

Initial Application Date: 1-30-15

Application # 0750016589

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Ronald & Wanda Gibson Mailing Address: P.O. Box 909

City: Angier State: NC Zip: 27501 Contact No: 919-639-6600 Email: wandagib@aol.com

APPLICANT: Ronald & Wanda Gibson Mailing Address: P.O. Box 909

City: Angier State: NC Zip: 27501 Contact No: 919-639-6600 Email: W

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Wanda / Ron Gibson Phone # 919-639-6600

PROPERTY LOCATION: Subdivision: Peter Mended Lot #: 11 Lot Size: 0.347 AC.

State Road # Public Ditch State Road Name: 106 D'Ango Circle Map Book & Page 2001 / 1016

Parcel: 04 0662 001514 PIN: 0662-13-4959.00

Zoning: RAB30 Flood Zone: NO Watershed: IV Deed Book & Page: 5275 169-70 Power Company*: Duke Energy

*New structures with Progress Energy as service provider need to supply premise number 31851805 from Progress Energy.

PROPOSED USE:

SFD: (Size 47 x 56) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): IV Garage: A Deck: 1 Crawl Space: _____ Slab: _____ Slab: V Monolithic
(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

Does the property contain any easements whether underground or overhead () yes () no

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

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>36</u>
Rear		<u>25</u>		<u>82.43</u>
Closest Side		<u>10</u>		<u>17.28</u>
Sidestreet/corner lot		<u>20</u>		<u>18</u>
Nearest Building on same lot		<u>—</u>		<u>—</u>

Comments: Water Tap & Power at Front of lot on left

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 200 TOWARD Ingle. At caution light (HARRIS Central Rd) take LEFT FIRST ROAD ON RIGHT (LUSCIOUS LANE)

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.

Paul Allen Sobra
Signature of Owner or Owner's Agent

1-30-15
Date


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.

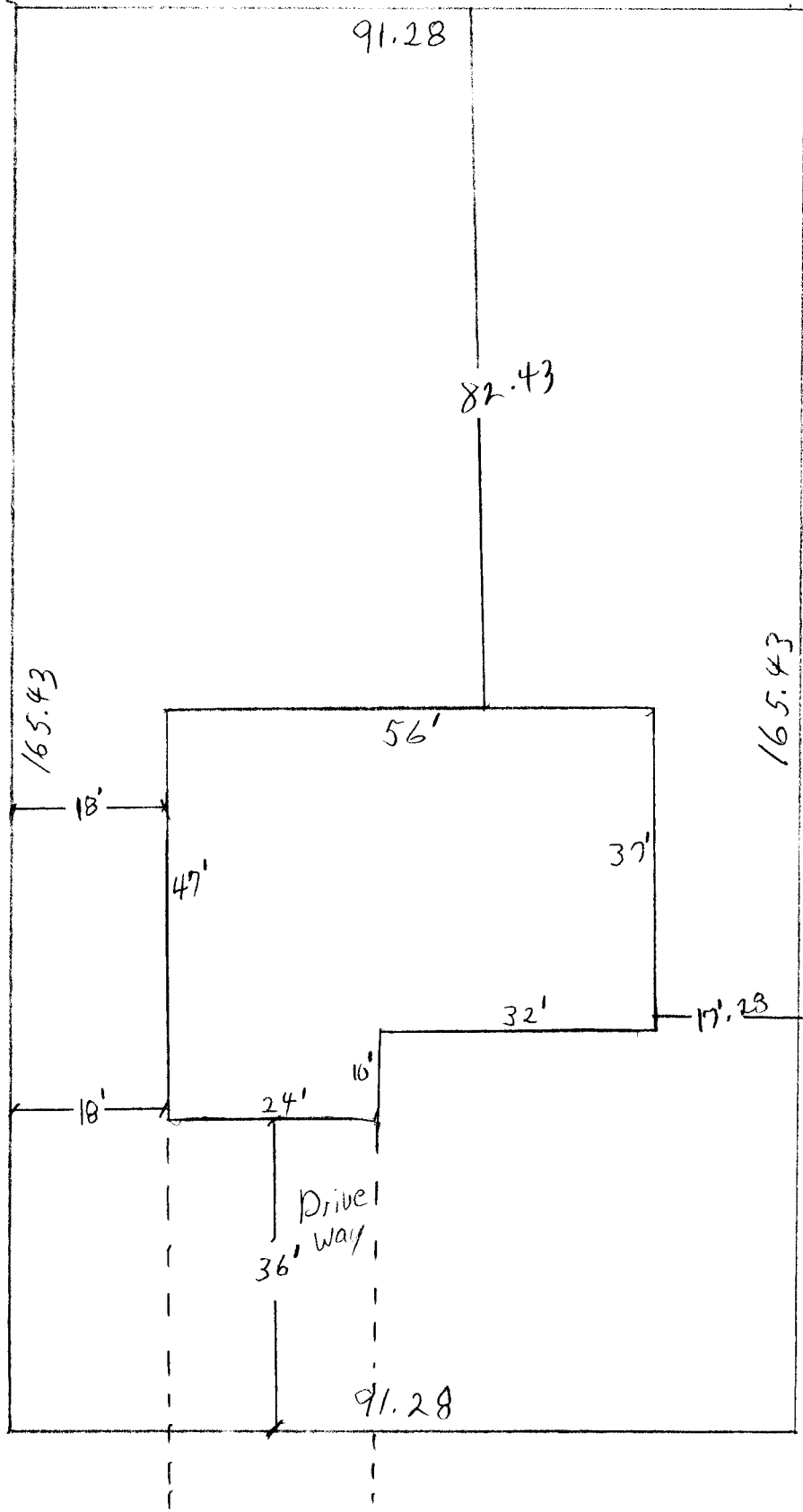
This application expires 6 months from the initial date if permits have not been issued

