

Initial Application Date: 11/9/06 12/1/06

Application # 00-500061912

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: Home Co Mailing Address: PO Box 727

City: Dunn State: NC Zip: 28335 Home #: 910-892-4345 Contact

#:
APPLICANT: Danny Norris Mailing Address: Same

City: State: Zip: Home #: Contact #:

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: NC 27 State Road Name: NC 27

Parcel: 039589 1015 57 PIN: 95710-79-91081-000

Zoning: R20R Subdivision: Laurel Valley Lot #: 59 Lot Size: .51 AC

Flood Plain: X Panel: 75 Watershed: N/A Deed Book/Page: 2244/796-798 Plat Book/Page: 2006-500

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 W (TL) on Appleton Way

PROPOSED USE:

- ☒ SFD (Size 55 x 34) # Bedrooms 3 # Baths 2 1/2 Basement (w/w/o bath) N/A Garage 24x24 included Deck 12x10 included Crawl Space / Slab
- ☐ Modular: On frame Off frame (Size x) # Bedrooms # Baths Garage (site built?) Deck (site built?)
- ☐ Multi-Family Dwelling No. Units No. Bedrooms/Unit
- ☐ Manufactured Home: SW DW TW (Size x) # Bedrooms Garage (site built?) Deck (site built?)
- ☐ Business Sq. Ft. Retail Space Type # Employees: Hours of Operation:
- ☐ Industry Sq. Ft. Type # Employees: Hours of Operation:
- ☐ Church Seating Capacity # Bathrooms Kitchen
- ☐ Home Occupation (Size x) # Rooms Use Hours of Operation:
- ☐ Accessory/Other (Size x) Use
- ☐ Addition to Existing Building (Size x) Use Closets in addition () yes () no

Water Supply: ☒ County () Well (No. dwellings) () Other

Sewage Supply: ☒ New Septic Tank (Need to fill out New Tank Checklist) () Existing Septic Tank () County Sewer () Other

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES ☒ NO

Structures on this tract of land: Single family dwellings ☒ Manufactured Homes Other (specify)

Required Residential Property Line Setbacks:

| | Minimum | Actual |
|------------------------------|-----------|-------------------|
| Front | <u>35</u> | <u>120</u> |
| Rear | <u>25</u> | <u>83</u> |
| Side | <u>10</u> | <u>16</u> |
| Corner/Sidestreet | <u>20</u> | <u> </u> |
| Nearest Building on same lot | <u>10</u> | <u> </u> |

Comments:

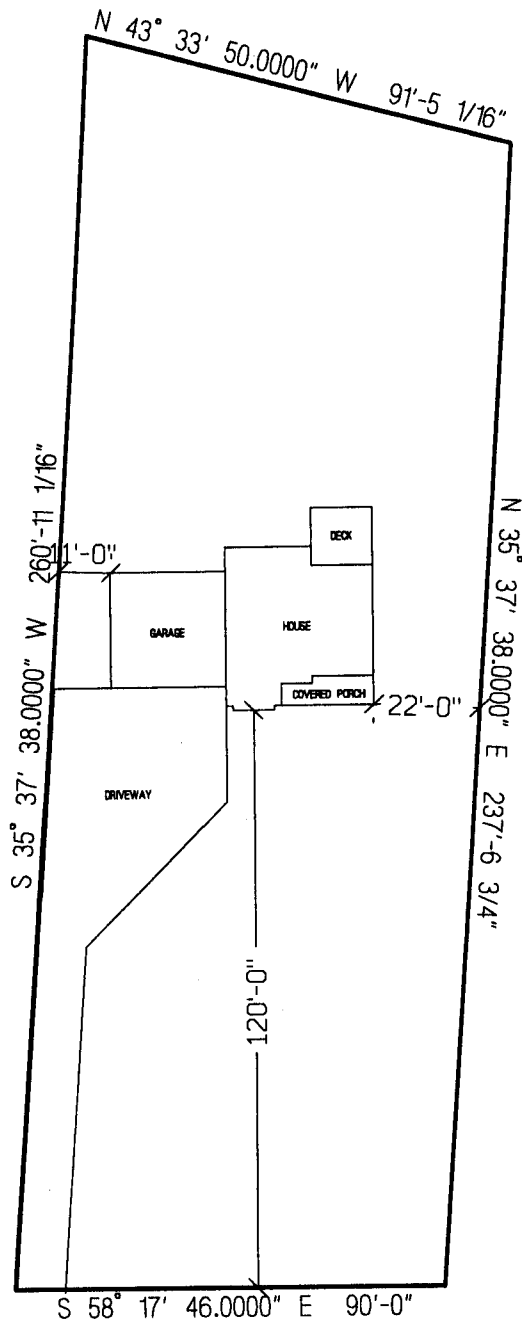
12/1/06 - Revised per EH (AD)

