

Initial Application Date: 1-26-17

Application # 1750040633

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: Alejandra Aguirre / Marisayda Aguirre Mailing Address: 401 McIver St.

City: Sanford 1 State: NC Zip: 27330 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: Alejandra Aguirre Mailing Address: 401 McIver St.

City: Sanford State: NC Zip: 27330 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Alejandra Aguirre Phone # 919-721-9678

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 3.91

State Road # \_\_\_\_\_ State Road Name: 789 Murchison town Rd Map Book & Page: - 1 -

Parcel: 099558 0018 PIN: 9508-00-5402-000

Zoning: RA 20R Flood Zone: - Watershed: - Deed Book & Page: 3471, 405 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

SFD: (Size 32 x 40) # Bedrooms: 5 # Baths: 2 1/2 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	<u>35'</u>	Actual	<u>150'</u>
Rear		<u>25'</u>		<u>25'</u>
Closest Side		<u>10'</u>		<u>85'</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

x Alejandra Aguirre  
Signature of Owner or Owner's Agent  
Mariselda Aguirre

1-26-17  
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\*\*

NAME: \_\_\_\_\_

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 # 020317-LB-1-27-17

**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?  
 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.

**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.**

Alejandra Aguirre  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Marisey da Aguirre

1-26-17  
DATE

# Harnett County GIS

NOT FOR LEGAL USE

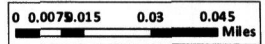


GIS/E-911 Addressing

January 20, 2017

### LEGEND

- |                                  |                    |            |                   |
|----------------------------------|--------------------|------------|-------------------|
| — Surrounding County Major Roads | Address Numbers    | — NC       | ■ Cape Fear River |
| ■ Surrounding County Boundaries  | ✈ Airport          | — US       | □ Tax Parcel      |
| ■ USA Property                   | <b>Major Roads</b> | — Roads    |                   |
| ⋯ City Limits                    | — Interstate       | — Railroad |                   |



40x32 - House

SITE PLAN APPROVAL

DISTRICT RA20R USE SFD

#BEDROOMS 5

Date 1-20-17  
Zoning Administrator

*X* Alejandra Aguirre

For Registration Kimberly S. Hargrove  
Register of Deeds  
Harnett County, NC  
Electronically Recorded  
2017 Jan 12 03:44 PM NC Rev Stamp: \$ 0.00  
Book: 3471 Page: 465 - 467 Fee: \$ 26.00  
Instrument Number: 2017000551

HARNETT COUNTY TAX ID#  
099558 0018 01\*

01-12-2017 BY MT

Mail to Grantee  
Prepared by M. Andrew Lucas  
No Stamps

*Se C.D. Rmick*

NO OPINION ON TITLE  
**STATE OF NORTH CAROLINA**  
**HARNETT COUNTY**

**QUITCLAIM DEED**

**THIS DEED**, made this 20 day of December, 2016, by and between  
**SALLIE CHALMERS, widow, CAROLYN DOWDY, widow, and, REGINALD MCKOY,**  
single, 790 Murchison Town Road, Oliva, NC 28368, hereinafter called "GRANTOR" to  
**ALEJANDRA AGUIRRE, single, and, MARISEYDA AGUIRRE, single,** 618 Scott Avenue,  
Sanford, NC, 27330, hereinafter called "GRANTEE";

**WITNESSETH:**

That the Grantor, in consideration of TEN DOLLARS and other valuable considerations to them paid by the Grantee, the receipt of which is hereby acknowledged, has remise and released and by these presents does remise, release, convey and forever quitclaim unto the Grantee, his heirs and/or successors and assigns, all right, title, claim, and interest of the Grantor in and to a certain lot or parcel of land situated in West Johnsonville Township, Harnett County, North Carolina, more particularly described as follows:

**SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN**

TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges and appurtenances thereunto belonging to the Grantee, his heirs and/or successors and assigns, free and discharged of all right, title, claim or interest of the Grantor or anyone claiming by, through or under him.

IN TESTIMONY WHEREOF, the Grantor has hereunto set his hand and seal, the day and year first above written.

