

Initial Application Date: 1-2-07

Application # 0750016497

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: Israel Lucas Mailing Address: 4432 Fox Run Rd

City: Sanford State: NC Zip: 27330 Home #: 919 976-1071 Contact #: 919 770-0902

APPLICANT*: Same Mailing Address: Same

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

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1139 State Road Name: Tingen Place Rd

Parcel: 9596-19-2385.000 PIN: 039597 003309

Zoning: R200R Subdivision: Tingen Place Sub. Ph-1 Lot #: 59 Lot Size: .38

Flood Plain: X Panel: 75 Watershed: N/A Deed Book/Page: 2095/193 Plat Book/Page: 2006/375

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27W To Tingen Rd, Left into Tingen Place before Microtower Rd. 1st Pit Lot on left

PROPOSED USE: 68 included

- SFD (Size 52 x 72) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage 20x20 Deck 12x10 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 (Must 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 1 prop Manufactured Homes 1 Other (specify) None

Required Residential Property Line Setbacks: _____ Comments: _____

| | | | | |
|------------------------------|---------|-----------|--------|--------------|
| Front | Minimum | <u>35</u> | Actual | <u>51</u> |
| Rear | | <u>25</u> | | <u>62</u> |
| Side | | <u>10</u> | | <u>20x16</u> |
| Sidestreet/corner lot | | <u>20</u> | | <u>/</u> |
| Nearest Building on same lot | | <u>10</u> | | <u>/</u> |

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.

Israel Lucas
Signature of Owner or Owner's Agent

10/2/07
Date

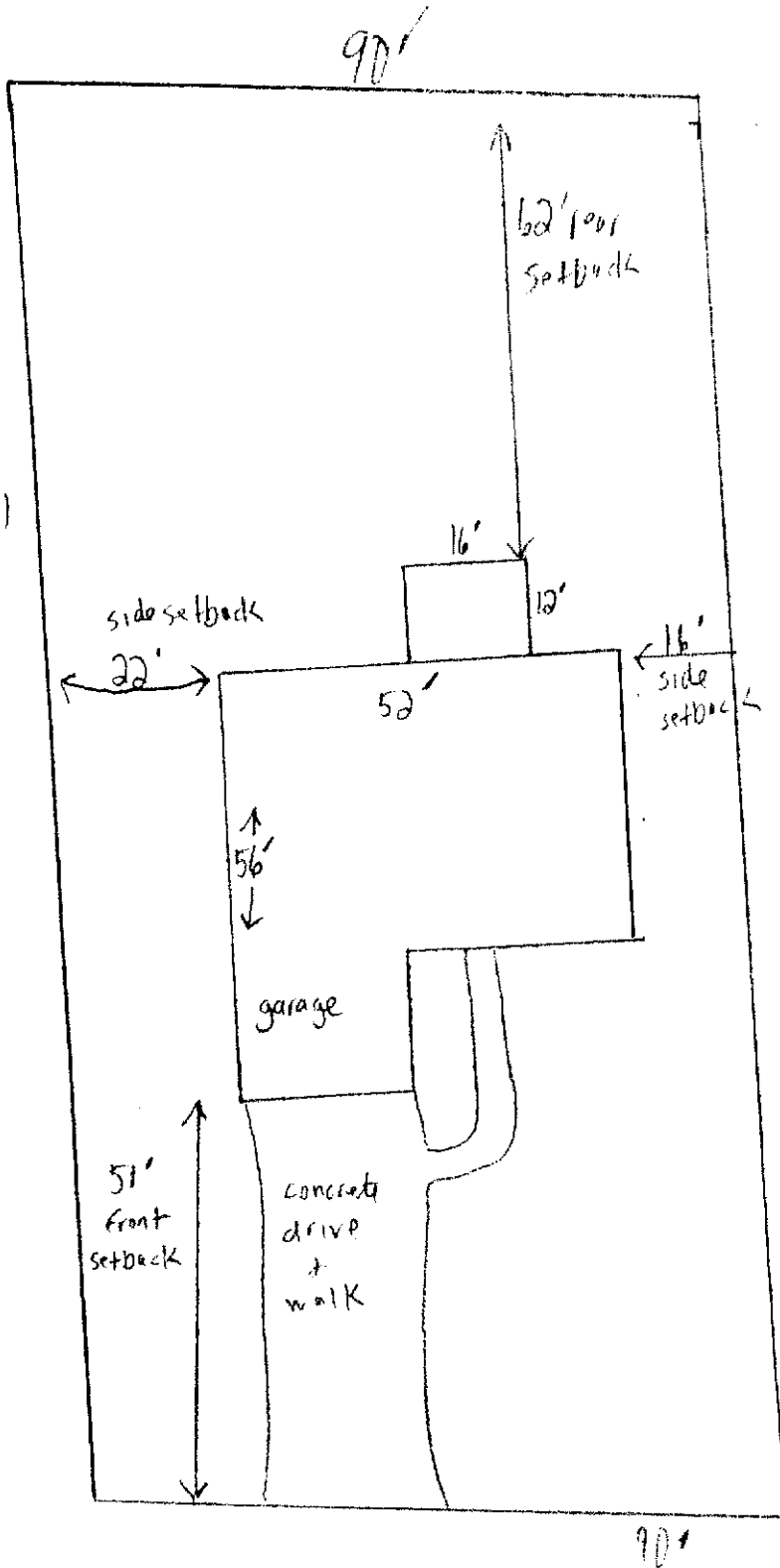
****This application expires 6 months from the initial date if no permits have been issued****