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Danny Norris

11/9/06

Revision
 SITE PLAN APPROVAL
 DISTRICT R200 USE SFD
 #BEDROOMS 3
Valerie A. Haggis
 Zoning Administrator
 Date



APPLETON WAY

HOME CO
 THE CAPE
 LOT # 59 LAUREL VALLEY
 SCALE: 1"=40'

OWNER NAME: Howe Lo

APPLICATION #: _____

This application to be filled out only when applying for a new septic system.

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)

DEVELOPMENT INFORMATION

- ☒ New single family residence
☐ Expansion of existing system
☐ Repair to malfunctioning sewage disposal system
☐ Non-residential type of structure

WATER SUPPLY

- ☐ New well
☐ Existing well
☐ Community well
☒ Public water
☐ Spring

Are there any existing wells, springs, or existing waterlines on this property? ☐ yes ☒ no ☐ unknown

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
☐ Alternative ☐ Other
☒ Conventional ☐ Any

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 Does The Site Contain Any Existing Wastewater Systems?
☐ 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?

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)

11/9/06
DATE



2006011609

HARNETT COUNTY TAX ID#

03-9589-1015

6/22/06 BY [Signature]

FOR REGISTRATION REGISTER OF DEEDS

KIMBERLY S. HARGROVE
HARNETT COUNTY, NC

2006 JUN 22 04:42:54 PM

BK:2244 PG:796-798 FEE:\$17.00

NC REV STAMP:\$264.00

INSTRUMENT # 2006011609

Revenue: ~~0.00~~ 264.00

Tax Lot No. Parcel Identifier No: out of 039589 1015

Verified by _____ County on the ____ day of _____, 2006
by

Mail after recording to Grantee

This instrument was prepared by Lynn A. Matthews, Attorney at Law

Brief Description for the index

Lots 1, 2, 57, 58, 59 & 94, Laurel Valley

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 13th day of June, 2006, by and between

GRANTOR**NEW CENTURY HOMES, LLC**
A North Carolina Limited Liability
CompanyPost Office Box 727
Dunn, NC 28334**GRANTEE****HOMEBO BUILDERS, INC.**
A North Carolina CorporationPost Office Box 2191
Surf City, NC 28445

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 Barbecue Township, Harnett County, North Carolina and more particularly described as follows:

