

Initial Application Date: 11/1/17

Application # 17-50042686

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: LINWOOD COUNCIL (DAUGHTER) Mailing Address: 2815 PROSPECT CHURCH ROAD
City: DUNN State: NC Zip: 28334 Contact No: (919) 714-3080 Email: _____

APPLICANT*: MARK CRAFT Mailing Address: 2117 HOSP 70 EAST
City: GARNER State: NC Zip: 27527 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 #: 5 Lot Size: 9.32
State Road # 2009 State Road Name: Prospect Church Road Map Book & Page: 2008 / 5
Parcel: 071508 0046 04 PIN: 0598-88-8901.000
Zoning: RA-30 Flood Zone: X Watershed: No Deed Book & Page: 3549 0958 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:

	Minimum	Actual
Front	<u>35'</u>	<u>250'</u>
Rear	<u>25'</u>	<u>25+</u>
Closest Side	<u>10'</u>	<u>200'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: 1 modular

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 TOWARDS DUNN, LEFT
ON 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.

Mary D. Cas
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'

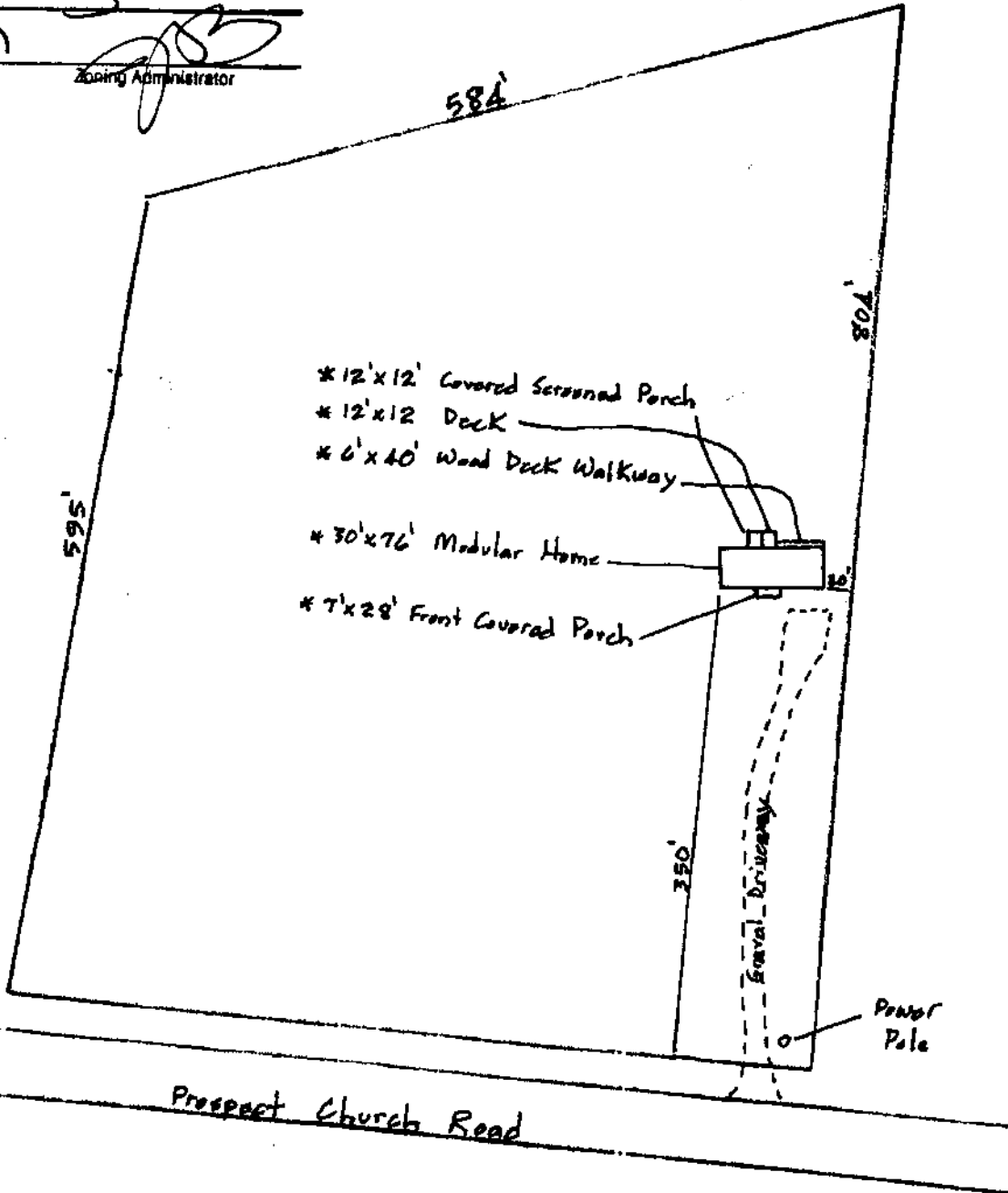
APPL# 17-50042686
2815 Prospect Church Rd
Dunn, NC 28334
Lot #5

