Initial Application Date: 12 - 30-12

Application #	13	500	32	684
	CL	]#		

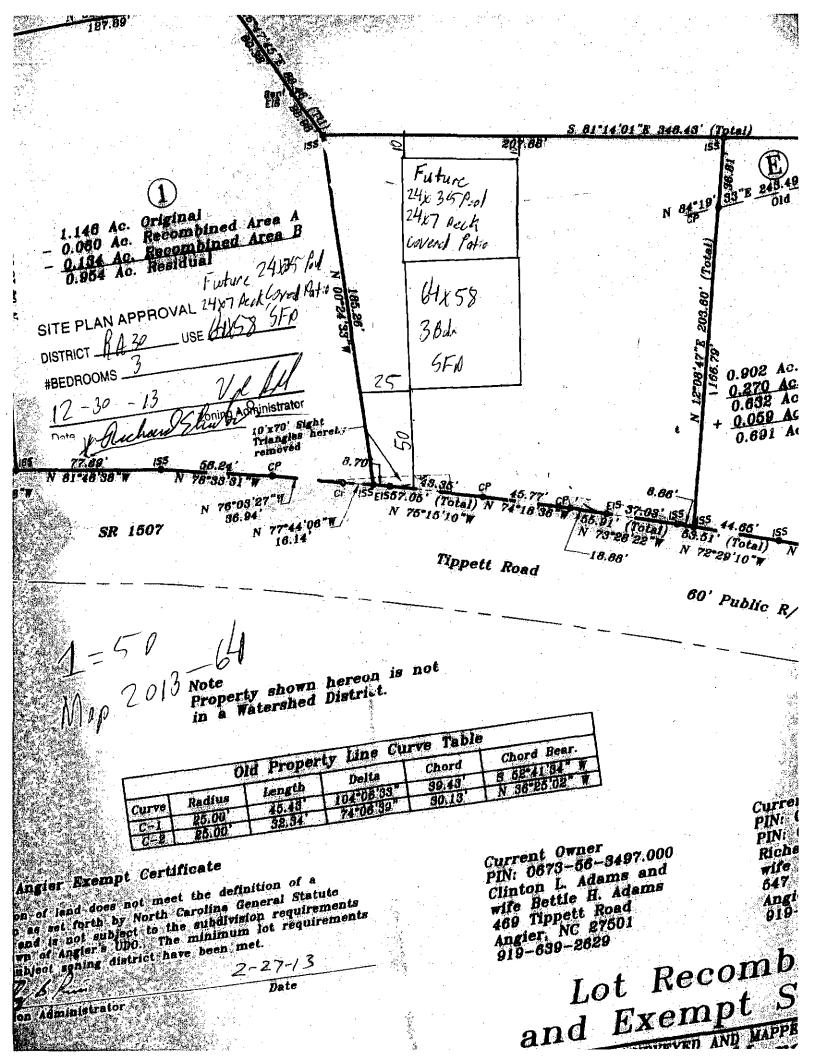
_	AP, RECORDED DEED (OR OFFER TO PURCHASE		~ 0	<b>4</b>
_ 2	E-Murcock Ma			
City: Angier	State: <u>N.C.</u> Zip: <u>275.6.1</u> Contac	t No:	Email: Corky @ Millhard	<u>هرس</u>
APPLICANT*:	Mailing Address:			
City:*Please fill out applicant information if d	State: Zip: Contactifferent than landowner	t No:	Email:	
CONTACT NAME APPLYING IN	OFFICE:	Pho	ne #	
PROPERTY LOCATION: Subdivis	ion:		Lot #: Lot Size:	75
State Road # 15 7 S Parcel: 2 4 0673	tate Road Name: Tipp + +  000   PIN	10673 56 30673 56	Map Book & Page: 2013, 64 3497,060	<u>_</u>
. ,	Watershed: WH Deed Book & largy as service provider need to supply prem			
(Is the state of t	dedrooms: 3 # Baths: 4 Basement(w/wo ne bonus room finished? () yes (_/) no dedrooms # Baths Basement (w/wo ne second floor finished? () yes () no	w/ a closet? () yes (/no	(if yes add in with # bedrooms)  Built Deck: On Frame Off Fra	
☐ Manufactured Home:SW	DWTW (Sizex) # B	edrooms: Garage:(s	site built?) Deck:(site built?)	)
☐ Duplex: (Sizex)	No. Buildings: No. Bedroom	ms Per Unit:	_	
☐ Home Occupation: # Rooms:	Use:	Hours of Operation:	#Employees:	
☐ Addition/Accessory/Other: (Si	zex) Use:		Closets in addition? () yes (	) n
Water Supply: County	Existing Well New Well (# of dwe	ellings using well) *	Must have operable water before fina	ţ
Sewage Supply: New Seption	Tank (Complete Checklist) Existing	g Septic Tank ( <i>Complete Chec</i>	cklist) County Sewer	
Does owner of this tract of land, ow	n land that contains a manufactured home	within five hundred feet (500')	of tract listed above? () yes (∠_) no	
Does the property contain any ease	ements whether underground or overhead (	) yes ( <b>/_</b> ) no		
Structures (existing of proposed).	Single family dwellings: M	lanufactured Homes:	Other (specify):	
Required Residential Property I	.ine Setbacks: Comments:			
Front Minimum A	ctual			
Rear				
Closest Side				
Sidestreet/corner lot				
Nearest Building				_