SITE PLAN APPROVAL

DISTRICT RA30 USE SFD

#BEDROOMS 3

Date 2-9-15
Zoning Administrator 



Lot 11

Scale
1" = 20'

Bayou Canyon Drive (Private)

60' Ingress & Egress Easement

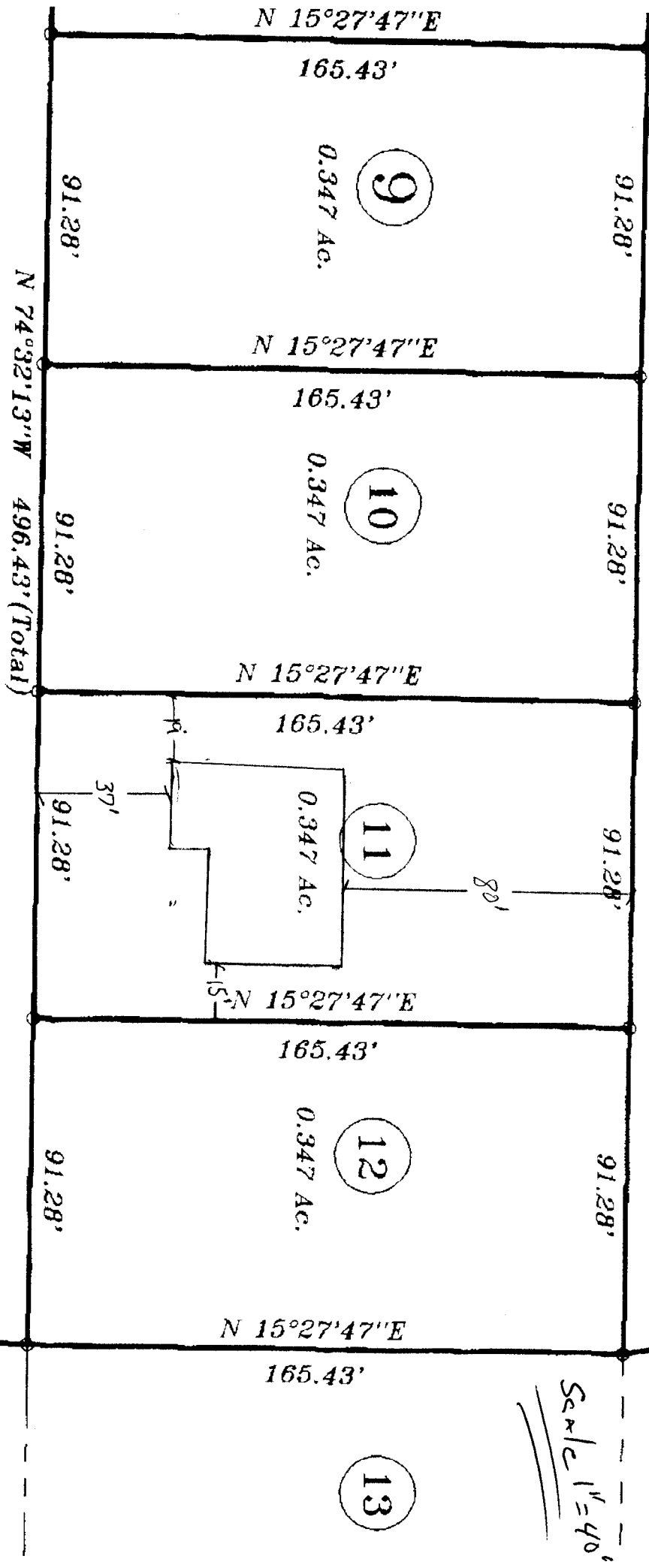
(Total)

