4/11/16 Valuation 0
Expiration Date . . 10/08/16 Permit MODULAR PERMIT Additional desc . . Phone Access Code . 1133974
Issue Date . . . 4/11/16 Valuation . . . 0
Expiration Date . . 4/11/17 Special Notes and Comments T/S: 03/11/2016 12:27 PM JBROCK ----ACROSS FROM 660 AC MORRISON RD

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

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. Page 2 Date 4/11/16 Application Number . . . 16-50038220 Date 4/11/16
Property Address 653 A C MORRISON RD
PARCEL NUMBER 13-0519- - -0056- -02Application description . . CP MODULAR HOME
Subdivision Name . . . RONNIE EUGENE & RONNIE GREGORY
Property Zoning . . . PENDING

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permi	t type		. LAND USE PERMIT		
999 999	818 820	Z818 Z820	PZ*ZONING INSPECTION PZ*ZONING/FINAL INSPECTION		_/_/_
Permit	t type		. MODULAR PERMIT		
10 20 20 30-40 40-50 40-50 40-50 50-60 50-60 50-60 999	101 103 814 119 425 125 325 225 131 429 329 229	B101 B103 A814 B119 R425 R125 R325 R225 R131 R429 R329 R229 H824	R*BLDG FOOTING / TEMP SVC POLE R*BLDG FOUND & TEMP SVC POLE ADDRESS CONFIRMATION 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 TWO TRADE FINAL TWO TRADE FINAL ENVIR. OPERATIONS PERMIT		