

Ref-1550036757
Detached Garage

Initial Application Date: 7-29-15

Application # 1550036751

CU# SCANNED

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: SARA DEE STEARMAN Mailing Address: P.O. Box 12
City: FUGUAY VARIANA State: NC Zip: 27526 Contact No: _____ Email: _____

APPLICANT*: KEN STEARMAN Mailing Address: P.O. Box 12
City: FUGUAY VARIANA State: NC Zip: 27526 Contact No: 704-770-5627 Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: KEN STEARMAN Phone # 704-770-5627

PROPERTY LOCATION: Subdivision: Captin's Landing Lot #: 38 Lot Size: 1.43
State Road # _____ State Road Name: Ponchartrain St. Map Book & Page: 2015, 13
Parcel: 05061311 0301 01 PIN: 0613-74-2377.000
Zoning: RA-30 Flood Zone: - Watershed: WS-IV Deed Book & Page: 3269, 574 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 40 x 60) # Bedrooms: 2 # Baths: 2 Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____ 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 _____) 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>35</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>113</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

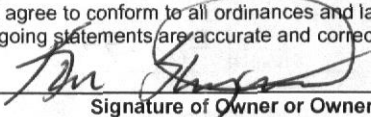
401 to 42 W to turn L on

Ball Rd - follow to River Rd - turn Right!

turn Right on Jasmine Rd - Turn Right

~~on Ponchartrain St~~
on Ponchartrain St - After First 100 yards
you're there

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

7-29-15

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

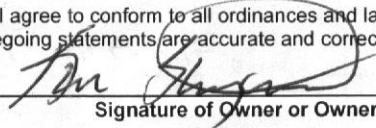
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NAME: Kenneth Stearman

APPLICATION #: 36751

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 # 011251

- 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 _____

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? IDK
- YES NO Is any wastewater going to be generated on the site other than domestic sewage? IDK
- YES NO Is the site subject to approval by any other Public Agency? IDK
- 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.

Kenneth Stearman
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-29-15
DATE

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____
CERTIFY THAT THE MAP OR AFFIXED MEETS ALL STATE

SITE PLAN APPROVAL
DISTRICT RA-36 USE SFD
#BEDROOMS 2
7-29-15
[Signature]
Zoning Administrator

SEAL
L-3247
LAND SURVEYOR
JAMES W. WILKINSON

and seal this 5th day of Jan. 2015.
[Signature]
Professional Land Surveyor No. L-3247

I, _____, Professional Land Surveyor No. L-3247, certify to use or follow on indicated lines the boundaries of land within the perimeter of this plat as shown on the attached plat. I am a duly licensed and qualified surveyor and have an unimpaired and regular practice of my profession. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the attached plat. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the attached plat. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the attached plat. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the attached plat. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the attached plat. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the attached plat. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the attached plat. I am not aware of any other persons or persons of land within the perimeter of this plat who are not shown on the APPROXIMATE LOCATION CENTERLINE OF DRIVEWAY

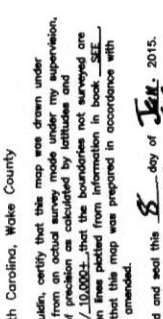
HARNETT COUNTY
MINIMUM BUILDING
SETBACK REQUIREMENTS
FRONT: 35' FROM R/W
REAR: 25'
SIDE: 10'
CORNER LOT SIDE: 20'

PROPERTY SHOWN HEREON IS SUBJECT TO RECORD AFFECTING SAME. THE SEARCH HAS BEEN PERFORMED BY THIS SURVEYOR DOES NOT CERTIFY TO THE OR NON-EXISTENCE OF ANY UNDERLIES THAT MAY OR MAY NOT BE THIS SITE. GS CONTROL WAS FOUND WITHIN 2000'. OR RELIED UPON THE CITY OR COUNTY FOR IF ALL APPLICABLE ORDINANCE AND NO INTERPRETATIONS OF THE ORDINANCES.

