
ADDRESS . : 190 BAY ST SUBDIV: CAPTAINS LANDING
 CONTRACTOR : HANDS ON ENTERPRISES INC PHONE : (919) 552-5790
 OWNER . . : DUPREE MICHAEL & BEVERLY #12 PHONE :
 PARCEL . . : 05-0613- - -0007- - -
 APPL NUMBER: 06-50015760 CP NEW RESIDENTIAL (SFD)
 DIRECTIONS : CAPTAINS LANDING #12
 401N TO CHRISTIAN LIGHT RD TURN LEFT GO
 TO COKESBURY RD TURN LEFT GO TO RIVER
 RD TURN LEFT GO TO CAPTAINS LANDING
 ENTRANCE TURN RIGHT JASMINE RD NAME
 CHANGED TO NATCHEZ TRACE BOTTOM OF HILL
 BAY ST TURN RIGHT LOT BESIDE RAMP
 T/S: 09/18/2006 03:06 PM JDAVIS ----
 ****CONSERVATION ZONING GRANDFATHERED
 TO RA30 BECAUSE S/D CREATED IN 1976 -
 ALL PER CHRISTI****JDAVIS

STRUCTURE: 000 000 56X32 3BR
 FLOOD ZONE : FLOOD ZONE - AE

PERMIT: CPSF 00 CP * SFD

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/02/07 <u>5-2-07</u>	TI <u>APBS</u>	R*BLDG FOOTING / TEMP SVC POLE VRU #: 001401110

COMMENTS AND NOTES

ADDRESS : 190 BAY ST SUBDIV: CAPTAINS LANDING
CONTRACTOR : HANDS ON ENTERPRISES INC PHONE : (919) 552-5790
OWNER : DUPREE MICHAEL & BEVERLY #12 PHONE :
PARCEL : 05-0613- - -0007- - -
APPL NUMBER: 06-50015760 CP NEW RESIDENTIAL (SFD)
DIRECTIONS : CAPTAINS LANDING #12
401N TO CHRISTIAN LIGHT RD TURN LEFT GO
TO COKESBURY RD TURN LEFT GO TO RIVER
RD TURN LEFT GO TO CAPTAINS LANDING
ENTRANCE TURN RIGHT JASMINE RD NAME
CHANGED TO NATCHEZ TRACE BOTTOM OF HILL
BAY ST TURN RIGHT LOT BESIDE RAMP
T/S: 09/18/2006 03:06 PM JDAVIS ----
****CONSERVATION ZONING GRANDFATHERED
TO RA30 BECAUSE S/D CREATED IN 1976 -
ALL PER CHRISTI****JDAVIS

STRUCTURE: 000 000 56X32 3BR
FLOOD ZONE : FLOOD ZONE - AE

PERMIT: CPSF 00 CP * SFD

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/02/07	BS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 001401110
	5/02/07	AP	
B103 01	5/18/07	TI	R*BLDG FOUND & TEMP SVC POLE VRU #: 001411993
	<u>5-18-07</u>	<u>DABS</u>	

----- COMMENTS AND NOTES -----

ADDRESS : 190 BAY ST
CONTRACTOR : HANDS ON ENTERPRISES INC
OWNER : DUPREE MICHAEL & BEVERLY #12
PARCEL : 05-0613- - -0007- - -
APPL NUMBER: 06-50015760 CP NEW RESIDENTIAL (SFD)

SUBDIV: CAPTAINS LANDING
PHONE : (919) 552-5790
PHONE :

DIRECTIONS : CAPTAINS LANDING #12
401N TO CHRISTIAN LIGHT RD TURN LEFT GO
TO COKESBURY RD TURN LEFT GO TO RIVER
RD TURN LEFT GO TO CAPTAINS LANDING
ENTRANCE TURN RIGHT JASMINE RD NAME
CHANGED TO NATCHEZ TRACE BOTTOM OF HILL
BAY ST TURN RIGHT LOT BESIDE RAMP
T/S: 09/18/2006 03:06 PM JDAVIS ----
****CONSERVATION ZONING GRANDFATHERED
TO RA30 BECAUSE S/D CREATED IN 1976 -
ALL PER CHRISTI****JDAVIS