SITE PLAN APPROVAL GIS frame

DISTRICT RA30 USE Mod

#BEDROOMS 3

Date 11/7/17
Zoning Administrator [Signature]



NAME: COUSEL (DAUGHTER)

APPLICATION #: 17-50042686

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.

[Signature]
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 HOUSING (919) 772-2220
Applicant/Owner Phone Number
2117 HWY 70 EAST, GARDA, 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 2815 PROSPECT CHURCH ROAD Subdivision/Lot # 5
Parcel # 071508 0046 04 PIN # 0508-88-8901.000

421 TOWARDS DUNN, LEFT ON 55, LEFT ON PROSPECT 1/2 MILE LOT ON RIGHT
Directions to the Site

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 Craft
Property Owner's or Owner's Legal Representative Signature Required

1 NOV 2017
Date

17-50042686

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

(Daughters Home) Christie + Doug Hampton 919-455-7865

NEW ADDRESS:

2815 Prospect Church Rd
Dunn, NC 28334
Lot #5

NOTES TO CONTRACTORS:

COUNTY:

Harnett

BUILDER:

Champion

YEAR:

2018

MODEL:

23-3975

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 Hwy/SHC 242 - Turn Rt onto
N Main St/NC-50 - N 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 #: 759062

Filed on: 11/21/2017

Initially filed by: mcgeeinvestments

Designated Lien Agent

Chicago Title Company, LLC

Online: 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

Project Property

2815 Prospect Church Road
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

2815 Prospect Church Rd

Dunn, NC 28334

United States

Email: patsy@gogreenfieldhomes.com

Phone: 919-772-2220

View Comments (0)

Technical Support Hotline: (888) 690-7384

* 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: CHRISTY & DOUG HAMPTON Date: 30 NOV 2017
Site Address: 2815 PROSPECT CHURCH ROAD Phone: (919) 455-7865
Directions to job site from Lillington: _____

Subdivision: N/A Lot: _____
Description of Proposed Work: OFF FRAME MODULAR # of Bedrooms: _____
Heated SF: 2305 Unheated SF: 1500 Finished Bonus Room? NO Crawl Space: Slab: _____

General Contractor Information

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

Electrical Contractor Information

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

Mechanical/HVAC Contractor Information

Description of Work INSTALL HEAT-PUMP & ALL DUCT CONNECTIONS
ALCYONE SERVICES LLC (919) 710-1300
Mechanical Contractor's Company Name Telephone
7710 FOX KNOLL DRIVE, FUSQUAY VARIANA
Address Email Address
128730
License #

Plumbing Contractor Information

Description of Work CONNECT ALL PLUMBING & SEPTIC # Baths _____
PRIORITY PLUMBING (919) 422-4935
Plumbing Contractor's Company Name Telephone
P.O. Box 420 Willow Springs, NC
Address Email Address
18550
License #

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 Goff

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 Goff CONSTRUCTION MANAGER Date: 30 NOV 2017

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

6760315

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 2815 Prospect Church Road
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.

[Signature]
Signature of Principal

[Signature]
Title

Surety by [Signature]
(signature)

Karen Brigge
(printed name)

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

Hodges Ins. Agency Inc
N.C. 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 laws 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 its true and lawful Attorney(s)-in-Fact to sign, execute, seal 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: 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.



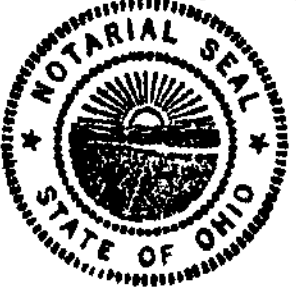
THE CINCINNATI INSURANCE COMPANY

STATE OF OHIO } ss:
COUNTY OF BUTLER

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 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

Beggy J. Schlemmer

Secretary