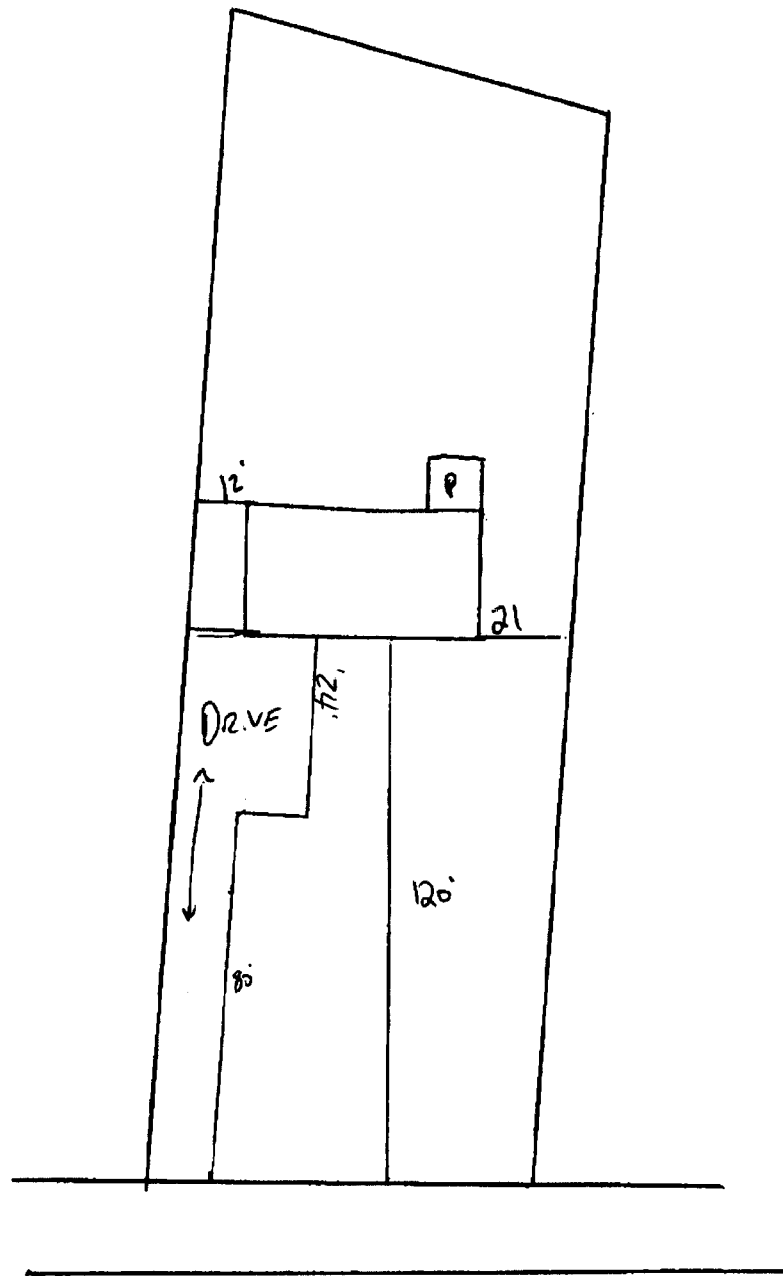
BEING all of Lots 1, 2, 57, 58, 59 and 94 of Laurel Valley Subdivision, as shown on map recorded in Map #2006-500, Harnett County Registry. Reference to said map is hereby made for greater certainty of description.

These lots are conveyed subject to Protective Covenants recorded in Book 2241, Page 100,

