

Initial Application Date: 11/1/17

Application # 17-50042685

CU# \_\_\_\_\_

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

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

LANDOWNER: LINWOOD COUNCIL Mailing Address: 2735 PROSPECT CHURCH ROAD  
City: DUNN, I State: NC Zip: 28334 Contact No: (919) 714-3080 Email: \_\_\_\_\_

APPLICANT\*: GREENFIELD HOUSING Mailing Address: 2117 HWY 70 EAST  
MARK CRAFT City: CAROL State: NC Zip: 27529 Contact No: (919) 772-2220 Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MARK CRAFT Phone # (919) 902-0351

PROPERTY LOCATION: Subdivision: Fred Turlington Lot #: 6 Lot Size: 8.92  
State Road # 2009 State Road Name: Prospect Church Road Map Book & Page: 2008 / 5  
Parcel: 071508 0046 05 PIN: 0598-89-0147.000  
Zoning: PA-30 Flood Zone: X Watershed: No Deed Book & Page: 3549 / 950 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 76 x 30) # Bedrooms 3 # 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: \_\_\_\_\_ 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: N/A Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

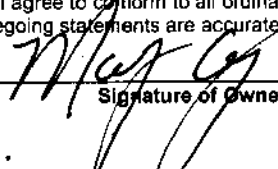
Front	Minimum	<u>35</u>	Actual	<u>250</u>
Rear		<u>25</u>		<u>25</u>
Closest Side		<u>10</u>		<u>300</u>
Sidestreet/corner lot				
Nearest Building on same lot				

1 modular  
Comments: -Part of lot is in 500 year floodplain-  
proposed structure is 600'+ from the boundary.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