STRUCTURE: 000 000 56X32 3BR
FLOOD ZONE : FLOOD ZONE - AE

PERMIT: CPSF 00 CP * SFD

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/02/07	BS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 001401110
	5/02/07	AP	
B103 01	5/18/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001411993
	5/18/07	DA	Need Certifications as attached before continuing job. If certification is approved, leave a copy or fax us a copy w/ permit # and I will check the information at open floor inspection . CERTIFICATE MUST BE STAMPED AND SIGNED
B103 02	6/07/07 <u>6-7-07</u>	TI <u>APB</u>	R*BLDG FOUND & TEMP SVC POLE VRU #: 001424569
B105 01	6/07/07 <u>6-7-07</u>	TI <u>APB</u>	R*OPEN FLOOR TIME: 17:00 VRU #: 001425032

COMMENTS AND NOTES

OLD COPY

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name BENNY JOE SEARS + BARBARA V. SEARS		For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 BAY STREET		Policy Number	
City FUQUAY-VARINA		Company NAIC Number	
State NORTH CAROLINA		ZIP Code 27526	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12 CAPTAIN'S LANDING, BLOCK 3, MAP # 2006 - 369			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 35° 29.215' Long. 78° 57.055'		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number 5			
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s) N/A sq ft		a) Square footage of attached garage N/A sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade N/A		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A	
c) Total net area of flood openings in A8.b N/A sq in		c) Total net area of flood openings in A9.b N/A sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number HARNETT COUNTY 370328		B2. County Name HARNETT		B3. State NORTH CAROLINA	
B4. Map/Panel Number 0602	B5. Suffix I	B6. FIRM Index Date APRIL 16, 1990	B7. FIRM Panel Effective/Revised Date OCT. 3, 2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 145.7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized **NCBS 7-DSD** Vertical Datum **NGVD 29**

Conversion/Comments **NOT CONVERTED**

Check the measurement used.

- | | | |
|---|---|--|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) | <u>155.0</u> <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor | <u>N/A</u> <input type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> <input type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) | <u>N/A</u> <input type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) | <u>155.0</u> <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG) | <u>145.0</u> <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG) | <u>145.4</u> <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

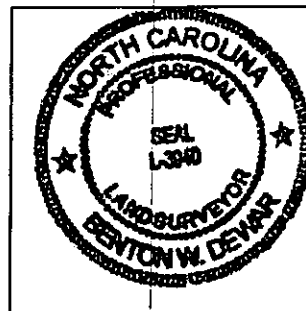
Check here if comments are provided on back of form.

Certifier's Name **BENTON W. DEWAR** License Number **NCPLS. 3040**

Title **OWNER** Company Name **BENTON DEWAR + ASSOC.**

Address **5920 HONEYCUTT RD.** City **HOLLY SPRINGS** State **NC** ZIP Code **27540**

Signature *Benton W. Dewar* Date **10/12/06** Telephone **919.552-9813**



IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 BAT STREET		Policy Number	
City FLOUKEY - VARINA	State NORTH CAROLINA	ZIP Code 27526	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

[Signature]
Signature

10/12/06
Date

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

Check here if attachments

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name BENNY JOE SEARS & BARBARA V. SEARS		For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 190 BAY STREET		Policy Number	
City FUQUAY-VARINA	State NORTH CAROLINA	Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12 CAPTAIN'S LANDING, BLOCK 3, MAP # 2006-369		ZIP Code 27526	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 35°-29'-12.7" Long. 78°-57'-03.5"		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number B			
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s) 1,104 sq ft	a) Square footage of attached garage N/A sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 18	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A		
c) Total net area of flood openings in A8.b 1,696 sq in	c) Total net area of flood openings in A9.b N/A sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number HARNETT COUNTY 370328		B2. County Name HARNETT		B3. State NORTH CAROLINA	
B4. Map/Panel Number 0602	B5. Suffix J	B6. FIRM Index Date APR 21, 1990	B7. FIRM Panel Effective/Revised Date Oct. 3, 2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 145.7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized **NGS-7 DED** Vertical Datum **NGVD 29**
Conversion/Comments **NONE**

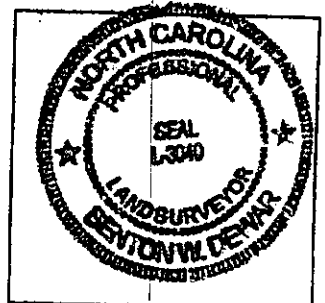
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	145.5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	148.5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	145.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	145.4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.

