$A \cap A \cap A$	12 -002100
Initial Application Date: 8.21.13	Application # SUBSIGNED
	SIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
	ASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: R.G. WILLIAMS CONSTRUCTION	
	ntact Nd(910)323-4488 Email: Srgwilliamscon@nc.rr.C
_	
APPLICANT: R.G. Williams Construct Mailing Addres	16. 151el Cypress Lakes Rd.
City: Tope Mills state MC zip: 28348 cor	ntact No: 910) 323-4488 Email: Srgwilliams con oncer.
CONTACT NAME APPLYING IN OFFICE:	Phone #
PROPERTY LOCATION: Subdivision:	Lot #: 2A Lot Size: 1.90 AC
State Road # 1184 State Road Name: Temple Roa	
Parcel: 12.0547-0002.00	
Zoning: 1 V Deed Book	* & Page: 302le, 441 Power Company*: South River
*New structures with Progress Energy as service provider need to supply p	remise number from Progress Energy.
PROPOSED USE:	as ord-
DI SED: (Size 5145) # Bedrooms: 3 # Baths: 2.5 Basement(w/	wo bath): Garage: Deck: Crawl Space: Slab: Slab:
	no w/ a closet? () yes (
	wo bath) Garage: Site Built Deck: On Frame Off Frame no Any other site built additions? () yes () no
(to the second hoor minorial).	
Manufactured Home:SWDWTW (Sizex)	# Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:No. Bed	rooms Per Unit:
Home Occupation: # Rooms: Use:	Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Nater Supply: County. Existing Well Mew Well (# of	dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Exis	sting Septic Tank (Complete Checklist) County Sewer
Does owner of this tract of land, own land that contains a manufactured hor	ne within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether underground or overhea	d () yes (no
Structures (existing or proposed): Single family dwellings:	Other (specify):
Propa	LCA .
Required Residential Property Line Setbacks: Comments:_ Front Minimum_35_ Actual_145	
Front Minimum <u>55 Actual 147</u> Rear <u>25 218</u>	
Closest Side 10 71.4	
Sidestreet/corner lot	
Nearest Building	
on same lot	Page 1 of 2 03/11

Page 1 of 2
APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: $\overline{\sf SEE}$	Attached
If permits are granted I agree to conform to all ordinances and laws of the State of I hereby state that foregoing statements are accurate and dorrect to the best of m	of North Carolina regulating such work and the specifications of plans submitted by knowledge. Permit subject to revocation if false information is provided. S-21-/3 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**