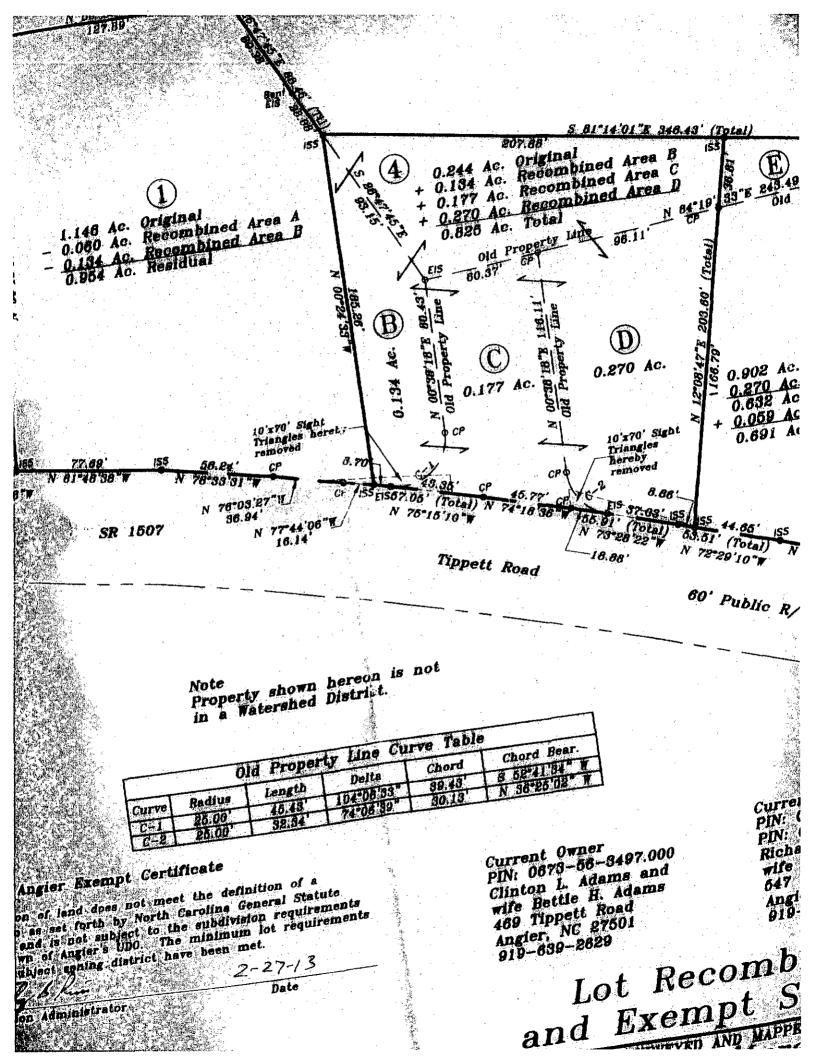
Residential Land Use Application

<u> </u>	 ·		·	
		\$ x		S

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*





	•	A STATE OF THE STA		
NAME: Rich	ard EMurdock		APPLICATION #:	
	*This application to be fil	led out when applying	for a septic system inspectio	n.*
County Heal		P T	· Varmit graine Allillari	1731110Y1 141 Y .4869XLFT3CT.
	th Department Application on in this application is far PRIZATION TO CONSTRUCT SHAPE			
PERMIT OR AUTHO	PRIZATION TO CONSTRUCT SHAppentation submitted. (Complete site	plan = 60 months; Comple	Se bitte - attrious makes and	
910-893-7	525 option 1		CONFIRMATION #	
<u>Environmenta</u>	al Health New Septic System	nCode 800	ody flags" on each corner	r from of lot. All proper
	rty trons must be made vis be clearly flagged approximate			
				iveways, garages, decks
		SA IIAAB DALEIM DISII D	AVEIDICAL AUTOL CONTROL OF	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	gs, swimming pools, etc. Flac ge Environmental Health card is thickly wooded, Environme			
A		SKALIK DO SDIO 10 WSIK	THEIR ALOUING SING! SECTION	urade Divabili.
		imaer eque emar con	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	IID 100 IIIAY DO IIICUIICI
	to uncover outlet lid. mark f ring proposed site call the voi			
onn Joffer e	ulactina actification permit (II)	multiple permis exist/	Di Piliti Diningina i rediti i	Inspection. Please note
- C	a an and of toom	ענטאו איז איזוווס זמי ממומע	COL.	
<ul> <li>Use Click20</li> </ul>	Boy or IVR to verify results. $\circ$	ince approved, procee	to to certifical increasing for the	permitai
	Health Existing Tank Insperent instructions for placing flags	and card on property	<i>l</i> .	
		AUAC AIITIDI DAA AI 18	IIIK MS WIRWIGHT III YO YO KUB. C	and lift lid straight up (if
possible) an	id then put lid back in place.	(Unless inspection is	tor a septic tarik in a mobile	a nome park)
	مستمر مساغات ما ما ما ما	. marmitting cuctars at	910-893-7525 option 1 & s	elect notification permit
