

Initial Application Date: 11 May 16

Application # 1650038693
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: Noe Steven & Kimberly Mailing Address: 111 Carmichael Ln
City: Springlake State: NC Zip: 28390 Contact No: 910 497 4084 Email: _____
910 391 9150

APPLICANT*: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Little River Plantation Lot #: 104 Lot Size: 11.93ac
State Road # 292 State Road Name: Mount Vista Map Book & Page: 0098/0394
Parcel: 0050265 PIN: 0517 33 4635 000
Zoning: R20R Flood Zone: X Watershed: NA Deed Book & Page: 1975/0001 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 68 x 57.8) # Bedrooms: 3 # Baths: 2.5 Basement(w/wo bath): _____ Garage: Deck: Crawl Space: Slab: _____ Slab: _____
(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): _____

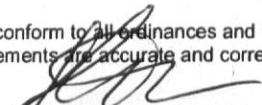
Required Residential Property Line Setbacks:

Front	Minimum _____	Actual <u>296'</u>
Rear	_____	<u>25'</u>
Closest Side	_____	<u>250'</u>
Sidestreet/corner lot	_____	<u>NA</u>
Nearest Building on same lot	_____	<u>NA</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HIGHWAY 27 WEST TO NURSERY RD
LEFT ON NURSERY TO DARRACH ROAD. LEFT ON DARRACH ROAD TO
MOUNT VISTA DRIVE; RIGHT ON MOUNT VISTA DRIVE 3RD LOT ON
RIGHT.

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

11 May 16
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

459362 SQ FT
10.56 ACRES

N02°36'32"E
67.45'

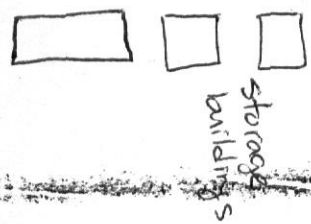
N84°17'26"W
275.45'

N89°50'24"W
970.53'

N02°36'32"E
299.74'

MOUNT VISTA DI

SITE PLAN APPROVAL
DISTRICT R420R USE SFD
#BEDROOMS 3BDR
11/11/11
ZONING ADMINISTRATOR



105

603037 SQ FT
11.55 ACRES

PRIVATE ACCESS
TRAVELWAY FOR
INGRESS AND EGRESS

50.00
25.00

471738 SQ FT
10.83 ACRES

107

N82°21'46"E
775.73'

R80.00

106

522488 SQ FT

N26°35'14"W
55.823'

N08°14'
515.463'

N11°35'11"W
21.81'

N08°11'55"W
350.47'

N57°34'
175.73'

N67°32'55"E
678.43'

N45°23'21"E
431.20'

NAME: Noc, Steven

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 _____

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 {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. _____
- {X} YES {__} NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
- {__} YES {X} 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?
- {__} YES {X} NO Are there any Easements or Right of Ways on this property?
- {X} 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11 May 16
DATE

UNRECORDED



HARNETT COUNTY TAX ID #
 01-0536-0028-21
 8-20-04 BY SPS

FOR REGISTRATION REGISTER OF DEEDS
 KIMBERLY S. HARGROVE
 HARNETT COUNTY, NC
 2004 AUG 25 09:31:48 AM
 BK:1975 PG:1-3 FEE:\$17.00
 NC REV STAMP:\$78.00
 INSTRUMENT # 2004015907

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 78.00
 Parcel Identification No.: 010536 0028 21 Verified by Harnett County
 By: _____
 Mail/Box to: The Real Estate Law Firm, PO Drawer 53515, Fayetteville, NC 28305
 This instrument was prepared by: The Real Estate Law Firm File#3766-04
 Brief description for the Index: Lot 104 Mt. Vista Drive, Lillington, NC 27546
 THIS DEED made this 20th day of August, 2004 by and between

GRANTOR	GRANTEE
Robert S. Durocher and wife, Kathy K. Durocher	Steven P Noe and wife, Kimberly R Noe * 292 Lot 104 Mt. Vista Drive Lillington, NC 27546

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 the City of Lillington, Barbecue Township, Harnett County, North Carolina and more particularly described as follows:

BEING all of Lot 104, in a subdivision known as Little River Plantation, Phase Two, and the same being duly recorded in Map Book 98, Page 394, Harnett County Registry, North Carolina.

Property Address: Lot 104 Mt. Vista Drive, Lillington, NC 27546
 Parcel Identification No.: 010536 0028 21
 The property hereinabove described was acquired by Grantor by instrument recorded in Book 1902 Page 932.

A map showing the above described property was acquired by Grantor by instrument recorded in Plat Book Map Book 98 Page Page 394.

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 the 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 claim of all persons whomsoever, other than the following exceptions:

Restrictions, easements and Rights-of-way of Record. Ad-valorem taxes not yet due and payable.