Google

Directions to 1184 Temple Rd, Bunnlevel, NC 28323 - 5.9 ml - about 11 mins



Lillington, NC

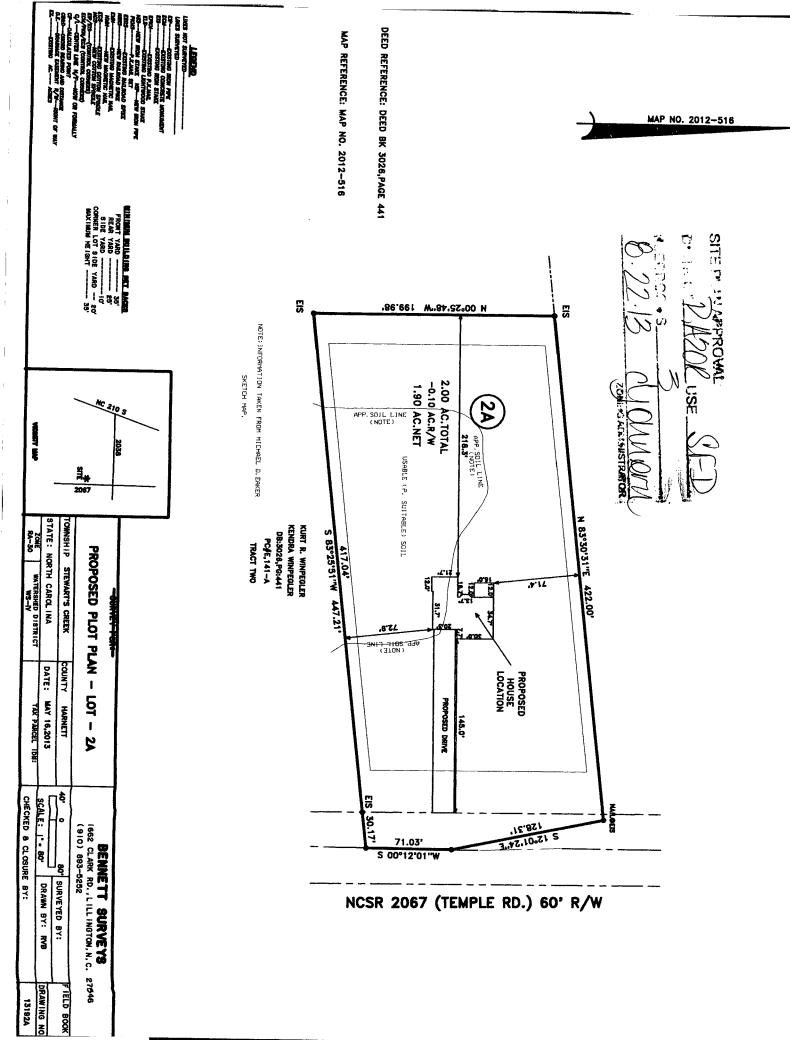
1. Head south on S Main St toward E Front St
About 2 mins
go 0.6 mi

2. Turn right onto NC-210 S About 5 mins go 4.1 mi total 4.7 mi

3. Turn left onto Temple Rd
 Destination will be on the right
 About 4 mins

go 1.2 mi total 5.9 mi

1184 Temple Rd, Bunnlevel, NC 28323



NAME: RG Williams

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 (2) CONFIRMATION #
1 Environmental Health New Septic System Code 800 (4)
All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property flags."
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, deck 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 so
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 to the first transfer of the first transf
 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 cool
 After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use coc 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. <u>Please notion</u>
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. Property for instructions for placing flags and card on property. Property for 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 (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 perm
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
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property is 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 <u>irrigation system</u> 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.
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
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.

HARNETT COUNTY TAX ID#

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2013 MAY 22 02:01:24 PM
BK:3120 PG:119-120
FEE:\$25.00
EXCISE TAX: \$18.00
INSTRUMENT # 2013008669
ABMCNEILL



NORTH CAROLINA GI	ENERAL WARRAN	TY DEED		
Excise Tax: \$18.00				
Parcel Identifier No. <u>0547-32-2822.000</u> Verified byBy:	County on the	day of	, 20	
Mail/Box to: William E. Clark PLLC, 2850 Village Drive, Su	ite 204, Fayetteville, NC 2	28304		
This instrument was prepared by: William E. Clark				
Brief description for the Index: Lot 2A, 1.90 acres, MB 2012,	PG 516			
THIS DEED made this 9 th day of May, 2013, by and between				
GRANTOR		GRANTEE		
KURT R. WINPEGLER and wife, KENDRA WINPEGLER		R. G. WILLIAMS CONSTRUCTION COMPANY, INC a North Carolina Corporation		
1330 Temple Road Bunnlevel, NC 28390	Mailing Address	Mailing Address: 1561 Cypress Lakes Road Hope Mills, NC 28348		
Enter in appropriate block for each Grantor and Grantee: nan corporation or partnership.	he, mailing address, and, if	appropriate, charac	cter of entity, e.g.	
The designation Grantor and Grantee as used herein shall incl singular, plural, masculine, feminine or neuter as required by		s, successors, and a	ssigns, and shall include	
WITNESSETH, that the Grantor, for a valuable consideration by these presents does grant, bargain, sell and convey unto the City of Bunnlevel, Harnett County, North Carolina and more	Grantee in fee simple, all th	at certain lot or par		
PIN: 0547-32-2822.000				
BEING all of Lot 2A, containing 1.90 acres, as shown on a plat Page 516, Harnett County Registry, North Carolina.	entitled "JEFF HULL" and	d duly recorded in M	1ap Book 2012,	
The property hereinabove described was acquired by Grantor	by instrument recorded in	Book 3026, Page 4	41.	
All or a portion of the property herein conveyed includes	or X does not include	the primary residen	ce of a Grantor.	
A map showing the above described property is recorded in M	1ap Book 2012, Page 516.			
TO HAVE AND TO HOLD the aforesaid lot or parcel of land a fee simple.	and all privileges and appur	tenances thereto be	longing to the Grantee ir	

