Initial Application Date	)	1-7	-	13
- Francisco -			-	$\sim$

Application # _	3500	32442	)
	CU#		1

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 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: Bill Clark Homes Mailing Address: POBax 87021	
City: Fayetturile State: NL zip: 25304 Contact No: 910-426-289 6 mail: bwalkereb	ilklarkhomes. @
APPLICANT*: Same Mailing Address:	
City: State: Zip: Contact No:	
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner	N
CONTACT NAME APPLYING IN OFFICE: Brian Walker Phone # 910-437-24	179
PROPERTY LOCATION: Subdivision: Carolina Daks Lot #: 29 Lot Siz	ze: 0.41 aues
State Road # 2044 State Road Name: Will Lucas Road Man Book & Page: 20	07,000
Parcel: 010544001 2 29 PIN: 0544-04-3669,000	
Zoning: RADOR Flood Zone: X Watershed: MA Deed Book & Page: 2997 / 626 Power Company*:	
*New structures with Progress Energy as service provider need to supply premise number from Progress	Energy.
PROPOSED USE:	
PROPOSED USE:  X SFD: (Size SH. U.S) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Pot in Deck: Pot	Monolithic
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms	Slab:
· ·	
Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site b	uilt?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use: Hours of Operation: #Employer	yees:
□ Addition/Accessory/Other: (Sizex) Use: Closets in addition? (	lves / lno
Water Supply: Existing Well New Well (# of dwellings using well) *Must have operable water before	ore 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	( <b>X</b> ) no
Does the property contain any easements whether underground or overhead () yes () no	<u>.</u>
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):	
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35 Actual 366"	
Rear <u>25'</u> 27'7"	-
Closest Side 10' 89'9"	
Sidestreet/corner lot	
Nearest Building	
on same lot Residential Land Use Application Page 1 of 2	3/11

Turn right. Turn right on Will Lucan Rd.  Durn Right into subdivision on to  Carolina Daha Circle.
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.  Signature of Owner or Owner's Agent  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\*\*



HARNETT COUNTY TAX ID# 01. 0544. 0017.07, 08. 09. 19. 20, 27. 28, 59 (0:1-12 BY SK3 FOR REGISTRATION REGISTER OF DEEDS
HARNETY SOUNTY NO PM
2012 JUN 01 01:32:04 PM
BK:2997 PG:626-628 FEE:\$26.00
NC REV STAMP:\$304.00
INSTRUMENT # 2012008781

# NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax. Director 504,04		
Parcel Identifier No. <u>0534-95-6074</u> ; <u>0534-94-6994</u> ; <u>0504-3089</u> and <u>0544-04-1935</u> Verified by	534-94-7804; 0544-03-3903; 0544-03-489 County on the day of	7; 0544-04-4609; 0544-04-3799; 0544- , 20
Return to: Richard A. Galt, PLLC, 2533 R This instrument was prepared by: H. Dolph Brief Description for the Index: Lots 7, 8, 9, 19, 20, THIS DEED made this 18 <sup>th</sup> day of May, 2012, by an	Berry, Attorney 27, 28, 29 and 59, Carolina Oaks	28305 RP 12-049
GRANTOR	GR	ANTEE
RAM Development, Inc.	opment, Inc.  Bill Clark Homes of Fayetteville, LLC, A North Carolina Limited Liability Co	
Mailing Address: P.O. Box 53688 Fayetteville, NC 28305	Mailing Address 200 E. Arlington Greenville, NC	Boulevard, Suite A

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

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 or near the Town of Linden, Creek Township, Harnett County, North Carolina and more particularly described as follows:

Being all of Lots 7, 8, 9, 19, 20, 27, 28, 29 and 59 in a subdivision known as Carolina Oaks as shown on a plat of the same duly recorded in Map Book 2007, Pages 594 and 595, Harnett County Registry, North Carolina.

The property hereinabove described was acquired by Grantor by instruments recorded in Book 2407, Page 298; Book 2415, Page 604 and Book 2426, Page 115.