503.24'

8.39' (Total)

EIS S 06°29'31" 30.37' (Ti)

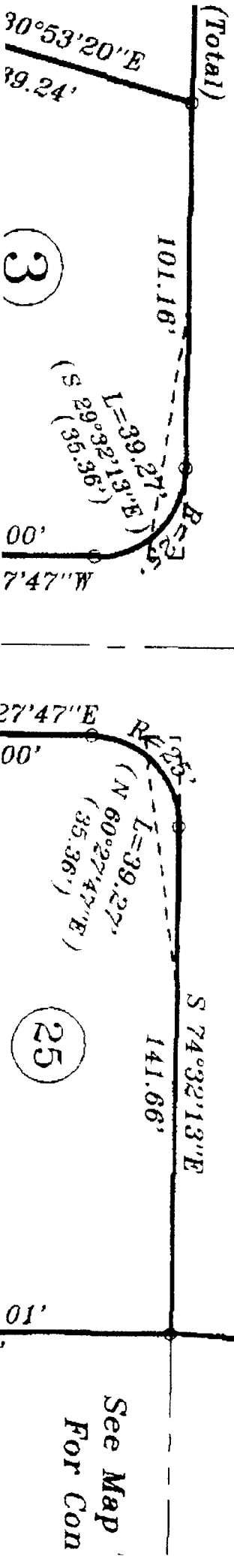
Scale 1"=40'



D'Ango Circle

50' R/W (Public Dedicated)

S 18°00'11" 50.05' (Ti)



S 74°32'13\"/>

141.66'

See Map For Con

NAME: RONALD GIBSON

APPLICATION #: _____

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 # _____

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 Easy Way

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.

Ronald Gibson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-30-15
DATE

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2015 JAN 13 11:34:39 AM
BK: 3275 PG: 69-70
FEE: \$26.00
INSTRUMENT # 2015000486

HARNETT COUNTY TAX ID#
040012.0015.04,-14
-15,-29,-31

1-13-15 BY CW

TWESTER



**NORTH CAROLINA
GENERAL WARRANTY DEED**

Excise Tax: \$ - 0 -

Recording Time, Book and Page

Tax Map No:

Parcel Identifier No. 0055580, 0055579, 0055577, 0055567, 0055562, 0022699

Mail after recording to: Grantee

This instrument was prepared by: Ray McLean - Attorney (deed prep only, no search, no closing)

THIS DEED made this 9th day of Jan., 2015 by and between

GRANTOR

Barlane Development, LLC
*P.O. Box 2230
Angier, NC 27501*

GRANTEE

Ronald Allen Gibson and wife,
Wanda Jackson Gibson
*P.O. Box 969
Angier, N.C. 27501*

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 in Harnett County and more particularly described as follows:

Being all of lots #1,11,16,26,28 and common areas A,B and C as recorded in Map book 2001 page 1016 Harnett County Registry.

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book ____ Page ____ Harnett County Registry.

A map showing the above described property is recorded in map book 2001 page 1016 and referenced within this instrument.

The above described property does does not include the primary residence of the Grantor.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

any and all covenants, easements, restrictions and right of ways of record.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

Barlane Development, LLC

By: [Signature] (SEAL)
Title: Don Lane, Managing Member
By: [Signature] (SEAL)
Title: _____ (SEAL)

NORTH CAROLINA Wake COUNTY

I a notary of the above state and county certify that Don Lane as managing member of Barlane Development LLC a NC limited liability company personally appeared before me this day, and acknowledged his voluntary signature to the foregoing document for the purposes stated therein: Witness my hand and official stamp or seal, this the 9 day of January 2015.

My Commission Expires March 3, 2018
Joyce M. Jones
Notary Public
Print Notary Name: Joyce M. Jones



NORTH CAROLINA _____ COUNTY

I certify that the following person(s) _____ to me known or identified by _____ personally appeared before me this day each acknowledging to me that he or she voluntarily signed the foregoing document for the purposes stated therein. Witness my hand and official stamp or seal, this the _____ day of _____, _____.