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010 Printed by Agreement with the NC Bar Association

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, other than the following exceptions:

	SEAL)
(Entity Name)	Print/Type Name: Kurt R. Winpegler
By:	- Mars 100 101
	(SEAL)
Print/Type Name & Title:	Print/Type Name: Kendra Winpegler
	(
By:	(SEAL)
Print/Type Name & Title:	Print/Type Name:
_	(OF AL)
By:	(SEAL)
By:	Print/Type Name:
	berland and State aforesaid, certify thatKurt R. Winpegler and acknowledged the due execution of the foregoing instrument for the p or seal this day of May, 2013.

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County NC
2013 MAY 22 02:01:24 PM
BK:3120 PG:121-122
FEE:\$25.00
INSTRUMENT # 2013008670

ABMONETLL



Prepared by/Return to: William E. Clark, 2850 Village Drive, Suite 204, Fayetteville, NC 28304 13-5974

STATE OF NORTH CAROLINA

PARTIAL RELEASE DEED

HARNETT COUNTY

THIS PARTIAL RELEASE DEED made and entered 5th day of May, 2013 by and between Dorothy Burks, Trustee, and BRANCH BANKING AND TRUST COMPANY, Note Holder, hereinafter referred to as Grantor; and KURT R. WINPEGLER and KENDRA WINPEGLER, hereinafter referred to as Grantee;

WITNESSETH:

THAT WHEREAS, Grantee heretofore executed to said Trustee, a certain deed of trust dated Aug 20, 2012, and recorded in Book 3026 Page 443 of the Harnett County Registry, to secure a certain note therein set out due and payable to Grantor.

AND WHEREAS Grantee has requested Grantor and Trustee to release said lien of said deed of trust so much of the land therein conveyed as is hereinafter described, and Grantor has agreed to do so and has requested Trustee to join in said release:

NOW THEREFORE, Grantor for and in consideration of the sum of ten dollars and other good and valuable consideration paid to them by Grantee do remise, release and forever quitclaim unto the Grantee his heirs successors and assigns certain land situated in Harnett County, State of North Carolina and more particularly described as follows:

BEING all of Lot 2A, containing 1.90 acres, as shown on a plat entitled "JEFF HULL" and duly recorded in Map Book 2012, Page 516, Harnett County Registry, North Carolina.

TO HAVE AND TO HOLD the above described premises, with all appurtenances thereunto belonging, or in any wise appertaining, unto the Grantee, his heirs and/or successors and assigns discharged from the lien of said deed of trust herein above referred to.

Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits Application # 13 50031985

