•		-	. /.	
Initial Application	Date:_	$M_{\rm L}$	14	1)4
	-	7		

Application # _	145	00	3.	4	171

Nearest Building on same lot

Residential Land Use Application

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** Mailing Address: PORox 87021 State: NL Zip: 26304 Contact No: 910-426-2898 mail: bwalkerebilklarkhe __ Mailing Address:_ City: __ Contact No: _____ Email: Please filt out applicant information if different than landowner Brian Walker Phone # 910-437-2479 CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: _____Lot #: 28 Lot Size: 0. 41 a mas State Road Name: Will Luca _____ Map Book & Page: 2007 / 595 0544-04-3799.000 71626_Power Company*:__ Watershed: *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. PROPOSED USE: SFD: (Size 44 x 38) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): n & Garage: Deck: n Crawl Space: Slab: | Monolithic Slab: | (Is the bonus room finished? (1) yes () no w/ a closet? (1) 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: X County ____ Existing Well ____ New Well (# of dwellings using well _____) *Must have operable water before final Sewage Supply: X 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 (X) no Does the property contain any easements whether underground or overhead () yes () no utility Structures (existing or proposed): Single family dwellings:_ Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments: Actual 36. 6 Front Rear Sidestreet/corner lot_

SPECIFIC DIRECTIONS TO THE PROPERTY F	Tun vight	on Will Lucae Rd.
man Bigut	mis subdivi	sion on to
- Saralina Da	ha linele,	
-		
f permits are granted I agree to conform to all ord hereby state that foregoing statements are accur	linances and laws of the State of North C gate and correct to the best of my knowler	Carolina regulating such work and the specifications of plans submitted. dge. Permit subject to revocation if false information is provided. $ \begin{array}{cccccccccccccccccccccccccccccccccc$
Signature of Ow	vner or Owner's Agent	Pate Pate

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 essements, 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

7.47 FT. BES.		APPLICATION #:	
PERMIT Of depending State of the International S	PORMATION DR AUTHORIZ upon document of 10-893-752. Tonmental Herotece "pink provery 50 feet of 10-893 feet orange in property is evaluation to call No Cuta of 100 (after selection above repare for lespection is futter preparinultiple permiven at and	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorizati IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 mont tation submitted. (complete site plan = 60 months; complete plat = without expiration)	its improvement in agged approximately ays, garages, decks ng. I locating property. with to allow the solide property. Service) nedule and use code ection. Please note mits.
SEPTIC If applying	for authorizat	tion to construct please indicate desired system type(s): can be ranked in order of preference,	must choose one.
[} Acc	epted .	[X] Innovative [_] Conventional [_] Any	•
		() Other	
uestion. I	ant shall notify If the answer i	y the local health department upon submittal of this application if any of the following a is "yes", applicant must attach supporting documentation.	pply to the property in
}YES	(X) 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	{ <u>X</u> } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this proper	tv?
}YES	{ ∑ } NO	Is any wastewater going to be generated on the site other than domestic sewage?	
}YES	(X) NO	Is the site subject to approval by any other Public Agency?	
X}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 Applicat	tion And Certify That The Information Provided Herein Is True, Complete And Correct. As	ithorized County And
		d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applic	-

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)



HARNETT COUNTY TAX ID# 01. 0544. 0012.0), 04. 09. 19. 20, 21. 28, 59 (0:1-12 BY SKB FOR REGISTRATION REGISTER OF DEEDS
HARNETT ECUNTON NC
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