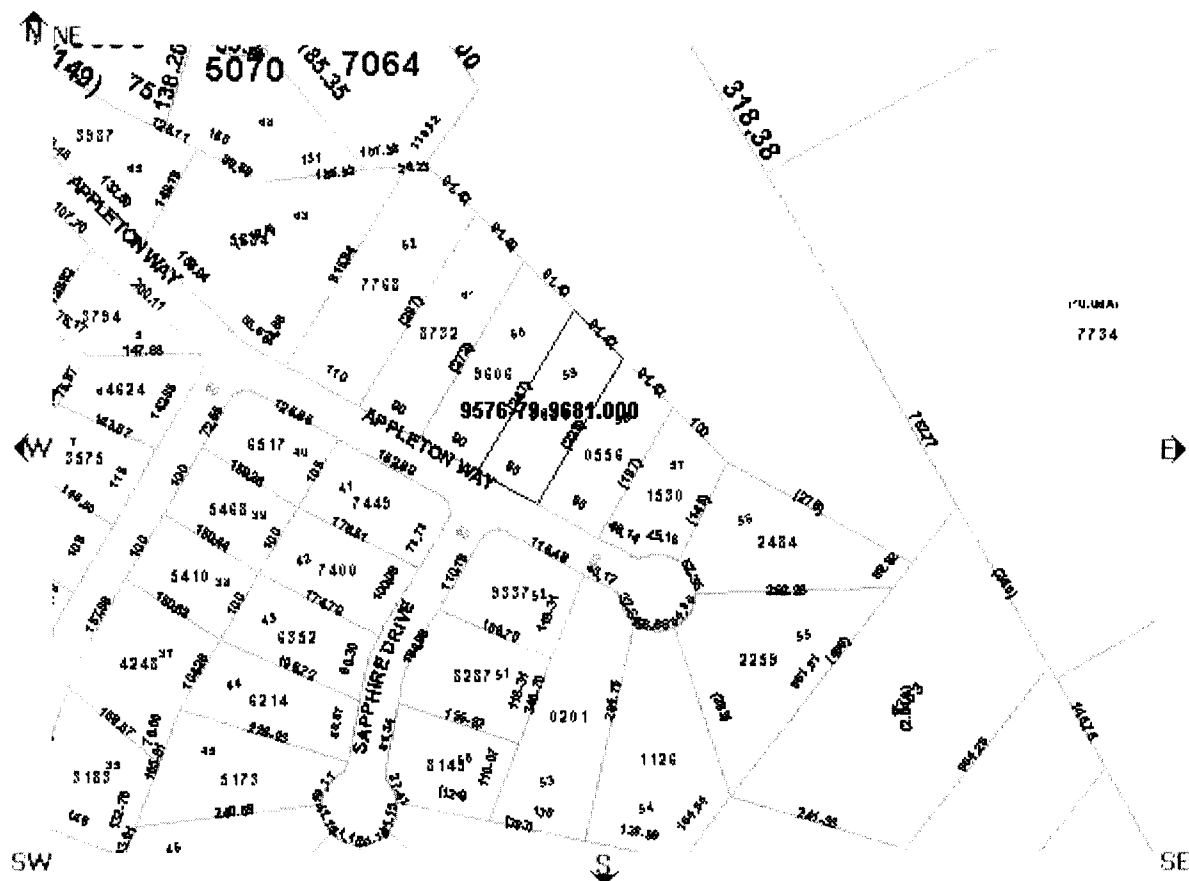
06-50016191

Lot 59

LAUREL VALLEY



Scale 1" = 40'



Parcel Data

Find Adjoining Parcels

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Account Number: 001400026791 ● Owner Name: HOMECO BUILDERS INC ● Owner/Address 1: ● Owner/Address 2: ● Owner/Address 3: POST OFFICE BOX 2191 ● City, State Zip: SURF CITY, NC 284450000 ● Commissioners District: 5 ● Voting Precinct: 301 ● Census Tract: 301 ● <u>Determine Flood Zone(s)</u> ● In Town: ● Fire Ins. District: Spout Springs ● School District: 5 ● Zoning Code: RA-20R | <ul style="list-style-type: none"> ● PIN: 9576-79-9681.000 ● REID: 64970 ● Parcel ID: 039589 1015 57 ● Legal 1: LT#59 LAUREL VALLEY 0.514 ● Legal 2: MAP#2006-500 ● Property Address: APPLETON WAY 000195 X ● Assessed Acres: 1.00LT ● Calculated Acres: .48 ● Deed Book/Page: 02244/0796 ● Deed Date: 2006/06/22 ● Sale Price: \$132,000.00 ● Revenue Stamps: \$ 264.00 ● Year Built: 1000 ● Heated Sq. Ft.: ● Building Value: \$0.00 ● Land Value: \$18,000.00 ● Assessed Value: \$18,000.00 ● Neighborhood Code: 00353 ● <u>Determine Soils Averages</u> |
|--|--|

**Spatial Data Explorer**[Home](#)[Contact](#)[H](#)

PIN='9576-79-9681.000'

| FIPS | Area (Acres) | COMMUNITY | FIRM_PANEL | QUAD | ZONE | FLOODWAY | COBRA | SFHA |
|-------|-----------------|-----------|-------------|--------------|------|----------|-----------|------|
| 37085 | .49 | 0328 | 37085C0075D | 35079- C1 | X | | COBRA_OUT | OUT |

[Harnett County, NC](#) | [Home](#) | [Contacts](#)