421 TOWARDS DUNN, LEFT  
OF HWY 55, LEFT ON PROSPECT 1/2 MILE ON RIGHT

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

1 NOV 2017

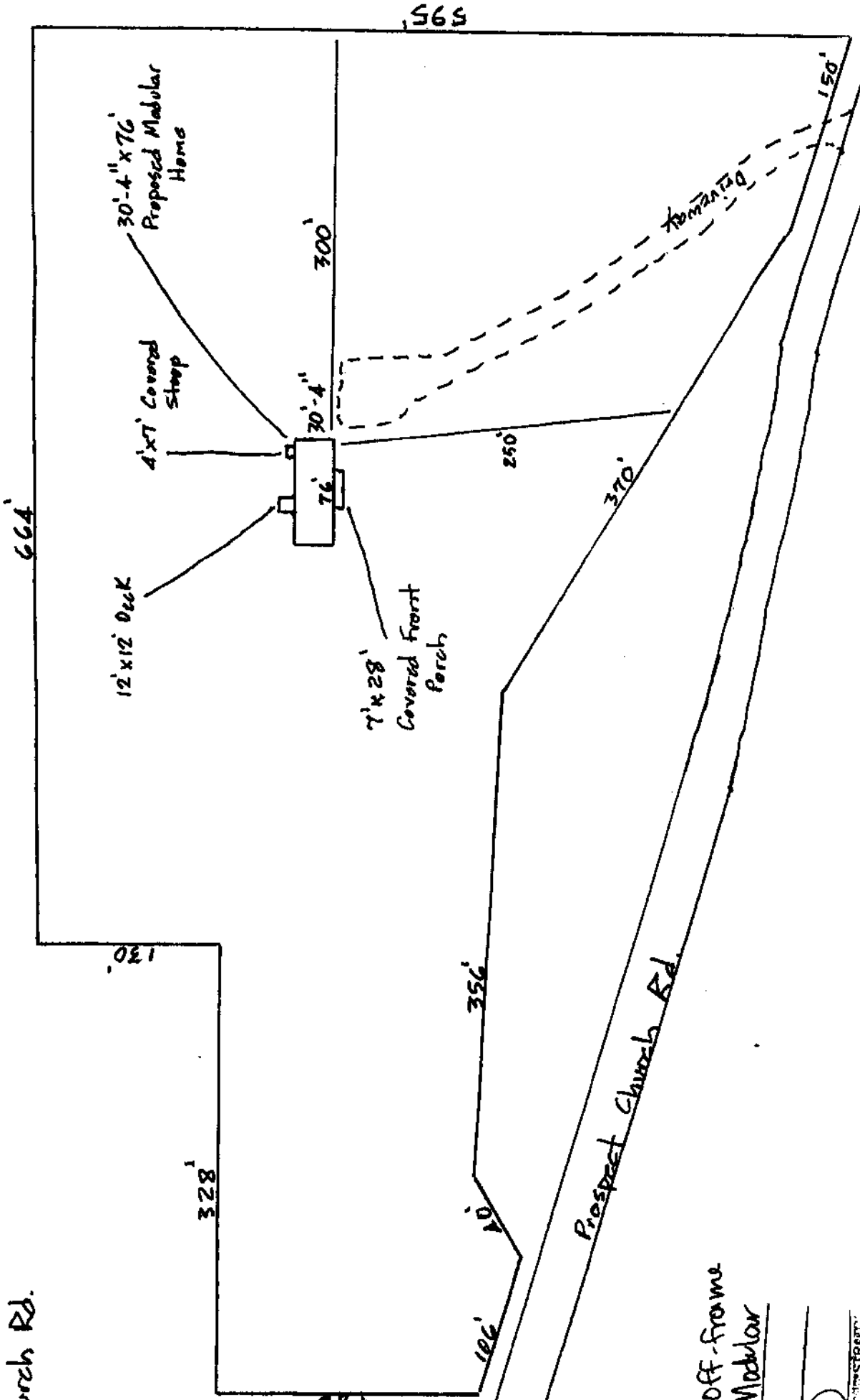
Date

\*\*\*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\*\*

1" = 100'

2735 Prospect Church Rd.  
Dunn, NC 28334  
Lot #6



SITE PLAN APPROVAL OFF-FRAME  
DISTRICT PA-30 USE Modular  
#BEDROOMS 3

11/1/17   
ADMINISTRATOR



NAME:

COUNSEL (DAD)

APPLICATION #:

17-50042685

\*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.**

Mark Cogo  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1 NOV 2017  
DATE

# Harnett County Department of Public Health

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

### APPLICANT INFORMATION

MARK CRAFT - GREENFIELD HOUSTON, 919, 772-2220  
Applicant/Owner Phone Number  
2117 HUSK DEPT, GARNER, NC 27529  
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changes that affect site drainage.

**Contact information: Environmental Health Division - 910-893-7547**

### PROPERTY INFORMATION

#### Proposed use of well

Single-Family  Multifamily  Church  Restaurant  Business  Irrigation

Street Address 2735 PROSPECT CHURCH RD Subdivision/Lot # 6  
Parcel # \_\_\_\_\_ PIN # \_\_\_\_\_

#### Directions to the Site

421 TOWARDS DUNN, LEFT ON 55 LEFT ON PROSPECT 1/2 MILE LOT ON RIGHT

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Mark D. Craft  
Property Owner's or Owner's Legal Representative Signature Required

1 NOV 2017  
Date

17-50042685

# GREENFIELD HOUSING CENTER

919-772-2220 OFFICE

919-772-0988 FAX

## PROPERTY LOCATOR

SALESPERSON:

Renee Thompson

CUSTOMER(S):

Linwood + Dianne Council

PHONE #(S):

919-714-3080

(Personal Home)

Two homes built side x side one Dad's one daughter's

NEW

ADDRESS:

2735 Prospect Church Rd.  
Dunn, NC 28334  
Lot #6

NOTES TO CONTRACTORS:

COUNTY:

Harnett

BUILDER:

Champion

YEAR:

2018

MODEL:

DE3977

SW, DW, OR MOD?:

Mod

Serial #:

TBD

HEATED SQ FT:

2305

PERIMETER CURTAINWALL: (CIRCLE ONE)

MASONRY

VINYL

DIMENSIONS:

76 x 30.4

DIRECTIONS TO HOME:

From Greenfield take I40 E toward Benson/Smithfield (22.26 miles) Take the NC-242 exit 325 toward Benson, turn slight rt onto 301 Hurd St/NC 242 - Turn Rt onto W Main St/NC-50 - W main St becomes NC-27 (6.58 miles) turn left onto N McKinley St/NC-55 - (3.53 miles) turn Rt onto Prospect Church Rd, Property on Rt.

DO NOT REMOVE!