All or a portion of the property herein conveyed does not include the primary residence of the Grantor.

A map showing the above described property is recorded in Map Book 2007, Pages 594 and 595.

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, other than the following exceptions:

RESTRICTIVE COVENANTS RECORDED AND EASEMENTS, RIGHTS OF WAYS AND ZONING REGULATIONS AS MAY APPEAR OF RECORD.

2012 AD VALOREM TAXES PRO-RATED.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

KAM Development, Inc.	(SEAL)
By	Print/Type Name:
Print/Type Name & Title: Joseph D. Jackson, President	Print/Type Name:(SEAL)
By: Print/Type Name & Title:	Print/Type Name:(SEAL)
Ву:	
By: Print/Type Name & Title:	Print/Type Name:(SEAL)
State of County or City of	
I, the undersigned Notary Public of the County or City of	f and State aforesaid, certify that
acknowledged the due execution of the foregoing instrument for the seal this day of	personally appeared before me this day and e purposes therein expressed. Witness my hand and Notarial stamp or
My Commission Expires:	Notary Public
(Affix Seal)	Notary's Printed or Typed Name
corporation, and that by authority duly given and as the act of such behalf as its act and deed. Witness my hand and Notarial stamp of My Commission Expires: 7/12/2014  (Affix Seal)  Diana E. Smith  Notary Public  Cumberland County, NC	be entity he signed the foregoing instrument in it.
State of County or City of I, the undersigned Notary Public of the County or City of	and State aforesaid, certify that
Witness my hand and Notarial stamp or seal, this day of	, , , , , , , , , , , , , , , , , , , ,
My Commission Expires:	
n(Affix Seal)	Notary's Printed or Typed Name
	rotally strimed or Typed Name



KIMBERLY S. HARGROVE REGISTER OF DEEDS, HARNETT 305 W CORNELIUS HARNETT BLVD SUITE 200 LILLINGTON, NC 27546

Filed For Registration:

06/01/2012 01:32:04 PM

Book:

RE 2997 Page: 626-628

Document No.:

2012008781

DEED 3 PGS \$26.00

NC REAL ESTATE EXCISE TAX:

\$304.00

Recorder:

ANGELAB MCNEILL

State of North Carolina, County of Harnett

KIMBERLY S. HARGROVE, REGISTER OF DEEDS

# DO NOT DISCARD

NAME:		APPLICATION #:
County Health Departm IF THE INFORMATION IN THIS A PERMIT OR AUTHORIZATION TO depending upon documentation subm	PPLICATION IS FALSIFIED, CHANGED, OF CONSTRUCT SHALL BECOME INVALID. itted. (complete site plan = 60 months; completed.)	Permit and/or Authorization to Construct THE SITE IS ALTERED, THEN THE IMPROVEMENT The permit is valid for either 60 months or without expiration
<ul> <li>Place "pink property f every 50 feet between</li> <li>Place "orange house of out buildings, swimming</li> <li>Place orange Environ</li> </ul>	Septic System Code 800 ags" on each corner iron of lot. All p corners. orner flags" at each corner of the propo g pools, etc. Place flags per site plan o nental Health card in location that is eas	sily viewed from road to assist in locating property.
<ul> <li>evaluation to be perfor</li> <li>Call No Cuts to locate</li> <li>After preparing propos</li> <li>800 (after selecting no confirmation number</li> </ul>	med. Inspectors should be able to walk utility lines prior to scheduling inspection ed site call the voice permitting system.	that you clean out the undergrowth to allow the soil of freely around site. <i>Do not grade property</i> .  In. 800-632-4949 (This is a free service)  at 910-893-7525 option 1 to schedule and use code of for Environmental Health inspection.  Please note of request.
<ul> <li>Environmental Health Exis</li> <li>Follow above instruction</li> <li>Prepare for inspection inspection in spection is for a sept</li> <li>After preparing trapdomultiple permits, then given at end of record</li> </ul>	ing Tank Inspections Code 800 ns for placing flags and card on propert by removing soil over door as diagonal cank in a mobile home park) or call the voice permitting system at 9 use code 800 for Environmental Healting for proof of request.	
<b>SEPTIC</b> If applying for authorization to con	struct please indicate desired system type(s):	can be ranked in order of preference, must choose one.
	nnovative {\(\sum_{\text{\text{\text{\text{\text{Conventional}}}}}\)	{}} Any
	health department upon submittal of this a oplicant must attach supporting documentate	pplication if any of the following apply to the property in ion.
	e site contain any Jurisdictional Wetlands?	