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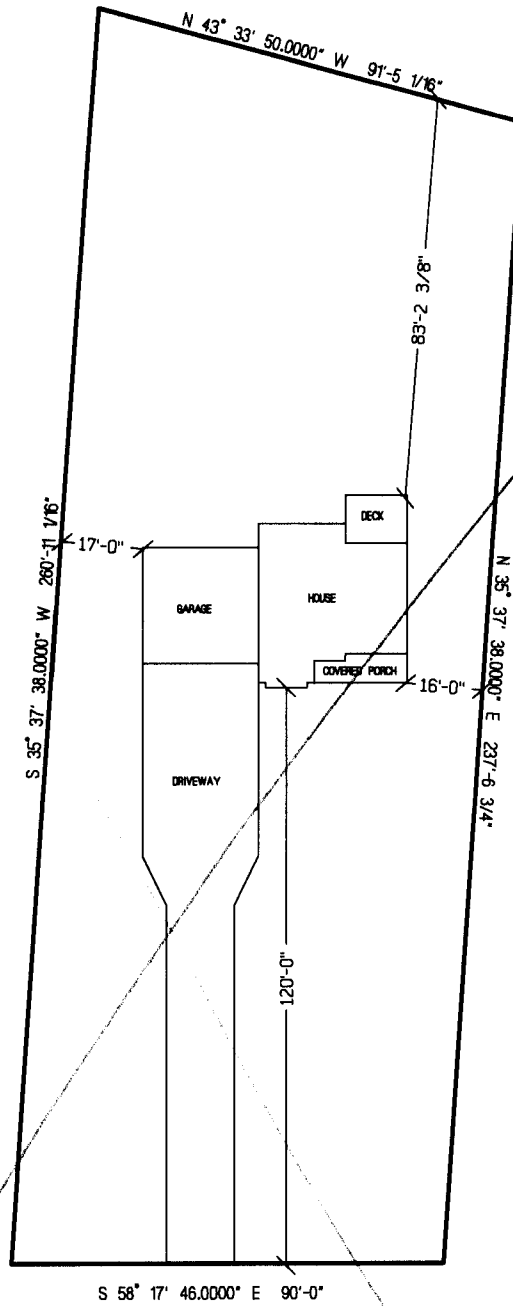
Permit Copy

SITE PLAN APPROVAL

DISTRICT RAPR USE SFD

COMS 3

11/15/2020 a. J. J. J.



APPLETON WAY

HOMECO
THE CAPE
LOT #59 LAUREL VALLEY
SCALE: 1"=40'

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: Horne Co Date: 11/9/06
Address: PO Box 727 Dunn, NC 28335 Phone: 892-4345
Directions to job site from Lillington: NC 27 (TL) on Appleton Way

Subdivision: Laurel Valley Lot: 59

Construction Type: (Please Check) Building Use: (Please Check)
☒ New ☐ Moved House ☒ Residential ☐ Commercial
☐ Renovation ☐ Addition ☐ Other ☐ Modular ☐ Multi-Family

Total Project Cost: _____ Description of Proposed Work: _____

Heated SF 2224 Crawl Space (Y) Building Construction Cost \$ 91,200
Unheated SF 576 Slab () Acres Disturbed 2 Stories 2

Danny Norris 892-4345
Building Contractor's Company Name Telephone
PO Box 727, Dunn, NC 28335 17113
Address License #

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp

Danny Norris
Electrical Permit Information
Description of Work New Electrical Cost \$ _____

TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps

Wester & Page 919-499-5389
Electrical Contractor's Company Name Telephone
546 Leslie Dr. Sanford, NC 1200-76
Address License #

William Wester
Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work New

Number of Units _____ Type System Heat Pump Mechanical Cost \$ _____

Jacksons Heating & Air 910-891-5410
Mechanical Contractor's Company Name Telephone
PO Box 82 Benson, NC 23670
Address License #

David Jackson
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work New

Number of Baths _____ Plumbing Cost \$ _____

Glover Contract Plumbing 910-892-1612
Plumbing Contractor's Company Name Telephone
PO Box 726 Coats, NC 23160
Address License #

Sharon Glover
Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation 418 Person St. Fay, NC 910-486-8855
Insulation Contractor's Company Name & Address Telephone

Sprinkler System Information - Commercial_____
Sprinkler Contractor's Company Name_____
Telephone_____
Contact Person_____
Address_____
License #_____
Signature of Officer(s) of Corporation**Fire Alarm System Information - Commercial**_____
Fire Alarm Contractor's Company Name_____
Telephone_____
Contact Person_____
Address_____
License #_____
Signature of Officer(s) of Corporation**Driveway Access**

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

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 if any changes occur including listed contractors, site plan, 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.