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

Please use Blue or Black Ink ONLY

1" = 25'

186.21



186.21

Lot 59

Tingen Place Sub.

SITE PLAN APPROVAL
 DISTRICT PA202
 #BEDROOMS 3
John 11/3/07
 COMMUNITY ADMINISTRATOR
 SFD

OWNER NAME: Israel Lucas

APPLICATION #: 0750016497

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?
- 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.

Israel Lucas

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1/2/07
DATE

Application Number: 0750016495
0750016496
0750016497
CONF # 072179

Harnett County Central Permitting Department
PO Box 65, Lillington, NC 27546
910-893-7525

Environmental Health New Septic Systems Test
Environmental Health Code 800

- Place "property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "house corner flags" at each corner of where the house/manufactured home will sit. Use additional flagging to outline driveways, garages, decks, out buildings, swimming pools, etc.
- Place flags at locations as developed on site plan by Customer Service Technician and you.
- Place Environmental Health "orange" card in location that is easily viewed from road.
- 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. *No grading of property should be done.*
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- After preparing proposed site call the voice permitting system at 910-893-7525 and give code **800** for Environmental Health confirmation. **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 permits.

Environmental Health Existing Tank Inspections
Environmental Health Code 800

- Place Environmental Health "orange" card in location that is easily viewed from road. Follow above instructions for placing flags on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor call the voice permitting system at 910-893-7525 and give code **800** for Environmental Health confirmation. **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.

Health and Sanitation Inspections

- After submitting plans for food and lodging to Central Permitting, please allow approximately 7-10 working days for plan status. Use Click2Gov or IVR to hear results.
- Once **all** plans are approved, proceed to Central Permitting for remaining permits.

Fire Marshal Inspections

- After submitting plans for Fire Marshal review to Central Permitting, please allow approximately 7-10 working days for approval. Use Click2Gov or IVR to hear results. Once **all** plans are approved, proceed to Central Permitting for permits.
- Fire Marshal's letter must be placed on job site until work is completed.

Public Utilities

- Place stake with "orange" tape/name thirty feet (30) from the center of the road at the location you wish to have water tap installed.
- Allow four to six weeks after application for water/sewer taps. Call Utilities at 893-7575 for technical assistance.

