

Initial Application Date: 4.27.16

Application # 16-50038567  
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: KAREN LARKIN Mailing Address: 746 Cupola Dr.  
City: Raleigh State: NC Zip: 27603 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT: PARADISE HOMES Mailing Address: 8087 NC 222 W  
City: Kenly State: NC Zip: 27542 Contact No: 919-284-5206 Email: paradise-homes@nc.rr.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kevin Hinton Phone # 919-284-5206

PROPERTY LOCATION: Subdivision: KEITH M. BROWN Lot #: 3 Lot Size: .85 AC.  
State Road # 42 State Road Name: NC42 Map Book & Page: 2009, 737  
Parcel: 05-0026-0048-11 PIN: 0026-80-1186  
Zoning: PA20M Flood Zone: X Watershed: NA Deed Book & Page: CTP Power Company\*: Duke  
\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

SFD: (Size 28 x 32) # Bedrooms: 3 # Baths: 2 Basement(w/w 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 28 x 32) # Bedrooms: 3 # Baths: 2 Basement (w/w bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no NO second floor)

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 or proposed): Single family dwellings: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

proposed  
Comments: \_\_\_\_\_

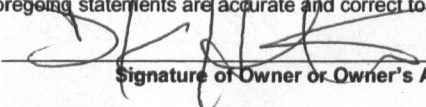
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>120</u>
Rear	<u>25</u>	<u>10'</u>
Closest Side	<u>10</u>	<u>15'</u>
Sidestreet/corner lot	<u>20</u>	<u>—</u>
Nearest Building on same lot	<u>10</u>	<u>—</u>

No decks/porches or garage being added to home.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 42 FROM FUGWAY TOWARD  
DUNCAN GO APPROX 9 miles, STOP AT WASH DR ON  
LEFT

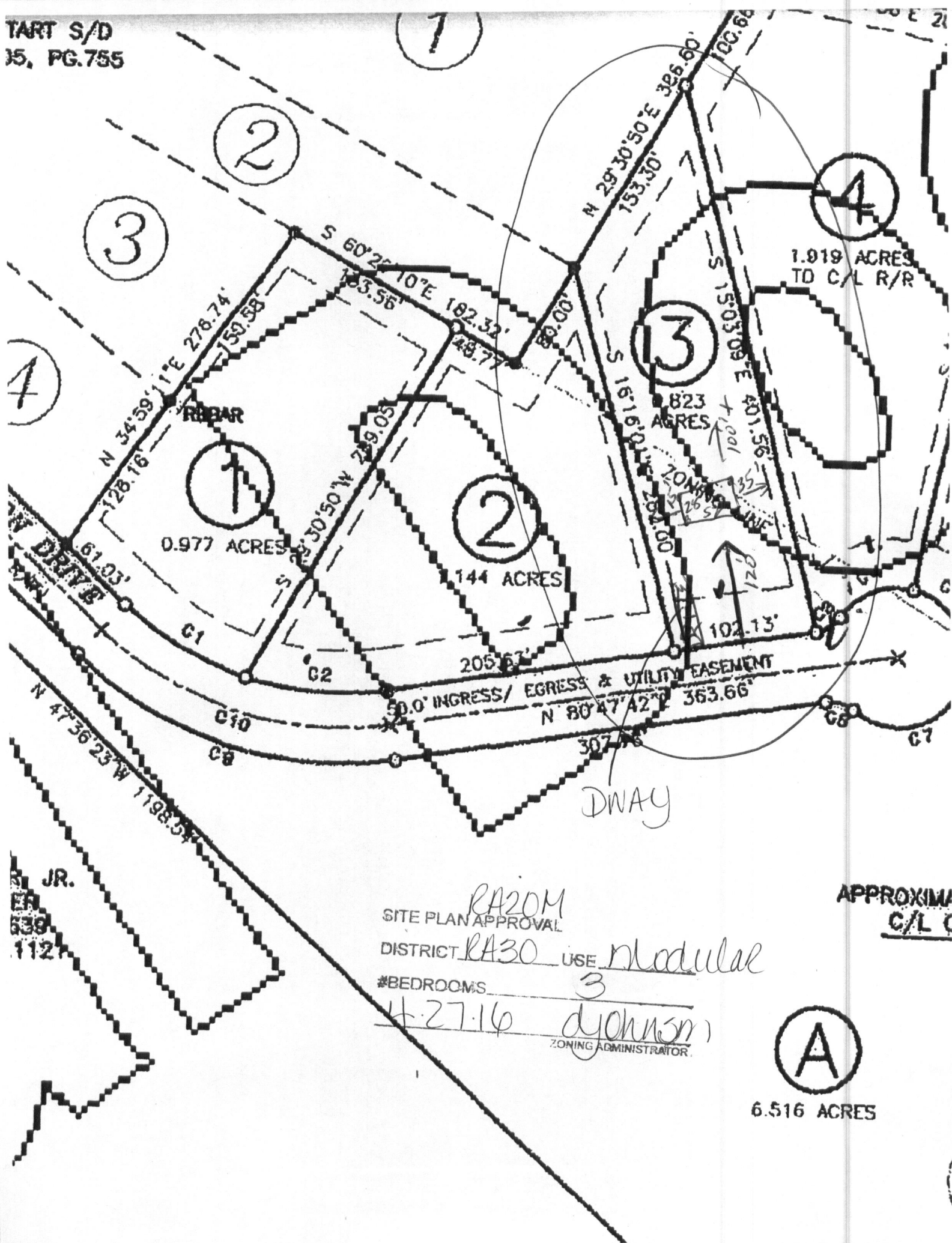
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
Signature of Owner or Owner's Agent