Certifier's Name BENTON W. DEWAR	License Number NCPLS-3040
Title OWNER	Company Name BENTON DEWAR & Assoc.
Address 5920 HONEYCUT RD.	City HOLLY SPRINGS
State NC	ZIP Code 27540
Signature <i>[Signature]</i>	Date 5/21/07
Telephone 919.552.9813	



IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 100 BAY STREET		Policy Number	
CITY FLORENCE-VARINA	STATE N.C.	ZIP CODE 27526	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS **MACHINERY OR HVAC EQUIPMENT NOT YET INSTALLED.**

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum:
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum:

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

ADDRESS : 32392 *UNASSIGNED SUBDIV: CAPTAINS LANDING
 CONTRACTOR : HANDS ON ENTERPRISES INC PHONE : (919) 552-5790
 OWNER : DUPREE MICHAEL & BEVERLY #12 PHONE :
 PARCEL : 05-0613- - -0007- - -
 APPL NUMBER: 06-50015760 CP NEW RESIDENTIAL (SFD)

DIRECTIONS : CAPTAINS LANDING #12
 401N TO CHRISTIAN LIGHT RD TURN LEFT GO
 TO COKESBURY RD TURN LEFT GO TO RIVER
 RD TURN LEFT GO TO CAPTAINS LANDING
 ENTRANCE TURN RIGHT JASMINE RD NAME
 CHANGED TO NATCHEZ TRACE BOTTOM OF HILL
 BAY ST TURN RIGHT LOT BESIDE RAMP
 T/S: 09/18/2006 03:06 PM JDAVIS ----
 ****CONSERVATION ZONING GRANDFATHERED
 TO RA30 BECAUSE S/D CREATED IN 1976 -
 ALL PER CHRISTI****JDAVIS

STRUCTURE: 000 000 56X32 3BR
 FLOOD ZONE . . . : FLOOD ZONE - AE

PERMIT: CPSF 00 CP * SFD

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/02/07	BS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 001401110
	5/02/07	AP	
B103 01	5/18/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001411993
	5/18/07	DA	Need Certifications as attached before continuing job. If certification is approved, leave a copy or fax us a copy w/ permit # and I will check the information at open floor inspection . CERTIFICATE MUST BE STAMPED AND SIGNED
B103 02	6/07/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001424569
	6/07/07	AP	Flood certification attached
B105 01	6/07/07	BS	R*OPEN FLOOR TIME: 17:00 VRU #: 001425032
	6/07/07	AP	
A814 01	6/08/07	TI	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 001425040
	6/07/07	AP	190 Bay St
R325 01	4/01/08	TI	THREE TRADE ROUGH IN VRU #: 001585363
	3/31/08	CA	
R425 01	4/01/08	TI	FOUR TRADE ROUGH IN TIME: 17:00 VRU #: 001586338

4-1-08 APRS

COMMENTS AND NOTES

ADDRESS : 190 BAY ST
 CONTRACTOR : HANDS ON ENTERPRISES INC
 OWNER : DUPREE MICHAEL & BEVERLY #12
 PARCEL : 05-0613- - -0007- - -
 APPL NUMBER: 06-50015760 CP NEW RESIDENTIAL (SFD)
 DIRECTIONS : CAPTAINS LANDING #12
 401N TO CHRISTIAN LIGHT RD TURN LEFT GO
 TO COKESBURY RD TURN LEFT GO TO RIVER
 RD TURN LEFT GO TO CAPTAINS LANDING
 ENTRANCE TURN RIGHT JASMINE RD NAME
 CHANGED TO NATCHEZ TRACE BOTTOM OF HILL
 BAY ST TURN RIGHT LOT BESIDE RAMP
 T/S: 09/18/2006 03:06 PM JDAVIS ----
 ****CONSERVATION ZONING GRANDFATHERED
 TO RA30 BECAUSE S/D CREATED IN 1976 -
 ALL PER CHRISTI****JDAVIS

SUBDIV: CAPTAINS LANDING
 PHONE : (919) 552-5790
 PHONE :

919-552-6490

STRUCTURE: 000 000 56X32 3BR
 FLOOD ZONE : FLOOD ZONE - AE

PERMIT: CPSF 00 CP * SFD

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/02/07	BS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 001401110
	5/02/07	AP	
B103 01	5/18/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001411993
	5/18/07	DA	Need Certifications as attached before continuing job. If certification is approved, leave a copy or fax us a copy w/ permit # and I will check the information at open floor inspection . CERTIFICATE MUST BE STAMPED AND SIGNED
B103 02	6/07/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001424569
	6/07/07	AP	Flood certification attached
B105 01	6/07/07	BS	R*OPEN FLOOR TIME: 17:00 VRU #: 001425032
	6/07/07	AP	
A814 01	6/08/07	TI	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 001425040
	6/07/07	AP	190 Bay St
R325 01	4/01/08	TI	THREE TRADE ROUGH IN VRU #: 001585363
	3/31/08	CA	
R425 01	4/01/08	BS	FOUR TRADE ROUGH IN TIME: 17:00 VRU #: 001586338
	4/01/08	AP	
I129 01	4/07/08	BS	R*INSULATION INSPECTION VRU #: 001588936
	4/07/08	AP	
P307 01	7/17/08	TI	R*PLUMB WATER CONNECTION TIME: 17:00 VRU #: 001643832
	<u>7-17-08</u>	<u>APBS</u>	