OLINA - HARNETT COUNTY
P. NUMBER _____ TIME _____
REGISTER OF DEEDS
KIMBERLY S. HARGROVE

OWNER:
BETTY L. KIRKPATRICK
313 GARY STREET
COLUMBIANA, N.C. 27826

33 34 35 36 37 38 39 40



RECOMBINED AREA = 1.627 ACRES

PONCHARTRAIN STREET
(60' PUBLIC R/W)

DRIVEWAY

OLD PROPERTY LINE

W/M/O 105.27'

N 11°21'32\"/>

142.96'

120.5

113.5

21.04'

269.27'

S 06°57'21\"/>

S 01°08'36\"/>

S 20°25'43\"/>

S 73°22'24\"/>

S 18°04'21\"/>

N 64°27'57\"/>

L1 L2 L3 L4

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DAD

**GENERAL DURABLE POWER OF ATTORNEY
OF
SARA DEE STEARMAN**

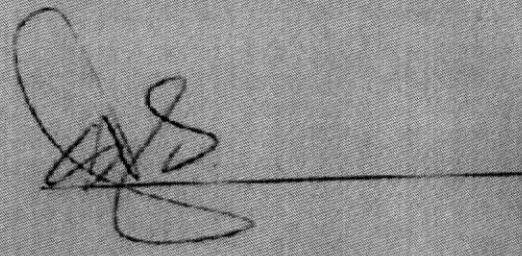
SARA DEE STEARMAN, as principal, domiciled and residing in the State of Washington, hereby revokes any other general durable power of attorney which she may have previously executed, and as authorized by Chapter 11.94 of the Revised Code of Washington, as amended, designates and appoints the following persons, in order of preference and succession, as her attorney-in-fact effective immediately upon execution of this document by the Principal, and shall continue until revoked or terminated under Section 5: 1. KENNETH ALLEN STEARMAN.

SECTION 1. Powers. The attorney-in-fact, as a fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without the State of Washington, limited to the power and authority to:

Sell, convey, exchange, purchase or otherwise transfer or encumber any real or personal property of the principal, or real or personal property on behalf of principal.

Except as otherwise provided above, the attorney-in-fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by the principal, unless the document authorizes changes with court approval.

SECTION 2. Purposes. The attorney-in-fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies, and urgent necessities of the disabled or incompetent principal.



SECTION 3. Effectiveness. This power of attorney shall become effective immediately upon execution of this document by the Principal, and shall continue until revoked or terminated under Section 5 and remain effective upon the disability or incompetence of the principal. Disability or incompetence shall include the inability to manage his property and affairs for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, terrorism, or disappearance. Disability or incompetence may be evidenced by a written statement of a qualified physician regularly attending the principal and/or by other qualified persons with knowledge of any confinement, detention, or disappearance. Incompetence may also be established by a finding of a court having jurisdiction over the incompetent principal.

SECTION 4. Duration. This durable power of attorney becomes effective as provided in Section 3 hereof and shall remain in effect for the period and to the extent permitted by Chapter 11.94 of the Revised Code of Washington, as amended, or until revoked or terminated under Section 5 or 6 hereof, notwithstanding any uncertainty as to whether the principal is dead or alive.

SECTION 5. Revocation. This power of attorney may be revoked, suspended, or terminated in writing by the principal with written notice to the designated attorney-in-fact. In addition, if this power of attorney has been recorded, the written instrument of revocation shall be recorded in the office of the recorder or auditor of any county in which the power of attorney is recorded.

SECTION 6. Termination.

By Appointment of Guardian. The appointment of a guardian of the estate of the principal vests in the guardian, with court approval, the power to revoke, suspend, or terminate this power of attorney. The appointment of a guardian of the person only does not empower the guardian to revoke, suspend, or terminate this power of attorney.

By Death of Principal. The death of the principal shall be deemed to revoke this power of attorney at the time the attorney-in-fact receives actual knowledge or actual notices of such death.

By Termination of Marriage. If the attorney-in-fact named herein is my spouse, then upon the entry of a decree of dissolution or legal separation or declaration of invalidity of the marriage.

SECTION 7. Nomination of Guardian. If it should at any time be necessary to appoint a guardian or limited guardian of the person or estate of the principal, the principal hereby nominates the then acting attorney-in-fact designated above as the principal's said guardian or limited guardian.



A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the bottom, positioned above a solid horizontal line.