if multiple p	ermits, then use code 800 to	Of Euklighmenia He	alth inspection. Please not	e confirmation number
given at end	of recording for proof of required or IVR to hear results. Once	<u>est</u> . Se approved proceed	to Central Permitting for re-	maining permits.
If applying for authoriz	ation to construct please indicate d	lesired system type(s): ca	in be ranked in order of preferer	ice, must choose one.
( } Accepted	{} Innovative (.	} Conventional	() Any	
() Alternative	() Other		<b>-</b>	
	ify the local health department up is "yes", applicant MUST ATT	oon submittal of this app	olication if any of the following DOCUMENTATION:	g apply to the property in
			•	
YES LINO	Does the site contain any Juri	sdictional Wetlands?		
[_]YES (L)NO	Do you plan to have an imiga	<u>tion system</u> now or in th	ie futurė?	
[_]YES [L] NO	Does or will the building cont	tain any <u>drains</u> ? Please t	explain	
YES (LINO	Are there any existing wells,	springs, waterlines or W	astewater Systems on this pro-	perty?
(_)YES (11)NO	Is any wastewater going to be	generated on the site of	her than domestic sewage?	
_)YES (1/NO	Is the site subject to approval	by any other Public Age	ency?	
YES (LINO	Are there any Easements or Ri			··-
	Does the site contain any exist	ing water, cable, phone	or underground electric lines?	
{_}}YES {_L}*NO	If yes please call No Cuts at 8	00-632-4949 to locate t	he lines. This is a free service	
and a Lifety Amelians	tion And Certify That The Inform	ation Provided Herein Is	True, Complete And Correct.	Authorized County And
I Have Read This Applical	d Right Of Entry To Conduct Nec	accory Inspections To De	termine Compliance With Appl	licable Laws And Rules.
State Officials Are Grante	olely Responsible For The Proper	Edentification And I she	ling Of All Property Lines And	Corners And Making
			00/1/1	\ 1
	t A Complete Site Evaluation Can	THAM	and Mullo	12/30/13
PROPERTY OWNERS	OR OWNERS LEGAL REPR	ESENTATIVE SIGN	ATURE (REQUIRED)	DATE '
		· · · · · · · · · · · · · · · · · · ·		