**Details: Appointment of Lien Agent**

Entry #: 759057

Filed on: 11/21/2017

Initially filed by: mcgeelinvestments

**Designated Lien Agent**

Chicago Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC  
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com)

**Project Property**

2735 Prospect Church Rd.  
Dunn, NC 28334  
Harnett County

**Property Type**

1-2 Family Dwelling

**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 Information**

Linwood Council  
2735 Prospect Church Rd.  
Dunn, NC 28334  
United States

Email: [patsy@gogreenfieldhomes.com](mailto:patsy@gogreenfieldhomes.com)

Phone: 919-772-2220

View Comments (0)

Technical Support Hotline: (888) 690-7384



**NORTH CAROLINA MODULAR BUILDING  
SET-UP CONTRACTOR LICENSE BOND**

# 6760314

WE, McGee Investments, Inc. DBA Greenfield Housing Center as principal, located at 2117 US 70 HWY E, GARNER, NC 27529-9422 and The Cincinnati Insurance Company (surety) of 6200 S GILMORE RD, FAIRFIELD OH 45014-5141 (address) a corporation incorporated under the laws of the State of Ohio and duly licensed to transact a surety business in the State of North Carolina as surety, are indebted and bound to the State of North Carolina (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 2735 Prospect Church Rd.  
City Dunn, North Carolina
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 State of North Carolina (city or county inspection dept.).
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 under their several seals, this the 23rd day of October, 2017, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Patsy Willey  
Signature of Principal

Secretary  
Title

Surety by Karen Briggs  
(signature)

Karen Briggs  
(printed name)

Title Attorney-in-Fact  
P.O. Box 330  
Address Louisburg, NC 27549

Hodges Ins. Agency Inc.  
NC Resident Agent  
Louisburg NC  
Address

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

6760315

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the law of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint Karen Briggs

of Louisburg, NC

and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows: its true and lawful Attorney(s)-in-Fact to sign, execute, seal Any such obligations in the United States, Five Million and No/100 Dollars (\$5,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 1st day of April, 2007.



STATE OF OHIO  
COUNTY OF BUTLER

} ss:

THE CINCINNATI INSURANCE COMPANY

*Thomas H. Kelly*

Vice President

On this 1st day of April, 2007, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



*Mark J. Huller*

MARK J. HULLER, Attorney at Law  
NOTARY PUBLIC - STATE OF OHIO  
My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a 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 full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio, this 23rd day of October 2017

*Bridget J. Schlemmer*

Secretary



\* 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: PARENTS LINWOOD + DIANNE COUNCIL Date: 30 NOV 2017  
Site Address: 2805 PROSPECT CHURCH ROAD Phone: (919) 714-3000  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: N/A Lot: 6  
Description of Proposed Work: OFF FRAME MODULAR # of Bedrooms: \_\_\_\_\_  
Heated SF: 2305 Unheated SF: \_\_\_\_\_ Finished Bonus Room? NO Crawl Space:  Slab: \_\_\_\_\_

**General Contractor Information**

JNB SERVICES MIKE BARBOUR (SET-UP) Telephone: (919) 669-7043  
Building Contractor's Company Name  
105 ASPEN CIRCLE, CLAYTON  
Address  
32512  
License # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Electrical Contractor Information**

Description of Work CONNECT CROSSOVERS Service Size: 200 Amps T-Pole: Yes  No   
ALCYONE SERVICES LLC Telephone: (919) 710-1300  
Electrical Contractor's Company Name  
7710 FOX KNOLL DRIVE, FUQUAY VARINA  
Address  
24742-6P-5FD  
License # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work INSTALL HEAT-PUMP + ALL DUCT CONNECTIONS  
ALCYONE SERVICES LLC Telephone: (919) 710-1300  
Mechanical Contractor's Company Name  
7710 FOX KNOLL DRIVE, FUQUAY VARINA  
Address  
12730  
License # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work CONNECT ALL PLUMBING + SEPTIC # Baths: \_\_\_\_\_  
PRIORITY PLUMBING Telephone: (919) 422-4935  
Plumbing Contractor's Company Name  
P.O. BOX 420 WILLOW SPRINGS, NC  
Address  
18550  
License # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

\*NOTE: General Contractor / owner 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.

*Mark Cift*

Signature of Owner/Contractor/Officer(s) of Corporation

*30 NOV 2017*

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: GREENFIELD HOUSING CENTER

Sign w/Title: Mark Cift CONSTRUCTION MANAGER Date: 30 NOV 2017