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

By: _____ (Entity Name) Robert S. Durocher (SEAL)
 By: _____ Kathy K. Durocher (SEAL)
 Title: _____ Kathy K. Durocher
 By: _____ (SEAL)
 Title: _____
 By: _____ (SEAL)
 Title: _____



USE BLACK INK ONLY

State of North Carolina County of Cumberland

I, the undersigned Notary Public of Cumberland County, State of North Carolina certify that, Robert S. Durocher and Kathy K. Durocher personally appeared before this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal, this 29th day of August, 2004. My Commission Expires: 12/29/2008 Christy R. Strickland Christy R. Strickland, Notary Public

USE BLACK INK ONLY

State of North Carolina County of Cumberland

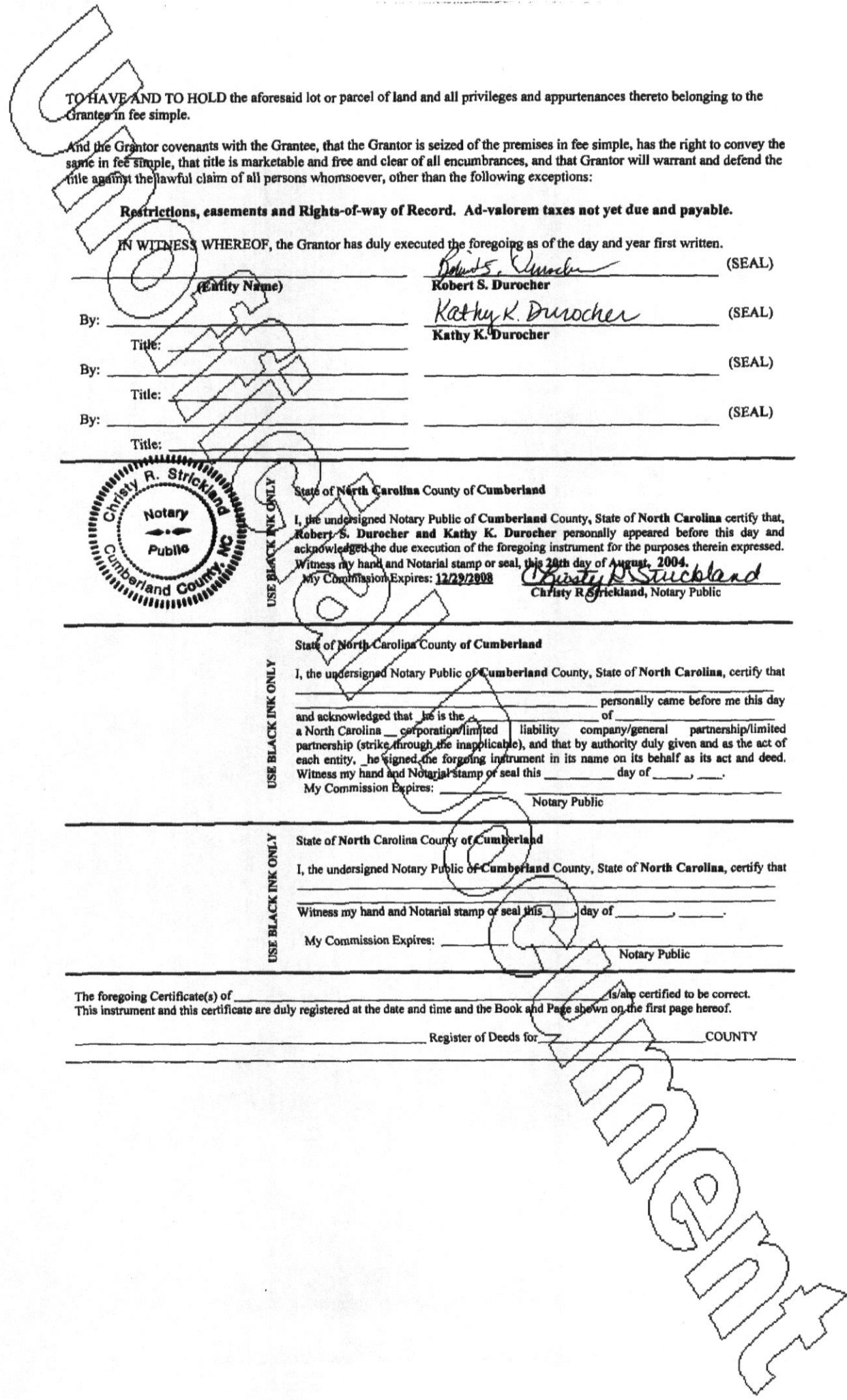
I, the undersigned Notary Public of Cumberland County, State of North Carolina, certify that _____ personally came before me this day of _____ and acknowledged that he is the _____ of _____ a North Carolina corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of each entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal this _____ day of _____, _____. My Commission Expires: _____ Notary Public

USE BLACK INK ONLY

State of North Carolina County of Cumberland

I, the undersigned Notary Public of Cumberland County, State of North Carolina, certify that _____ Witness my hand and Notarial stamp or seal this _____ day of _____, _____. My Commission Expires: _____ Notary Public

The foregoing Certificate(s) of _____ is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and the Book and Page shown on the first page hereof. _____ Register of Deeds for _____ COUNTY





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

PLEASE RETAIN YELLOW TRAILER PAGE

It is part of recorded document, and must be submitted with original for re-recording and/or cancellation.