{}} Alte	rnative	[] Other		
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant must attach supporting documentation.		
{}}YES	$(\frac{1}{2})$ NO	Does the site contain any Jurisdictional Wetlands?		
{}}YES	$\{X\}$ NO	Do you plan to have an irrigation system now or in the future?		
{}}YES	$\{X\}$ NO	Does or will the building contain any drains? Please explain.		
()YES	$\{X\}$ NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{_}}YES	$\{\underline{\mathbf{Y}}\}$ NO	Is any wastewater going to be generated on the site other than domestic sewage?		
{}}YES	$\{\underline{\mathcal{K}}\}$ NO	Is the site subject to approval by any other Public Agency?		
{}}YES	$\{\underline{\chi}\}$ NO	Are there any easements or Right of Ways on this property?		
{_}}YES	(X) 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	l This Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And		
State Officia	als 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)

5/08

\* 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.

Ann	lication	#
$\alpha_{\rm pp}$	lication	#

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
Application for Residential Building and Trades Permit

			/! ! # ! ! L
Owner's Name: Bill Clark Home	s of Fayetteville,	UC Date:	9-19-13
Site Address: 402 Carolin	_ ^ /	Phone(910)	
Directions to job site from Lillington: _			
West on E. Front St. to	ward 1 <sup>st</sup> St. Turn left or	nto 1 <sup>st</sup> St. Turn right o	on E. Lofton St.
Turn left on S. Main St.  Turn right onto Elliot Br	idge Rd. Turn right on \	<ol> <li>Continue to follow</li> <li>Will Lucas Rd. Subdi</li> </ol>	US-401. — vision is on right
Subdivision: Carolina Oc	aks	Lot:	
Description of Proposed Work: Six	sle Family Du		
Heated SF Unheated SF	Finished Rec Re	oom?	Crawl Space () Slab ()
D	General Contractor I	nformation	oram opaco () olab ()
Bill Clark Homes of Taxatte	ville, LLC (	910) 426-2	2898
Building Contractor's Company Name	Tele	ephone	
POBOX 870ZI FAYET	EVILLE, NC 28	304	34592-BLD-U
Address	,		License #
Signature of Ower Contrador Officer	Must	t sign & fill out second	page
Signature of Owner/Contractor/Officer(	Electrical Permit Info	ormation	
Description of Work New Electric S	Service Size	: 200 Amps	TPole ves no
Sandy Ridge Electeric, Frac		0) 323-2458	
Electrical Contractor's Company Name	Tele	phone	
454 Whitepead Rd. Jax	ettevilleNC 28	312	10006-U
Address		v = ==================================	License #
Signature of Officer(s) of Commention			
Signature of Officer(s) of Corporation	Mechanical Permit Int	formation	
Description of Work New H			
Mark-Air Anc.	rang a cooling		1616
Mechanical Contractor's Company Nam	е	(910) 484 Telephone	-6565
	. Fayettevi	A 6	15874
Address	talettoi	112/1000009	License #
Chandler Sikes			LIGOTISO II
Signature of Officer(s) of Corporation			
	Plumbing Permit Info	rmation	
Description of Work New Plub:	<b>&gt;</b>	# Baths_	
PANCE JOHNSON PLLIME	SING	910-424-	6712
Plumbing Contractor's Company Name	1	Telephone	
242 MID PINE OR FI	74 NC 28301	6 775	56-P1
Address 12 10			License #
Signature of Officer(s) of Chronation			
Signature of Officer(s) of Corporation	sulation Permit Infor	mation	
1-1 Angulation P.O. Box 180			1-1400 2004
nsulation Contractor's Company Name 8	Address		10) 429-2990 elephone
		10.5	Cichiona

Application #
Homeowners Applying to Build Their Own Home  Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.  Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon requestions).
Do you own the land on which this building will be constructed?yes no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?
Do you intend to directly control & supervise construction activities? yes no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? yes no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?
yesno
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, 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.    Comparison
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.