4/28/16  
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\*\*



JR.  
538  
112

RA20M  
 SITE PLAN APPROVAL  
 DISTRICT RA30 USE Modular  
 #BEDROOMS 3  
4.27.16 dyohnson  
 ZONING ADMINISTRATOR

APPROXIMATE  
C/L

A

6.516 ACRES



**\*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      { 1 } 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.**

[Signature]  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4/27/16  
DATE

*he will call city when ready*

38567

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 KAREN LARKIN (UNDER CONTRACT) Date 5/17/16  
Site Address 183 STONEMASON DRIVE, HOLY SPRINGS Phone \_\_\_\_\_  
Directions to job site from Lillington 42 FROM FURQUAY TOWARD DUNCAN  
GO APPROX 9 MILES STONEMASON DRIVE ON LEFT

Subdivision KEITH M. BROWN Lot 3  
Description of Proposed Work NEW OPE FRAME MODULAR # of Bedrooms 3  
Heated SF 1393 Unheated SF — Finished Bonus Room? NO Crawl Space  Slab

**General Contractor Information**

BOND  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work ALL ELECTRICAL HOOKUPS Service Size 200 Amps T-Pole  Yes  No  
WOOD SERVICE PROFESSIONALS INC. 919-934-2155  
Electrical Contractor's Company Name Telephone  
PO BOX 178 SMITHFIELD 27577  
Address Email Address  
24518-L  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work INSTALL HEAT PUMP + ALL HVAC HOOKUPS  
RENEW HEATING & AIR (252) 205-4934  
Mechanical Contractor's Company Name Telephone  
9539 HAWKEY RD KENNY 27542  
Address Email Address  
32311  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work ALL PLUMBING HOOKUPS # Baths 3  
WOOD SERVICE PROFESSIONALS INC. 919-934-2155  
Plumbing Contractor's Company Name Telephone  
PO BOX 178 SMITHFIELD 27577  
Address Email Address  
7379  
License # \_\_\_\_\_

**Insulation Contractor Information**

N/A MODULAR FACTORY  
Insulation Contractor's Company Name & Address Telephone \_\_\_\_\_

\*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

*D. Ken Hester*  
Signature of Owner/Contractor/Officer(s) of Corporation

5/20/14  
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 PARADISE HOMES OF JOHNSTON COUNTY OF NC INC.

Sign w/Title *D. Ken Hester, Pres* Date 5/20/14

## LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent INVESTORS TITLE INSURANCE COMPANY BY  
AGENT JONATHAN RICHARDSON ATTORNEY AT LAW

Mailing address of Agent 51 KILMAINE DRIVE #304  
CARY, NC 27511

Physical address of Agent SAME

Telephone (919) 469-9904 Fax 919-469-9905

Email CHRISTINA@JRLAWTEAM.COM

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

“(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same manner and in the same location in which it maintains its record of building permits issued.”



LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, Paradise Homes of Johnston County of NC, Inc.  
as Principal, of 8087 NC 222 West

Kenly North Carolina and the \_\_\_\_\_  
(City) (State)

Hartford Fire Insurance Company, a Connecticut corporation, as Surety, are held and firmly bound unto  
Harnett County Central Permitting  
PO Box 65, Lillington, NC 27546, as Obligee, in the sum of  
Five Thousand AND 00/100 Dollars (\$ 5,000 )

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 20th day of May, 2016

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as \_\_\_\_\_  
set up modular-183 Stonemason Dr, Holly Springs NC  
by the Obligee.