Parcel Identifier No. <u>0534-95-6074</u> ; <u>0534-94-6994</u> ;	<u>0534-94-7804; 0544-03-3</u>	<u>903; 0544-03-4897;</u>	<u>0544-04-4609; 0544-04-3799; 0544-</u>
04-3089 and 0544-04-1935 Verified by	County on the _	day of	, 20
Ву:			
Return to: Richard A. Galt, PLLC, 2533	Raeford Road, Fay	etteville, NC 28	305 RP 12-049
This instrument was prepared by: H. Dolp			
Brief Description for the Index: Lots 7, 8, 9, 19, 20	0, 27, 28, 29 and 59, Car	olina Oaks	
THE DEED	11 .		
THIS DEED made this 18th day of May, 2012, by a	and between		
GRANTOR		GRAI	NTEE
DAM Davidanment Inc	15:5	LCII. II.	CE A DETEC
RAM Development, Inc.			of Fayetteville, LLC,
	A. !	North Carolina	Limited Liability Company
Mailing Address:	M	iling Address:	
P.O. Box 53688		_	Soulevard, Suite A
Fayetteville, NC 28305		eenville, NC 28	•
rayettevine, NC 20505	ı "Gr	eenvine, NC 20	020
		•	
•			
Enter in appropriate block for each Grantor and Gr	antage name mailing ad	drage and if name	riota abaractor of antitue a a
corporation or partnership.	antee. name, maning au	aress, and, it approp	mate, character of entity, e.g.
The designation Grantor and Grantee as used herei	•	es, their heirs, succe	ssors, and assigns, and shall include
singular, plural, masculine, feminine or neuter as re	•		
WITNESSETH, that the Grantor, for a valuable con			
by these presents does grant, bargain, sell and convenient the Town of Linden, Anderson Creek			
follows:		-	
· ·	•		t
Daing all of 1 ato 7 0 0 10 20 27 20 20	and EO in a subdicta	ion Irnoven os C-	malina Oalta as at arres
Being all of Lots 7, 8, 9, 19, 20, 27, 28, 29	aluu by in a suddivis	ion known as Ca	iroima Qaks as snown

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.

RAM Development, Inc.	(SEAL)
By tal	Print/Type Name:
Print/Type Name & Title: Joseph D. Jackson, President	Print/Type Name:(SEAL)
By: Print/Type Name & Title:	(SEAL)
By: Print/Type Name & Title:	Print/Type Name:(SEAL)
State of County or City of	
	of and State aforesaid, certify that
acknowledged the due execution of the foregoing instrument for th seal this day of, 20	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
State of North Carolina - County or City of Cumberland I, the undersigned Notary Public of the County or City of personally came before me this day and acknowledged that he is a 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)	th entity, he signed the foregoing instrument in its name on its
Diana E. Smith Notary Public Cumberland County, NC	
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 Public Notary's Printed or Typed Name
	riotary strinted of Typed Name



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

Filed For Registration: 06/01/20

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

* 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.

1450 34171 Application #

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

Owner's Name: Bill Clark Homes of Fayetheville, LCC Date:
Site Address: 442 Carolina Oals Cir Phone (910) 426-2898
Directions to job site from Lillington: 401 South to Elliott Bridge Rd.
Tun Right. Tun Right again outs Will Lucas Rd.
Substitution is on the vight.
Subdivision: Carolina Oaln Lot: 28
Description of Proposed Work: Sizale Family Dwelling #Bedrooms: 4
Heated SF 1996 Unheated SF 965 Finished Rec Room? Wes Crawl Space () Slab K General Contractor Information
Bill Clark Homes of Faxetteville, LLC (910) 426-2898 Building Contractor's Company Viamo
400 Westwood Shopping Center Swite 220 Fax ettevill, NC28314 34592-BCD-C Address License #
Must sign & fill out second page Signature of Owner/Contractor/Officer(s) of Corporation Electrical Permit Information
Description of WorkService Size:Amps TPole: yes/no
Sandy Ridge Electeric Anc. (910) 323-2458 Electrical Confractor's Company Name Telephone
454 Whitehead Rd Jaxetteville, NC 28312 1006-U License #
Signature of Officer(s) of Corporation
Mechanical Permit Information
Description of Work HVAC & Gas Line
Mechanical Contractor's Company Name 910-339-2374 Telephone
200 Emmett Rd-Dunn, NC- 25384 29077
Address License # Signature of Officer(s) of Corporation
Plumbing Permit Information
Description of Work# Baths
PANCE JOHNSON PLUMBING 910-424-6712
Plumbing Contractor's Company Name Telephone
242 MID PINE OR FAY NC 28306 7756-P1
Address License #
Signature of Officer(s) of Corporation
Insulation Permit Information
1-1 Ansylation P.O. Box 180 Hope Mills, NC 28348 (910) 429-2990 Insulation Contractor's Company Name & Address Telephone
·