## TOT Crope WTH

## **TOWN OF ANGIER**

## LAND USE PERMIT

55 NORTH BROAD ST WEST ANGIER, NC 27501-0278

Phone: 919-639-2071 FAX: 919-639-6130

**DATE ISSUED: 12/30/2013** 

PERMIT #: 2013-000305

DISTRICT

TAX MAP PARCEL#

**RA** 30

040673 0007

547 TIPPETT ROAD

LOT

ZONING DISTRICT

**RA 30** 

OWNER:

**LOCATION** 

MURDOCK, RICHARD

TOT 4

CONTRACTOR:

TOTAL VALUATION
\$ 0

SUBCONTRACTOR ID/NAME

SUBCONTRACTOR TYPE

TYPE CONSTRUCTION: LAND USE

OCCUPANCY GROUP: SINGLE FAMILY DWELLING

FEE CODE

LAND USE RESIDENTIAL

<u>FEE</u>

35.00

TOTAL PAID:

35.00

\*\*PAID IN FULL\*\*

TOTAL AMOUNT:

35.00

REMARKS:

IMPROVEMENT PERMIT FOR NEW CONSTRUCTION SINGLE FAMILY DWELLING

(SIGNATURE OF CONTRACTOR/OWNER)

(ISSUED BY)

(DATE)

(DATE)

HARNETT COUNTY TAX ID# 10.04.0013.0006 12.27.13BY\_ST



Excise Tax: \$ 7.00	·			•	
Tax Lot No. <u>out of 0673</u>	-56-3497.000	_ Parcel Identifie	r No		_
Verified by	County on the	day of	, 20	by	
Mail after recording to: Ja This instrument was prepa			Fuquay-	-Varina, NC 27526	
Brief Description for the	index	Lot 4, Tract C	and E,	Map Book 2013, Page 64	
	NORTH CAROLINA			TY DEED	_
THIS DEED made this $\mathcal Q$	day of December,	2013, by and bety	veen		_
GRA	ANTOR			GRANTEE	
Clinton L. Adams and wi	fe,			lock and wife,	
Bettie H. Adams		Sandra F	. Murdo	ock `	
469 Tippett Road		547 Tipp	ett Roa	d .	
Angier, North Carolina 2	7501	Angier, 1	North Ca	arolina 27501	

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g., corporation or partnership.

□If checked, this property is a personal residence.

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 \_\_\_\_\_, Black River Township, Harnett County, North Carolina and more particularly described as follows:

Being all of that portion of Lot 4 described as "0.244 Ac. Original" and "0.177 Ac. Recombined Area C", more or less, and that portion of Lot 3 described as "0.059 Ac. Recombined Area E", more or less, as shown on that map entitled "Lot Recombination and Exempt Subdivision, Surveyed and