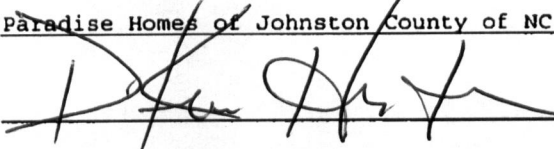
NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER:

1. This bond shall continue in force:  
 Until May, 20th, 2017, or until the date of expiration of any Continuation Certificate executed by the Surety

OR

Until canceled as herein provided.  
2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

Paradise Homes of Johnston County of NC, Inc.  
Principal  


Hartford Fire Insurance Company  
By David W. Scull  
David W. Scull, Attorney-in-Fact

# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**

Bond T-12

One Hartford Plaza

Hartford, Connecticut 06155

email: [bond.claims@thehartford.com](mailto:bond.claims@thehartford.com)

call: 888-266-3488 | fax: 860-757-5835

Agency Code: 22-272886

KNOW ALL PERSONS BY THESE PRESENTS THAT:

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint David W. Scull

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. 22BSBHL3315

Naming Paradise Homes of Johnston County of NC, Inc. as Principal, and Harnett County Central Permitting as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Company on August 1, 2009, the Company has caused these presents to be signed by its Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Company the Company hereby unambiguously affirms that it is and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Vice President

STATE OF CONNECTICUT }  
COUNTY OF HARTFORD } ss. Hartford

On this 12th day of July, 2012, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard  
Notary Public  
My Commission Expires July 31, 2016

I, the undersigned, Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of May 20, 2016.

Signed and sealed at the City of Hartford.



Kevin Heckman, Assistant Vice President

CERTIFICATION OF OWNERSHIP, LOCATION AND JURISDICTION (LINE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT THE PROPERTY IS NOT SUBJECT TO ANY EASEMENTS, ENCUMBRANCES, OR OTHER INTERESTS WHICH MAY AFFECT THE PROPERTY. I (WE) HEREBY CERTIFY THAT THE PROPERTY IS NOT SUBJECT TO ANY EASEMENTS, ENCUMBRANCES, OR OTHER INTERESTS WHICH MAY AFFECT THE PROPERTY.

THE LOTS ON THIS PLAN HAVE BEEN EVALUATED BY A PRIVATE FIRM FOR ENVIRONMENTAL REGULATIONS. THE RESULTS OF THIS EVALUATION ARE SET FORTH IN THE ATTACHED REPORT. THE RESULTS OF THIS EVALUATION ARE SET FORTH IN THE ATTACHED REPORT.

STATE OF NORTH CAROLINA  
COUNTY OF HARNETT  
PLANNING DIRECTOR  
DATE: 10-14-09

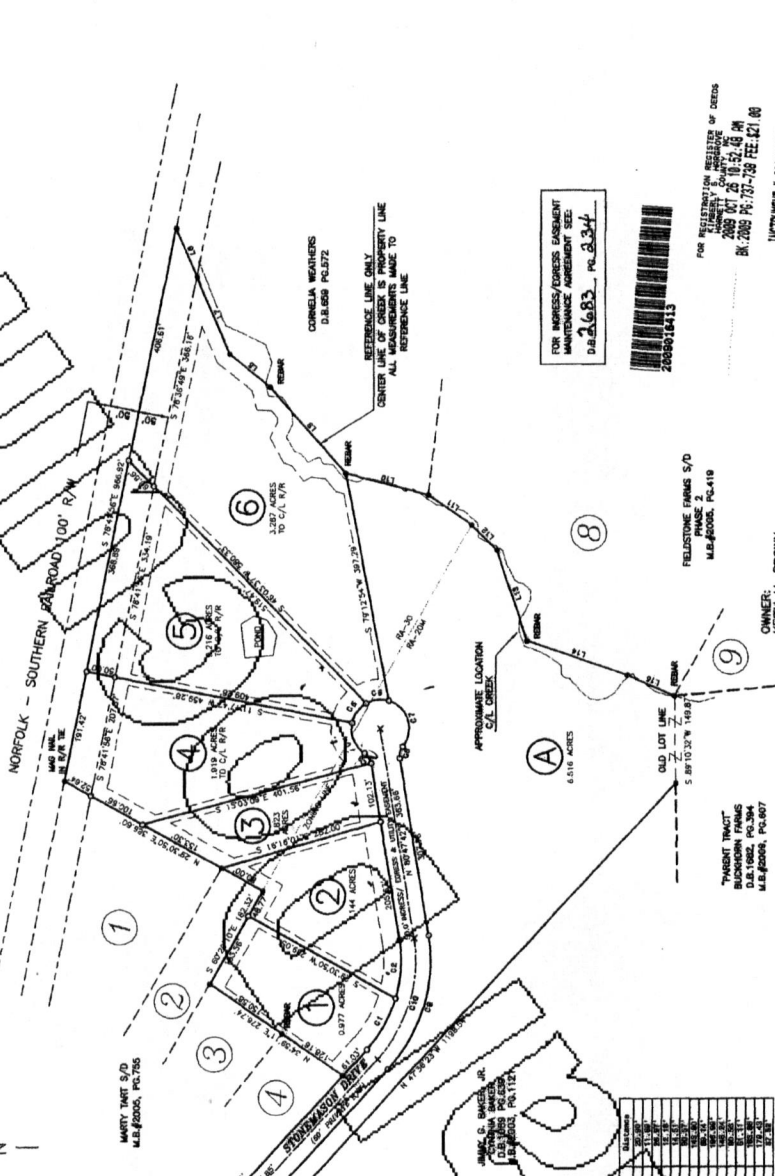
DEPARTMENT OF TRANSPORTATION  
DIVISION OF HIGHWAYS  
NO APPROVAL NECESSARY  
DATE: 10-14-09