Signature of Owner/Contractor/Officer(s) of Corporation_____
Date

11/9/06

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

☒ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

____ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

____ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

____ Has/have not 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.

Firm Name: Home Co

By/Title: Darryl Morris

Date: 11/9/06

AA-1

DANNY NOARIS
11-16-06

Required Inspections for SFA/SFD

Appl # 06500/6191
Valuation \$181,921
Sq. Ft 2800

| <u>Seq</u> | |
|------------|--|
| 10 | <input checked="" type="checkbox"/> R*Bldg Footing |
| 10-30 | <input checked="" type="checkbox"/> R*Elec Temp Service Pole |
| 20 | <input checked="" type="checkbox"/> R*Bldg Foundation |
| 20 | <input checked="" type="checkbox"/> Address Confirmation |
| 30-999 | <input checked="" type="checkbox"/> R*Open Floor |
| 30-999 | <input type="checkbox"/> R*Bldg Slab Insp |
| 30-999 | <input type="checkbox"/> R*Elec Under Slab |
| 30-999 | <input type="checkbox"/> R*Plumb under Slab |
| 30-999 | <input type="checkbox"/> R*Bldg Water/Damp Proofing |
| 40 | <input type="checkbox"/> Four Trade Rough In |
| 40 | <input checked="" type="checkbox"/> Four Trade Rough In > 2500 |
| 40 | <input type="checkbox"/> Three Trade Rough In |
| 40 | <input type="checkbox"/> Three Trade Rough In > 2500 |
| 40 | <input type="checkbox"/> Two Trade Rough In |
| 40 | <input type="checkbox"/> Two Trade Rough In > 2500 |
| 40 | <input type="checkbox"/> One Trade Rough In |
| 40 | <input type="checkbox"/> One Trade Rough In > 2500 |
| 50 | <input checked="" type="checkbox"/> R*Insulation Inspection |
| 60 | <input type="checkbox"/> Four Trade Final |
| 60 | <input checked="" type="checkbox"/> Four Trade Final > 2500 |
| 60 | <input type="checkbox"/> Three Trade Final |
| 60 | <input type="checkbox"/> Three Trade Final > 2500 |
| 60 | <input type="checkbox"/> Two Trade Final |

| <u>Seq</u> | |
|------------|--|
| 60 | <input type="checkbox"/> Two Trade Final > 2500 |
| 60 | <input type="checkbox"/> One Trade Final |
| 60 | <input type="checkbox"/> One Trade Final > 2500 |
| 999 | <input checked="" type="checkbox"/> Envir. Operations Permit |

HARNETT COUNTY PUBLIC UTILITIES

12/13/06, 9:13:10

CUSTOMER SERVICE APPLICATION

USER ID ADRIGGER

NAME HOMECO BUILDERS

CUSTOMER ID 63245

ADDRESS PO BOX 727

OLD ACCOUNT NUMBER

DUNN

NC 28335

EXEMPT TAX NO PENALTY NO

CASH ONLY NO

SERVICE ADDRESS

CYCLE/ROUTE 07 29

LOCATION ID

85187

195 APPLETON WAY

03

INITIATION DATE 12/13/06

JURISDICTION HARNETT COUNTY

CLASS RESIDENTIAL

INSIDE UNITS 1.00

SECTION SOUTHWEST

SOCIAL SECURITY NUMBER

DRIVERS LIC NUMBER

DOING BUSINESS AS

ALT CUSTOMER ID 2

WATER

METERED

METERED RATE

METER NUMBER LV059

UNITS 1.00

SERVICE ORDERS

140760 TO TURN ON

WA REQUEST DATE 12/13/06

MISC. INFORMATION

WORK PHONE

9103285257

PREPARED 12/19/06, 14:00:28
Harnett County

INSPECTION TICKET
INSPECTOR: IVR

PAGE 53
DATE 12/20/06

ADDRESS . : 195 APPLETON WAY
CONTRACTOR : NORRIS DANNY E
OWNER . . : HOMECO #59
PARCEL . . : 03-9589- - -1015- -57-
APPL NUMBER: 06-50016191 CP NEW RESIDENTIAL (SFD)
DIRECTIONS : LAUREL VALLEY LOT 59. 27W LEFT ON
APPLETON WAY. -A.DRIGGERS