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

	0
Owner's Name R.G. Williams Construction	
Site Address 1134 Temple Rd., BUNNIEWEL.	<u> 2839 D</u> Phone (<u>910) 3,23 -44</u> 88
Directions to job site from Lillington SEE ATTACHED	
Subdivision	Lot _2A
Description of Proposed Work New Rosidantal Cons	huchin# of Bedrooms 3
Heated SF <u>1317</u> Unheated SF <u>771</u> Finished Bonus Room? Seneral Contractor Information	<u>neS</u> Crawl Space <u>√</u> Slab
R.G. Williams Construction Co. INC.	(917) 323-11488
Building Contractor's Company Name	Telephone
Address Cares Rd Hope Mills S	rawilliams con Onc. Tr. Com Email Address
13075	
License #	
Electrical Contractor Informati	
Description of Work New Construction Service Size	(910)797-3095
Cyrus Electric Electrical Contractor's Company Name	Telephone
7544 Documentary Dr., Fayetteville 28306	
Address Start Dright adjusting 2000	Email Address
252124	
License #	
Mechanical/HVAC Contractor Infor	<u>mation</u>
Description of Work New Construction	
Koyai Heafrica and Air Mechanical Contractor's Company Name	(910)323-0095
	Telephone
923 Kamsey St., Fayerteville	royalhvac@embargmail.c
Address	Email Address
28976-H3	
License # Plumbing Contractor Informati	on
Description of Work New Construction	# Baths 2.5
National Designation	(910) 818-4863
Plumbing Contractor's Company Name	Telephone
7012 Documentary Dr., Fayerleville NC	
Address	Email Address
24204 PL	
License #	
Insulation Contractor Informat	(919)716-4138
Insulation Incorporated	
Insulation Contractor's Company Name & Address	Telephone

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 Signature of Owner/Contractor/Officer(s) of Corporation 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 . Williams Construction Co., INC.

Nr6

Date 8-21-13



BUILDERS MUTUAL INSURANCE CO. Post Office Box 150005 Raleigh, North Carolina 27624-0005 (919) 845-1976 WORKERS COMPENSATION & EMPLOYERS LIABILITY Insurance Policy

 Policy Number
 Policy Period From
 To

 WCP 0012648 17
 01/01/2013 01/01/2014 12:01 A.M. Standard Time at the described location

			WCP	0012648 17	01/01/2013 12:01 A.M. Standard Time	01/01/2014
		Trans	action		· · · · · · · · · · · · · · · · · · ·	Late the described recorder
ENEWAL DECLARATION	ON				Customer #:	
1. Named Insured and	Address				Agent	
RG WILLIAMS CONST CO INC 1561 CYPRESS LAKES RD HOPE MILLS NC 28348-0000		BB&T INS PO DRAWEF FAYETTEVI				
			Telephon	e: 910-435-	3600	0001305
Carrier # 37354	FEIN # 561295013	Risk ID # 911752581	,	Entity of Insured CORPORATION		
Location(s): See Site	e Location Schedule					
2. The Policy Period is	from 01/01/2013 1	to 01/01/2014	12·01 a m	n Standard Tim	e at the Insured's	e mailing addross
3. A. Workers Compen listed here: North B. Employers Liabilit	sation Insurance: Par Carolina ty Insurance: Part Tw	rt One of the po	licy applies to	o the Workers C	Compensation Lav	v of the states
ine limits of our	liability under Part Two	•				
	Bodily Injury by Ac Bodily Injury by Dis Bodily Injury by Dis	sease \$	500,00	each accidenpolicy limiteach employ		
	rance: Part Three of GA, DC, MD, MS exc				d here:	
D. This policy includ	les these endorsement	s and schedules	s: See attach	ed schedule.		
4. The premium for this All information requi	s policy will be determi red below is subject to				s, Rates, and Rat	ng Plans.
	SEE EXT	TENSION OF	INFORMAT	TON PAGE		
	RE TO PAY ANY E E RESCISSION OF				WILL RESULT	
Minimum Premiu	um \$	1,000 To	E	Annual Premiu Expense Constar Premium Discour Depos	nt \$ nt \$	3,527 210
Premium Adjustme	nt Period: 🛛 Ann	ual; 🗌 Semiar	nnual; 🔲 Qua	arterly; Mon	thly	
_				. 1	Dame	

Countersigned this Day of Alexander 2013
Issued Date: 11/20/2012
Issuing Office BUILDERS MUTUAL INSURANCE CO.

Authorized Representative