DATE: 10-14-09  
TAX PARCEL ID NUMBER: 008-00-000-000  
OWNER: Keith M. Brown, Johnny M. Carroll, Dawn H. Carroll

OWN: TIMELOUSE O'CONNELL TRUST  
D.S. 1978 PL. 857

ROAD NAMES HAVE BEEN REVIEWED AND APPROVED BY E-911 APPROVED BY: [Signature]  
DATE: 10-14-09

PLANNING DIRECTOR  
DATE: 10-14-09



OWNER: KEITH M. BROWN, JOHNNY M. CARROLL, DAWN H. CARROLL  
HOLLY SPRINGS, N.C. 27540  
FOR THE REGISTER OF DEEDS  
KIMBERLY S. HARRIS  
REGISTER OF DEEDS  
2009 OCT 15 10:52 AM  
BK 2009 PL 137-138 PEE 421 80  
INSTRUMENT # 200916113

MINOR SUBDIVISION AND RECOMBINATION FOR:  
**KEITH M. BROWN, JOHNNY M. CARROLL AND DAWN H. CARROLL**  
BUCKHORN TOWNSHIP, HARNETT COUNTY, NORTH CAROLINA  
SCALE: 1" = 150' AUGUST 14, 2009

MAULDIN - WATKINS SURVEYING, P.A.  
P.O. BOX 444 / 1301 W. BROAD ST.  
FUGUAY VARIANA, NORTH CAROLINA 27526  
(919) 552-9326

REGISTER OF DEEDS  
KIMBERLY S. HARRIS  
REGISTER OF DEEDS  
2009 OCT 15 10:52 AM  
BK 2009 PL 137-138 PEE 421 80

Lot	Area	Area	Area	Area	Area	Area	Area	Area	Area
1	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
2	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
3	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
4	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
5	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
6	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
7	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
8	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360
9	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360	1.360

FOR THE REGISTER OF DEEDS  
KIMBERLY S. HARRIS  
REGISTER OF DEEDS  
2009 OCT 15 10:52 AM  
BK 2009 PL 137-138 PEE 421 80



VICINITY MAP (N.T.S.)  
State of North Carolina, Wake County  
I, James W. Mauldin, certify that the map was drawn under my supervision from an actual survey made under my supervision, and that the facts of preparation are set forth in the accompanying report. I, the undersigned, am a duly licensed and qualified surveyor in the State of North Carolina, and I am duly sworn to perform my duties as such. My commission expires on 10/15/10. My registration number is 10130. My office is located at 10130 S. 101st St., Raleigh, NC 27615. My telephone number is 919-876-1234. My fax number is 919-876-1234. My e-mail address is jmauldin@jmauldin.com. My website is www.jmauldin.com. My professional seal number is 10130. My professional seal expires on 10/15/10. My professional seal is located at the bottom of this page. My professional seal is a circular seal with the words 'PROFESSIONAL SURVEYOR' and 'STATE OF NORTH CAROLINA' around the perimeter. My professional seal number is 10130. My professional seal expires on 10/15/10. My professional seal is located at the bottom of this page.

NOTES:  
(A) THE PROPERTY SHOWN HEREON IS SUBJECT TO ALL EASEMENTS OF RECORD AFFECTING SAME.  
(B) NO TITLE SEARCH HAS BEEN PERFORMED BY THIS SURVEYOR.  
(C) THIS SURVEYOR DOES NOT CERTIFY TO THE EXISTENCE OR NON-EXISTENCE OF ANY UNDERGROUND UTILITIES THAT MAY OR MAY NOT BE PRESENT ON THIS SITE.  
(D) NO MONUMENTS WERE FOUND WITHIN 200' OF THIS SITE.  
THE SURVEYOR RELIED UPON THE CITY OR COUNTY FOR APPROVAL OF ALL APPLICABLE ORDINANCE AND HAS MADE NO INTERPRETATIONS OF THE ORDINANCES.

FILED DATE: October 14, 2009 TIME: 10:52 AM  
MAP NUMBER: 2009-137  
REGISTER OF DEEDS  
KIMBERLY S. HARRIS  
REGISTER OF DEEDS  
2009 OCT 15 10:52 AM  
BK 2009 PL 137-138 PEE 421 80  
INSTRUMENT # 200916113