

Initial Application Date: 11-23-10

11-24-10

Application # 1050025664

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

LANDOWNER: Scott Baker Mailing Address: 54 Patawba Springs Lake NC

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____ 28390

APPLICANT*: Scott Baker Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Tim Baker Phone # 910-814-3262

PROPERTY LOCATION: Subdivision: Serrell King Lot #: _____ Lot Size: 1.34K

State Road # _____ State Road Name: NC 210 Map Book&Page: 615, 1

Parcel: 01 0536 0086 PIN: 0525-55-46 00, 000

Zoning: RA 2011 Flood Zone: X Watershed: N/A Deed Book&Page: 2454, 510 Power Company*: UK

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: go past overhill Rd HWY 210
Approx. 800 ft turn Rt. on Easy Lane
Look for gate on left

PROPOSED USE: Moved

- SFD: (Size 29x48) # Bedrooms: 2 # Baths: 1 1/2 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 _____ x _____) # Bedrooms _____ # Baths _____ 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

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks: _____ Comments: _____

	Minimum	Actual	
Front	<u>35</u>	<u>212</u>	<u>Moved House</u>
Rear	<u>25</u>	<u>166</u>	
Closest Side	<u>10</u>	<u>36</u>	
Sidestreet/corner lot	_____	_____	
Nearest Building on same lot	_____	_____	

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]
Signature of Owner or Owner's Agent

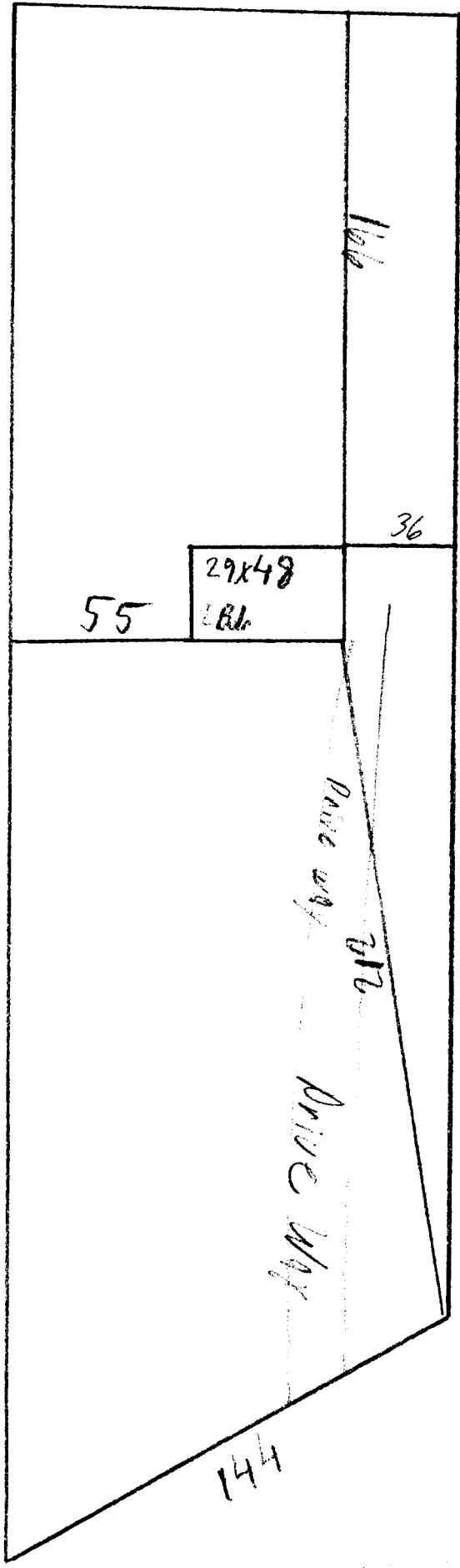
Nov 23 2010
Date

This application expires 6 months from the initial date if permits have not been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

071

45



SITE PLAN APPROVAL *Moved House*
 DISTRICT AA ZON USE SFD
 #BEDROOMS 2

11-23-10 *V.C. Brum*
 Date Zoning Administrator

V.C. Brum

NC 210

NAME: _____

APPLICATION #: 1050025664

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 # 119300

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Nov 23 2010
DATE



FOR REGISTRATION REGISTER OF DEEDS
 TIMOTHY E. HARGROVE
 HARNETT COUNTY, NC
 2007 DEC 10 03:41:10 PM
 BK: 2454 PG: 510-513 FEE: \$20.00
 NC REV STAMP: \$50.00
 INSTRUMENT # 2007021651

HARNETT COUNTY TAX ID#
 01-0536-0086

12-10-07 BY 3143

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 50.00

Parcel Identifier No. 010536 0086 Verified by _____ County on the ____ day of _____, 20__
 By: _____

Mail/Box to: REGINALD B. KELLY, PO BOX 1118, LILLINGTON, NC 27546

This instrument was prepared by: REGINALD B. KELLY, 900 S MAIN STREET, LILLINGTON, NC 27546

Brief description for the Index: _____

THIS DEED made this 10th day of December, 20 07, by and between

<p>GRANTOR JAMES L. MOBLEY and MABLE L. MOBLEY, TRUSTEES OF THE JAMES L. MOBLEY AND MABLE L. MOBLEY REVOCABLE LIVING TRUST DATED 11/01/2002 117 RED OAK DRIVE SPRING LAKE, NC 28390</p>	<p>GRANTEE SCOTT WILLIAM BAKER 54 PATAWBA LANE SPRING LAKE, NC 28390</p>
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The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of SPRING LAKE, ANDERSON CREEK Township, HARNETT County, North Carolina and more particularly described as follows:
 See Attached

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1684 page 810

A map showing the above described property is recorded in Plat Book _____ page _____

How to Properly Mark Property for Soil Evaluation

(MUST MATCH SITE PLAN)