SUBDIV: LAUREL VALLEY
PHONE : (910) 892-4345
PHONE : (910) 892-4345

STRUCTURE: 000 000 55X34 3BR SFD
FLOOD ZONE . . . : FLOOD ZONE X

PERMIT: CPSF 00 CP * SFD

| TYP/SQ | REQUESTED COMPLETED | INSP RESULT | DESCRIPTION RESULTS/COMMENTS |
|---------|------------------------|-----------------|---|
| B101 01 | 12/20/06 <i>BZC</i> | TI <i>AP</i> | R*BLDG FOOTING / TEMP SVC POLE VRU #: 001326172 |

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

ADDRESS . : 195 APPLETON WAY
CONTRACTOR : NORRIS DANNY E
OWNER . . : HOMECO #59
PARCEL . . : 03-9589- - -1015- -57-
APPL NUMBER: 06-50016191 CP NEW RESIDENTIAL (SFD)
DIRECTIONS : LAUREL VALLEY LOT 59. 27W LEFT ON
APPLETON WAY. -A.DRIGGERS

STRUCTURE: 000 000 55X34 3BR SFD
FLOOD ZONE . . . : FLOOD ZONE X

PERMIT: CPSF 00 CP * SFD

| TYP/SQ | REQUESTED COMPLETED | INSP RESULT | DESCRIPTION RESULTS/COMMENTS |
|---------|------------------------|----------------|---|
| B101 01 | 12/20/06 | FS | R*BLDG FOOTING / TEMP SVC POLE VRU #: 001326172 |
| | 12/20/06 | <u>AF</u> | |
| A814 01 | 6/07/07 | TI | ADDRESS CONFIRMATION VRU #: 001424324 |
| B103 01 | 6/07/07 | TI | R*BLDG FOUND & TEMP SVC POLE VRU #: 001424332 |
| | | <u>DA-MK</u> | |

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

*Foder never poured
Re inspect*

Harnett County
102 EAST FRONT ST
P O BOX 65
LILLINGTON NC 27546

DATE: 11/15/06
TIME: 9:37:09

RECEIPT #: 0000007963
CASHIER: ADRIGGER

APPLICATION NBR: 06-50016191
REFERENCE: EH LOT 59 LAUREL VALLEY

| ITEM DESCRIPTION | PAID |
|---------------------------|--------|
| ----- | ----- |
| SOIL EVAL/NEW SEPTIC TANK | 250.00 |
| TOTAL AMOUNT PAID: | 250.00 |
| PAYMENT TYPE: ESCROW | |

Harnett County
102 EAST FRONT ST
P O BOX 65
LILLINGTON NC 27546

DATE: 12/13/06
TIME: 9:20:21

RECEIPT #: 0000007996
CASHIER: ADRIGGER

APPLICATION NBR: 06-50016191
REFERENCE: PERMITS AND METER LOT 59 LAUREL VALLEY

| ITEM DESCRIPTION | PAID |
|--------------------------|------------|
| ----- | ----- |
| HOMEOOWNER RECOVERY FUND | 10.00 |
| LAND USE PERMIT FEE | 25.00 |
| P* METER COST 3/4" | 70.00 |
| PERMIT FEES | 840.00 |
| REVIEW RESIDENTIAL PLANS | 25.00 |
| P* SET UP/TRANSFER FEE | 15.00 |
| TOTAL AMOUNT PAID: | 985.00 |
| PAYMENT TYPE: ESCROW | |

FF

HANBETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***
Oper: ADMISSOR Type: CP Drawer: 1
Date: 12/13/06 51 Receipt no: 140072

| Customer | Location Name | Amount |
|----------|-------------------------|---------|
| 63245 | 85187 HUNDED BUILDINGS | |
| 04 | UT-METER CHANGE | \$70.00 |
| 63245 | 85187 HUNDED BUILDINGS | |
| 04 | UT-TRANSFER SET UP FEES | \$15.00 |

| | |
|-----------------|---------|
| Tender detail | |
| MC MIB-CASH TRA | \$85.00 |
| Total tendered | \$85.00 |
| Total payment | \$85.00 |

Trans date: 12/13/06 Time: 9:25:37

*** THANK YOU FOR YOUR PAYMENT ***