Sallie Chalmers (SEAL)  
Sallie Chalmers

Carolyn Dowdy (SEAL)  
Carolyn Dowdy

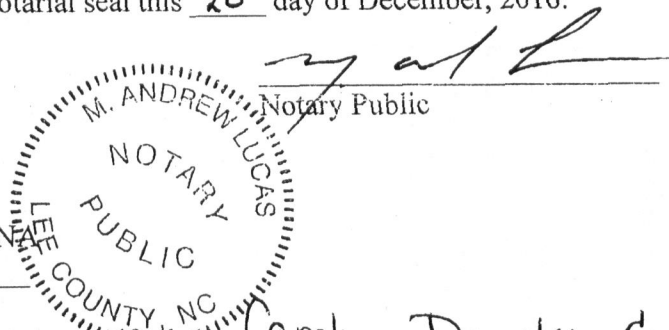
Reginald McKoy (SEAL)  
Reginald McKoy

STATE OF NORTH CAROLINA  
COUNTY OF Lee

I, a Notary Public, do hereby certify that Sallie Chalmers  
personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal this 20 day of December, 2016.

My commission expires:  
10/23/2020



STATE OF NORTH CAROLINA  
COUNTY OF Lee

I, a Notary Public, do hereby certify that Carolyn Dowdy & Reginald McKoy  
personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal this 30<sup>th</sup> day of December, 2016.

My commission expires:  
7/28/2021

Mayra L. Aguilar  
Notary Public



**EXHIBIT A**

**BEGINNING** at an iron pipe located on the northern right of way of S.R.1204; proceeding thence North 54 deg. 23 min. 42 seconds West 275.70 feet to an iron pipe; thence North 45 deg. 13 min. 20 seconds East 713.01 feet to an iron pipe; thence South 34 deg. 57 min. 36 seconds East 269.83 feet to an iron pipe; thence South 44 deg. 40 min. 25 seconds West 620.97 feet to the point of **BEGINNING**, containing 4.11 acres, more or less, and being all of Tract I according to a survey for Mary McLean Ray dated February 22, 1989 by Bracken & Associates, R.L.S. to which reference is hereby made for a greater certainty of description.

For Back Title Reference see Deed Book 1658, Page 774, Harnett Co Registry.

Plan Box # C3

Date 1-26  
Job Name Alejandra Agguire

App # 1750040433

Valuation 225312

SQ Feet 2347

Garage \_\_\_\_\_  
= 2347

**Inspections for SFD/SFA**

Crawl  Slab \_\_\_\_\_ Mono \_\_\_\_\_ Basement \_\_\_\_\_

Footing	Footing	Plum Under Slab	Footing
Foundation	Foundation	Ele. Under Slab	Foundation
Address	Address	Address	Waterproofing
Open Floor	Slab	Mono Slab	Plum Under slab
Rough In	Rough In	Rough In	Address
Insulation	Insulation	Insulation	Slab
Final	Final	Final	Open Floor
			Rough In
			Insulation
			Final

Foundation Survey  yes      Envir. Health New      Other \_\_\_\_\_

**Additions / Other**

Footing \_\_\_\_\_

Foundation \_\_\_\_\_

Slab \_\_\_\_\_

Mono \_\_\_\_\_

Open Floor \_\_\_\_\_

Rough In \_\_\_\_\_

Insulation \_\_\_\_\_

Final \_\_\_\_\_



09/09/11

Application #

1750040633

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 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 Alejandra Aguirre / Mariseyda Aguirre Date \_\_\_\_\_  
Site Address 789 Murchisontown Rd Phone 919-721-9678  
Sanford NC 27332  
Directions to job site from Lillington \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_  
Description of Proposed Work \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Doing work as owner  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work \_\_\_\_\_ Service Size \_\_\_\_\_ Amps T-Pole \_\_\_\_\_ Yes \_\_\_\_\_ No  
Doing work as owner  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work \_\_\_\_\_  
Doing work as owner  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Doing work as owner  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
License # \_\_\_\_\_

**Insulation Contractor Information**

Doing work as 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

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

1-24-17  
Date

Marisleyda Aguirre

**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 Alejandra Aguirre Date 1-26-17

Marisleyda Aguirre

March 2, 2017

To Whom It May Concern:

I, Alejandra Aguirre & Mariseyda Aguirre will be paying cash for any expenses or labor fees going towards building the property on 798 Murchison Town Road, Sanford NC 27332.

Respectfully Yours,

Alejandra Aguirre Date:  
Alejandra Aguirre

Mariseyda Aguirre Date:  
Mariseyda Aguirre

Notary Public: Mayra L. Aguilar  
Printed Name: Mayra L. Aguilar  
Date: 3/2/17  
My Commission Expires: 7/28/2021