Date: 9-19-13

#### DO NOT REMOVE!

## Details: Appointment of Lien Agent

Entry #: 56126

Filed on: 10/15/2013 Initially filed by: bchfaync

#### Designated Lien Agent

Investors Title Insurance Company

Online: www.liensne.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com

#### **Project Property**

462 Carolina Oaks Circle Linden, NC 28356

Pre-Permit Workers

none

#### Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

#### Property Type

1-2 Family Dwelling

#### Owner Information

Bill Clark Homes 200 E. Arlington Blvd Greenville, NC 27858 United States Email: martha@billclarkhomes.com Phone: 252-355-5805

#### Contractor Information

Bill Clark Homes of Fayetteville PO Box 87021 Fayetteville, NC 28304 Email: bwalker@billclarkhomes.com Phone: 910-426-2898

Technical Support Hotline: (888) 690-7384

P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. ------Application Number . . . . . 13-50032442
Property Address . . . . . . 462 CAROLINA OAKS CIR Date 11/20/13 Property Zoning . . . . . . RES/AGRI DIST - RA-20R Owner Contractor \_\_\_\_\_\_ -----BILL CLARK HOMES OF FAYETTEVIL BILL CLARK HOMES LLC 200 EAST ARLINGTON BLVD 400 WESTWOOD SHOPPING CTR SUITE A GREENVILLE FAYETTEVILLE NC 28314 GREENVILLE (252) 355-5805 NC 27858 Applicant BILL CLARK HOMES #29 PO BOX 87021 NC 28304 FAYETTEVILLE (910) 426-2898 Structure Information 000 000 54.6X51.6 3BDR SLAB W/ GARAGE Flood Zone . . . . . . . FLOOD ZONE X Other struct info . . . . # BEDROOMS 3000000.00 PROPOSED USE SFD SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY Permit . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . . Phone Access Code . 1008291
Issue Date . . . 11/20/13 Valuation . . . .
Expiration Date . . 11/20/14 Special Notes and Comments T/S: 11/07/2013 10:10 AM JBROCK ----401S TO ELLIOTT BRIDGE RD R ON WILL

HARNETT COUNTY CENTRAL PERMITTING

HARNETT COUNTY CENTRAL PERMITTING P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day.

Page Application Number . . . . . 13-50032442 Date 11/20/13 Property Address . . . . . 462 CAROLINA OAKS CIR

Property Zoning . . . . . . RES/AGRI DIST - RA-20R

Permit . . . . . BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1008291

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### Required Inspections

_	Seq	Phone Insp#	Insp Code	Description	Initials	Date
	10	101	B101	R*BLDG FOOTING / TEMP SVC POLE		/ /
	20 - 30	103 814	B103 A814	R*BLDG FOUND & TEMP SVC POLE		
	30-999	111	B111	ADDRESS CONFIRMATION R*BLDG SLAB INSP/TEMP SVC POLE		-//-
	30-999	309	P309	R*PLUMB UNDER SLAB		
	40-50	129	I129	R*INSULATION INSPECTION		//_
	40-60	425	R425	FOUR TRADE ROUGH IN		//
	40-60	125	R125	ONE TRADE ROUGH IN		/_/
	40-60	325	R325	THREE TRADE ROUGH IN		/ /
	40-60	225	R225	TWO TRADE ROUGH IN		
	50-60	429	R429	FOUR TRADE FINAL		///
	50-60	131	R131	ONE TRADE FINAL		
	50-60	329	R329	THREE TRADE FINAL		',',
	50-60	229	R229	TWO TRADE FINAL		',',
	999		H824	ENVIR. OPERATIONS PERMIT		'/'/