COMMENTS AND NOTES

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name BENNY JOE SEARS + BARBARA V. SEARS		For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 BAY STREET		Policy Number	
City FURQUAY-VARINA	State NORTH CAROLINA	Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12 CAPTAIN'S LANDING, BLOCK 3, MAP # 2006 - 36A		ZIP Code 27526	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5. Latitude/Longitude: Lat. 35° 29.215' Long. 78° 57.055'		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number 8			
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s) 1,104 sq ft	a) Square footage of attached garage N/A sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 18	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade N/A		
c) Total net area of flood openings in A8.b 1,116 sq in	c) Total net area of flood openings in A9.b N/A sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number HARNETT COUNTY 370328		B2. County Name HARNETT		B3. State NORTH CAROLINA	
B4. Map/Panel Number 0602	B5. Suffix J	B6. FIRM Index Date APRIL 16, 1990	B7. FIRM Panel Effective/Revised Date OCT. 3, 2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 145.7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized **NCGS - 7 DRD** Vertical Datum **NGVD 29**

Conversion/Comments **NOT CONVERTED**

Check the measurement used.

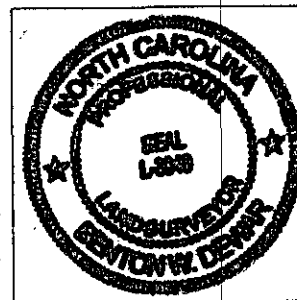
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	145.2 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	148.5 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	148.5 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	145.0 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	145.4 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form.

Certifier's Name BENTON W. DENAR	License Number NCLPLS-3040
Title OWNER	Company Name BENTON DENAR + ASSOC.
Address 5920 HONEYCUTT RD. HOLLY SPRINGS NC 27540	City HOLLY SPRINGS NC State NC ZIP Code 27540
Signature <i>Benton W. Denar</i>	Date 2/22/07 Telephone 919.552.9813

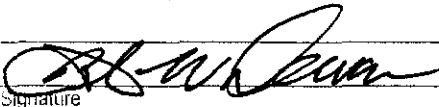


IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 BAT STREET			Policy Number	
City FLUQUAY - VIRGINA	State NORTH CAROLINA	ZIP Code 27526	Company NAIC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

Signature 

Date **2/27/07**

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	

Check here if attachments

ADDRESS : 32392 *UNASSIGNED SUBDIV: CAPTAINS LANDING
CONTRACTOR : HANDS ON ENTERPRISES INC PHONE : (919) 552-5790
OWNER : DUPREE MICHAEL & BEVERLY #12 PHONE :
PARCEL : 05-0613- - -0007- - -
APPL NUMBER: 06-50015760 CP NEW RESIDENTIAL (SFD)

DIRECTIONS : CAPTAINS LANDING #12
401N TO CHRISTIAN LIGHT RD TURN LEFT GO
TO COKESBURY RD TURN LEFT GO TO RIVER
RD TURN LEFT GO TO CAPTAINS LANDING
ENTRANCE TURN RIGHT JASMINE RD NAME
CHANGED TO NATCHEZ TRACE BOTTOM OF HILL
BAY ST TURN RIGHT LOT BESIDE RAMP
T/S: 09/18/2006 03:06 PM JDAVIS ----
***CONSERVATION ZONING GRANDFATHERED
TO RA30 BECAUSE S/D CREATED IN 1976 -
ALL PER CHRISTI***JDAVIS

STRUCTURE: 000 000 56X32 3BR
FLOOD ZONE : FLOOD ZONE - AE

PERMIT: CPSF 00 CP * SFD

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/02/07	BS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 001401110
	5/02/07	AP	
B103 01	5/18/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001411993
	5/18/07	DA	Need Certifications as attached before continuing job. If certification is approved, leave a copy or fax us a copy w/ permit # and I will check the information at open floor inspection . CERTIFICATE MUST BE STAMPED AND SIGNED
B103 02	6/07/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001424569
	6/07/07	AP	Flood certification attached
B105 01	6/07/07	BS	R*OPEN FLOOR TIME: 17:00 VRU #: 001425032
	6/07/07	AP	
A814 01	6/08/07	TI	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 001425040
	6/07/07	AP	190 Bay St
R325 01	4/01/08	TI	THREE TRADE ROUGH IN VRU #: 001585363
	3/31/08	CA	
R425 01	4/01/08	BS	FOUR TRADE ROUGH IN TIME: 17:00 VRU #: 001586338
	4/01/08	AP	
I129 01	4/07/08	TI	R*INSULATION INSPECTION VRU #: 001588936