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 request)
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?
3. 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 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?
yes no
Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if <u>any</u> 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. Signature of Owner/Contractor/Officer(s) of Corporation 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.
Sign w/Title: Bill Clark Homes Date: 6/21/14
Sign w/Title: Binary Date: 6/27/14

Date: 6/27/14

LiensNC

Appointment of Lien Agent

Entry Number: 155535

Designated Lien Agent

Filed by: bchfaync

Investors Title Insurance Company

Payment Amount: \$25.00

Filing Date: 06/26/2014

Online: www.liensnc.com

Address: 19 W Hargett St, Suite 507 / Raleigh, NC 27601

Email: support@liensnc.com

Fax: (919) 489-5231

Technical

Support Hotline: (888) 690-7384



Owner Information

Bill Clark Homes

200 E. Arlington Blvd

Greenville

NC

27585

United States

252-355-5805

martha@billclarkhomes.com

Project Property

442 Carolina Oaks Circle

Linden

NC

28356

Property Type:

1-2 Family Dwelling

Date First Furnished:

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 14-50034171 Date 10/17/14 Application type description CP NEW RESIDENTIAL (SFD) Subdivision Name CAROLINA OAKS 64 LOTS Property Zoning RES/AGRI DIST - RA-20R Contractor Owner _________ ______ BILL CLARK HOMES LLC BILL CLARK HOMES OF FAYETTEVIL LE LLC
400 WESTWOOD SHOPPING CTR
SUITE A
FAYETTEVILLE NC 28314 GREENVILLE
(252) 355-5805 200 EAST ARLINGTON BLVD NC 27858 Applicant _____ BILL CLARK HOMES #28 Structure Information 000 000 49X38 3BDR 2.5BATH SFD W GAR SLB FINBON Flood Zone FLOOD ZONE X 3.00 Other struct info # BEDROOMS PROPOSED USE SEPTIC - EXISTING? NEW TANK COUNTY WATER SUPPLY Permit BLDG, MECH, ELEC, PLB, INSU PERMIT Additional desc . .

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 2
Application Number 14-50034171 Date 10/17/14

Permit BLDG, MECH, ELEC, PLB, INSU PERMIT

Additional desc . .

Phone Access Code . 1045525

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	101	B101	R*BLDG FOOTING / TEMP SVC POLE		/ /
20	103	B103	R*BLDG FOUND & TEMP SVC POLE		_/_/_
20-30	814	A814	ADDRESS CONFIRMATION		<i></i>
30-999	111	B111	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	<u> </u>	— _/ — _/ —
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		<u> </u>
50-60	229	R229	TWO TRADE FINAL		-/-/-
999		H824	ENVIR. OPERATIONS PERMIT		//

Car Oakis	# 28			
Plan Box #	1		7 - 14 - e bill lik	Hance
App # 145 00	9 34171 v	aluation 165,570	Heated SQ Fee	et <u>1995.</u> ge <u>552</u>
Inspections for SI Crawl	Slab_	Mono	Basement	
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final	
Foundation Surve	y <u>///o</u> En	vir. Health New I	Other	······································
Additions / Other			•••••••	••••••••••••••••••••••••••••••••••••••
Footing Foundation Slab				
Mono Open Floor Rough In				

Insulation____

Final____

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