My Commission Expires: _____
Notary Public
Print Notary Name: _____

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

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

Application for Residential Building and Trades Permit

Owner's Name RONALD & WANDA GIBSON Date 1-30-2015
Site Address 106 D'Ango Circle Phone 919-639-6100
Directions to job site from Lillington GO 210 TOWARD ANGLER. AT CAUTION LIGHT - HARNETT CENTRAL ROAD - TAKE LEFT - FIRST ROAD TO RIGHT - POPE MEADOW SUBDIVISION - LUSCIOUS LANE.
Subdivision POPE MEADOW Lot 11
Description of Proposed Work NEW SINGLE FAMILY DWELLING # of Bedrooms 3
Heated SF 1556 Unheated SF 576 Finished Bonus Room? NO Crawl Space NO Slab YES

General Contractor Information

RONALD A. GIBSON 919-639-6100
Building Contractor's Company Name Telephone
PO Box 967 Angler, NC 27501 wandagibson.com
Address Email Address
22355

Electrical Contractor Information

Description of Work Wire Single Family Dwelling Service Size 200 Amps T-Pole Yes No
Jerry Lloyd Avery 919-971-0653
Electrical Contractor's Company Name Telephone
9900 Old Stage Road, Raleigh, NC
Address Email Address
9601-0 27603

Mechanical/HVAC Contractor Information

Description of Work Heat Pump 1.446 F.4024 Air Handler 1.470M 424. 1-5 kW
STEPHENSON HEATING & Air Conditioning, INC 919-329-0686
Mechanical Contractor's Company Name Telephone
343 Shipwash Dr., Garner, NC stephenonhvac@aol.com
Address Email Address
18644 27529

Plumbing Contractor Information

Description of Work Water - Wash # Baths 2
STRAIGHT Flush 919-422-8044
Plumbing Contractor's Company Name Telephone
978 Mitchell Road, Lillington, NC
Address Email Address
2365 27546

Insulation Contractor Information

Insulating, INC 5902 Fayetteville Rd 919-772-9000
Insulation Contractor's Company Name & Address Telephone
RAL, NC 27603

*NOTE General Contractor must fill out and sign the second page of this application

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 that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors site plan number of bedrooms 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

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

Ronald Allen Gibson
Signature of Owner/Contractor/Officer(s) of Corporation

1-30-15
Date

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

The undersigned applicant being the

General 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 three (3) or more employees and has obtained workers compensation insurance to cover them

_____ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

_____ Has no 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

Company or Name Ronald Allen Gibson

Sign w/Title Ronald Allen Gibson OWNER Date 1-30-15



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2015

PRODUCER
Specialty Insurance Group, Inc.
P O Box 847
Holly Springs, NC 27540
John L. Myers, 919/552-7278 F: 919/552-5661

INSURED
Gibson Contractors, Inc.
P O Box 969
Angler, NC 27501

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	North Carolina Rate Bureau	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS / UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	0006789421	01/29/2015	01/29/2016	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS	<input type="checkbox"/> OTH- ER
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

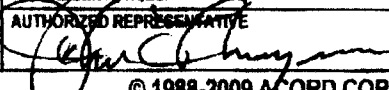
CANCELLATION

"Insured Copy"

F:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



09/09/11

PLEASE CHANGE Sub
FOR MECH/HVAC

Application #

07-50016589

Harnett County Central Permitting
PO Box 65 Lillington NC 27546

910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out
by whomever performing work
Must be owner or licensed
contractor Address company
name & phone must match

Application for Residential Building and Trades Permit

Owner s Name RON & WANDA GIBSON Date 7-20-15
Site Address 106 D'ANGO Circle, Angier Phone 919-639-6100
Directions to job site from Lillington _____

Subdivision PEAR MEADOW Lot 11
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Building Contractor s Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole ___ Yes ___ No
Electrical Contractor s Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work HEAT Pump 1-4A6H 4024 Air Handler 1-4TEM 424
MAY'S HVAC SERVICES, INC 919-795-1966
Mechanical Contractor s Company Name _____ Telephone _____
4001 MARSH CREEK Rd, RALEIGH, NC
Address _____ Email Address _____
9588
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor s Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor s Company Name & Address _____ Telephone _____

*NOTE General Contractor must fill out and sign the second page of this application