4.7.08 ARBS

----- COMMENTS AND NOTES -----

ADDRESS : 190 BAY ST
 CONTRACTOR : HANDS ON ENTERPRISES INC
 OWNER : DUPREE MICHAEL & BEVERLY #12
 PARCEL : 05-0613- - -0007- - -
 APPL NUMBER: 06-50015760 CP NEW RESIDENTIAL (SFD)

SUBDIV: CAPTAINS LANDING
 PHONE : (919) 552-5790
 PHONE :

DIRECTIONS : CAPTAINS LANDING #12
 401N TO CHRISTIAN LIGHT RD TURN LEFT GO
 TO COKESBURY RD TURN LEFT GO TO RIVER
 RD TURN LEFT GO TO CAPTAINS LANDING
 ENTRANCE TURN RIGHT JASMINE RD NAME
 CHANGED TO NATCHEZ TRACE BOTTOM OF HILL
 BAY ST TURN RIGHT LOT BESIDE RAMP
 T/S: 09/18/2006 03:06 PM JDAVIS ----
 ****CONSERVATION ZONING GRANDFATHERED
 TO RA30 BECAUSE S/D CREATED IN 1976 -
 ALL PER CHRISTI****JDAVIS

STRUCTURE: 000 000 56X32 3BR
 FLOOD ZONE : FLOOD ZONE - AE
 # BEDROOMS : 3.00 PROPOSED USE : SFD
 SEPTIC - EXISTING? : NEW

PERMIT: CPSF 00 CP * SFD

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	5/02/07	BS	R*BLDG FOOTING / TEMP SVC POLE VRU #: 001401110
	5/02/07	AP	
B103 01	5/18/07	BS	R*BLDG FOUND & TEMP SVC POLE VRU #: 001411993
	5/18/07	DA	Need Certifications as attached before continuing job. If certification is approved, leave a copy or fax us a copy w/ permit # and I will check the information at open floor inspection. CERTIFICATE MUST BE STAMPED AND SIGNED
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	6/07/07	AP	
A814 01	6/08/07	TI	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 001425040
	6/07/07	AP	✓190 Bay St
R325 01	4/01/08	TI	THREE TRADE ROUGH IN VRU #: 001585363
	3/31/08	CA	
R425 01	4/01/08	BS	FOUR TRADE ROUGH IN TIME: 17:00 VRU #: 001586338
	4/01/08	AP	
I129 01	4/07/08	BS	R*INSULATION INSPECTION VRU #: 001588936
	4/07/08	AP	
P307 01	7/17/08	BS	R*PLUMB WATER CONNECTION TIME: 17:00 VRU #: 001643832
	7/17/08	AP	
H824 01	4/30/09	JM	✓ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 001765171
	4/30/09	AP	
R429 01	5/01/09	TI	FOUR TRADE FINAL VRU #: 001762582
	4/30/09	CA	
R429 02	5/08/09	TI	FOUR TRADE FINAL VRU #: 001765361

5-8-09 APBS

COMMENTS AND NOTES

**COUNTY OF HARNETT
DEPARTMENT OF BUILDING INSPECTION
AND PLANNING/DEVELOPMENT
CERTIFICATE OF OCCUPANCY**

This certificate issued pursuant to the requirements of Section 105 of the North Carolina State Building Code and the Harnett County Zoning Ordinance certifies at the time of issuance this structure was in compliance with the various ordinances of the County of Harnett regulating development and building construction or use. For the following:

Use Classification: SFD

Conditional Use Permit No.: NA

Type of Construction: v

Building Permit No.: 06-50015760

Owner of Building: Joe Sears

Electrical Permit No.: 06-50015760

Building Address: 190 Bay St

Insulation Permit No.: 06-50015760

Zoning District: NA

Plumbing Permit No.: 06-50015760

Zoning Permit No.: NA

Mech. Permit No.: 06-50015760

Date: 05/08/09

Envir. C.O. No.: NA

Brad Sutton

Building Official

Zoning Official