Building Inspections

- After submitting plans for Building Inspections, please allow approximately 3 working days for review. Use Click2Gov or IVR to hear results. Once **all** plans are approved, proceed to Central Permitting for permits.
- For new housing/set up permits must meet E 911 / Addressing guidelines prior to scheduling final inspection.
- Use Click2Gov or IVR to hear results.

E911 Addressing

Addressing Confirmation Code 814

- Address numbers shall be mounted on the house, 3 inches high (5" for commercial).
- Numbers must be a contrasting color from house, must be clearly visible night and day at entrance of driveway if home is 100 ft or more from road, or if mailbox is on opposite side of road.
- Once you purchase permits and footing inspection has been approved call the voice permitting system at 910-893-7525 and give code **814** for address confirmation. This must be called in even if you have contacted E911 for verbal confirmation. Check Click2Gov for results and address.

• **Inspection results can be viewed online at <http://www.harnett.org/services-213.asp> then select Click2Gov**

Applicant/Owner Signature

David Kim

Date

1/3/17



HARNETT COUNTY TAX ID#

03-9597-0033-08

039.019832

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY E. HARGROVE
HARNETT COUNTY, NC
2006 OCT 19 04:48:51 PM
BK. 2295 PG: 193-195 FEE: \$17.00
NC REV STAMP: \$48.00
INSTRUMENT # 2006019832

Revenue: \$48.00
Tax Lot No Parcel Identifier No REID#0064663 PID 03 95 97 0033 08
Verified by County on the day of , 2008
by

Mail after recording to Grantee

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

Brief Description for the index Lot 59, Tingen Place Sub, Phase 1

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 6th day of October, 2006, by and between

GRANTOR

TARHEEL MANAGEMENT, LLC,
A North Carolina Limited Liability
Company

P.O. Box 39
Linden, NC 28358

GRANTEE

ISRAEL LUCAS CONSTRUCTION, INC.,
A North Carolina Corporation

4432 Fox Run Road
Sanford, NC 27330

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 Lot 59, TINGEN PLACE SUBDIVISION, PHASE ONE, as shown on plat recorded in Map Number 2006-375, Harnett County Registry.

These lots are conveyed subject to the Restrictive Covenants recorded in Book 2265, Page 841 and Book 2285, Page 339, Harnett County Registry

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

| | | | |
|------------------------------------|--------------------------------------|------------------------------------|--------------|
| Today's Date <u>1/12/07</u> | Fees Due: Deposit, Owner, Water \$25 | Connection Fee, all accounts: \$15 | <u>10497</u> |
| Date Service Requested <u>ASAP</u> | Deposit, Owner, Sewer \$25 | Deposit, Rental, Water \$50 | <u>85</u> |
| | Deposit, Rental, Sewer \$50 | Meter Fee: \$70/meter | |

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and/or sewer service connections at the following location:

Please Print:
Service Address: ~~Lot 59 Sandy Tingen Ct, Tingen Place Sub~~ Lot 59 Sandy Tingen Ct, Tingen Place sub Landlord

Name: Israel Lucas

Co- Applicant Name: _____

Mailing Address: 4432 Fox Run Rd

Town Sanford State NC Zip 27330

Phone Number 919 970 0902

Previous Address: N/A

Customer's Social Security # 239-23-3395 Co-App's Social Security # _____

| | |
|---|---------------------------|
| Customer's Drivers License Number & Birthdate | <u>6200649 NC, 3/3/68</u> |
| Co-Applicant's Drivers License Number & Birthdate | _____ |

Employer Self

Employer's Address see above

Employer's Phone Number 11

Co- Applicant's Employer and Phone Number _____

Name of Nearest Relative N/A Phone Number _____

Mailing Address _____

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my services without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. Any FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature Israel Lucas

| | | | |
|-----------------------------------|------------------------|------------------|-----------------|
| Amt Paid _____ | Cash: _____ | Check: _____ | Account # _____ |
| Account # Transferred From: _____ | Date To Turn Off _____ | | |
| Address of Transferred Acct _____ | Turn On: _____ | Read Only: _____ | Install _____ |