Filed For Registration: 08/25/2004 09:31:40 AM

Book: RE 1975 Page: 1-3

Document No.: 2004015907

DEED 3 PGS \$17.00

NC REAL ESTATE EXCISE TAX: \$78.00

Recorder: ELMIRA MCLEAN

State of North Carolina, County of Harnett

The foregoing certificate of CHRISTY R. STRICKLAND Notary is certified to be correct. This 25TH of August 2004

KIMBERLY S. HARGROVE , REGISTER OF DEEDS

By: Elmira McLean
Deputy/Assistant Register of Deeds



2004015907

OPERATIONS PERMIT

Name: (owner) Gerline Womack

New Installation Septic Tank

Property Location: SR# 1128

Repairs Nitrification Line

Subdivision Little River Plantation Lot # 104

TAX ID# _____ Quadrant # _____

Contractor: E. Sharpe Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft. - 100

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain: _____ Linear feet

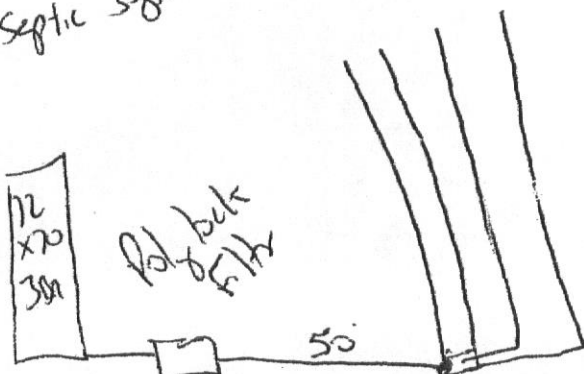
Date: 3-29-99

PERMIT NO. 15869

Inspected by: Joe WARRS
Environmental Health Specialist

Well to be 100' from any part of the septic system

Do not drive or part on septic system



B711000
5/15/03
2-4-99

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2783 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 Noe Steven & Kimberly Date 11 May 16
Site Address 292 Mount Vista Phone _____
Directions to job site from Lillington 27 W to Nursery Rd, Lon Nursery, Lon Darroch, R on Mount Vista, 3rd lot on R
Subdivision Little River Plantation Lot 104
Description of Proposed Work SFD # of Bedrooms 3
Heated SF 2245 Unheated SF 525 Finished Bonus Room? _____ Crawl Space Slab _____

General Contractor Information

owner
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 # owner

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # owner

Plumbing Contractor Information

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

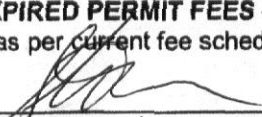
Insulation Contractor Information

owner
Insulation Contractor's Company Name & Address _____ Telephone _____

*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


Signature of Owner/Contractor/Officer(s) of Corporation

11 May 16
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

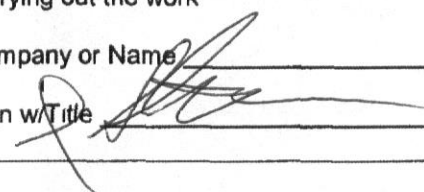
Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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 _____

Sign w/Title 

Date 11 May 16

STATE OF NORTH CAROLINA

OWNER EXEMPTION AFFIDAVIT
PURSUANT TO G.S. 87-14(a)(1)

COUNTY OF Harnett

Harnett Inspections Department

Address and Parcel Identification of Real Property Where Building is to be Constructed or Altered:

I, STEVEN PAGE NOE

(Print Full Name)

hereby claim an exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-4 below and attesting to the following:

- 1. SPN I certify that I am the owner of the property set forth above on which this building is to be constructed or altered;
OR
_____ I am legally authorized to act on behalf of the firm or corporation which is constructing or altering this building on the property owned by the firm or corporation as set forth above (name of firm or corporation: _____);
- 2. SPN I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1 of Chapter 87 of the General Statutes of North Carolina;
- 3. SPN I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina;
- 4. SPN I understand that a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification that I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand that, if the North Carolina Licensing Board for General Contractors determines that I was not entitled to claim this exemption, the building permit issued for the building construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

[Signature]
(Signature of Affiant)

11 May 16
Date

Sworn to (or affirmed) and Subscribed before me
this the 11 day of May, 2016

[Signature]
Signature of Notary Public
Jennifer Brack
Printed Name of Notary Public

My Commission Expires: 9-30-18

(Notary Stamp or Seal)



(NOTE: It is a Class F felony to willfully commit perjury in any affidavit taken pursuant to law—G.S. 14-209)