

Initial Application Date: 6-4-15

Application # 1550036345

*Residential Funding Co.*

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: James + Barbara Wilkerson Mailing Address: 490 Blanchard Rd.  
City: Sanford State: NC Zip: 27332 Contact No: 919-935-5235 Email: barwilkerson@gmail.com

APPLICANT: Barbara Wilkerson Mailing Address: 490 Blanchard Rd.  
City: Sanford State: NC Zip: 27332 Contact No: 919-478-4965 Email: barwilkerson@gmail.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: A country place PH 1 Lot #: 10 Lot Size: 0.59  
State Road # \_\_\_\_\_ State Road Name: \_\_\_\_\_ Map Book & Page: F 1799A  
Parcel: 039586 0024 15 PIN: 9587-43-5644.000  
Zoning: RA-20A Flood Zone: X Watershed: NA Deed Book & Page: 02407/0185 Power Company\*: \_\_\_\_\_

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

PROPOSED USE:

- SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement (w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Monolithic 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 12 x 20) Use: Storage 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: 1 existing Other (specify): 1 proposed storage building

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	_____
Rear	<u>25</u>	_____
Closest Side	<u>10</u>	_____
Street/corner lot	<u>20</u>	_____
Closest Building same lot	<u>10</u>	_____

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: get on 27 west about 15 miles  
turn ~~or~~ left on to Buffalo Lake Rd. and first right on  
to Blanchard Rd.

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.

Barbara Wilkerson  
Signature of Owner or Owner's Agent

6-4-15  
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\*\*

09/09/11

Application #

15-50036345

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 James & Barbara Wilkerson Date 6-5-15  
Site Address 490 Blanchard Rd. Sanford NC. Phone 919-478-4965  
Directions to job site from Lillington go to 27 drive about 15 miles turn left on to buffalo lake Rd. then first Right on to Blanchard Rd.  
Subdivision Country Place Lot 10  
Description of Proposed Work storage building # of Bedrooms \_\_\_\_\_  
Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_ Finished Bonus Room? \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_

**General Contractor Information**

Cardinal Buildings Telephone 919-718-0606  
Building Contractor's Company Name  
403 Wilson Rd. Sanford.  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Sanford  
License # \_\_\_\_\_

**Electrical Contractor Information**

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

**Mechanical/HVAC Contractor Information**

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

**Plumbing Contractor Information**

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

**Insulation Contractor Information**

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

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

6-5-15  
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 Barbara Wilkerson Date 6-5-15

NAME: Bethana Wilkerson

APPLICATION #: 15-50036345

**\*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     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.

Bethana Wilkerson  
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

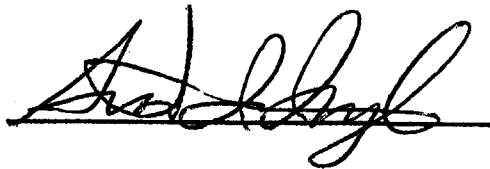
6-4-15  
 DATE

IN THE GENERAL COURT OF JUSTICE  
OF NORTH CAROLINA  
SUPERIOR COURT DIVISION  
HARNETT COUNTY  
07 SP 291

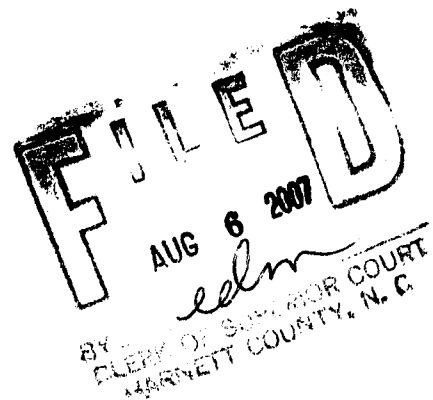
IN THE MATTER OF THE FORECLOSURE OF A DEED  
OF TRUST EXECUTED BY JAMES E. WILKERSON  
AND BARBARA J. WILKERSON DATED MARCH 18,  
1998 AND RECORDED IN BOOK 1259 AT PAGE 973 IN  
THE HARNETT COUNTY PUBLIC REGISTRY, NORTH  
CAROLINA

NOTICE OF DISMISSAL WITHOUT PREJUDICE

NOTICE of voluntary dismissal without prejudice is hereby given. This day of August 2, 2007.



Grady I. Ingle or Elizabeth B. Ells  
Substitute Trustee  
8520 Cliff Cameron Drive, Suite 300  
Charlotte, NC 28269  
(704) 333-8107  
<http://shapiroattorneys.com/nc/>

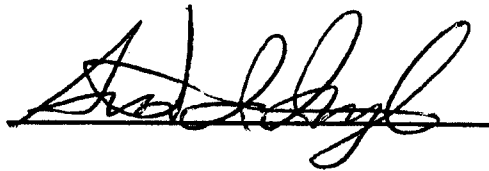


**CERTIFICATE OF SERVICE**

I hereby certify that I have served the foregoing Notice of Dismissal upon each party entitled to notice herein by depositing a copy thereof in a postpaid, properly addressed envelope in an official depository under the exclusive care and custody of the United States Post Office Department, addressed as follows:

James E. Wilkerson  
490 Blanchard Rd  
Sanford, NC 27330

Barbara J. Wilkerson  
490 Blanchard Rd  
Sanford, NC 27330



Grady I. Ingle or Elizabeth B. Ells  
Substitute Trustee  
8520 Cliff Cameron Drive, Suite 300  
Charlotte, NC 28269  
(704) 333-8107  
<http://shapiroattorneys.com/nc/>

07-92039

**FILED**  
AUG 6 2007  
*eehm*  
CLERK OF SUPERIOR COURT  
WARREN COUNTY, N. C.

# SURVEY FOR:

HP: 4684

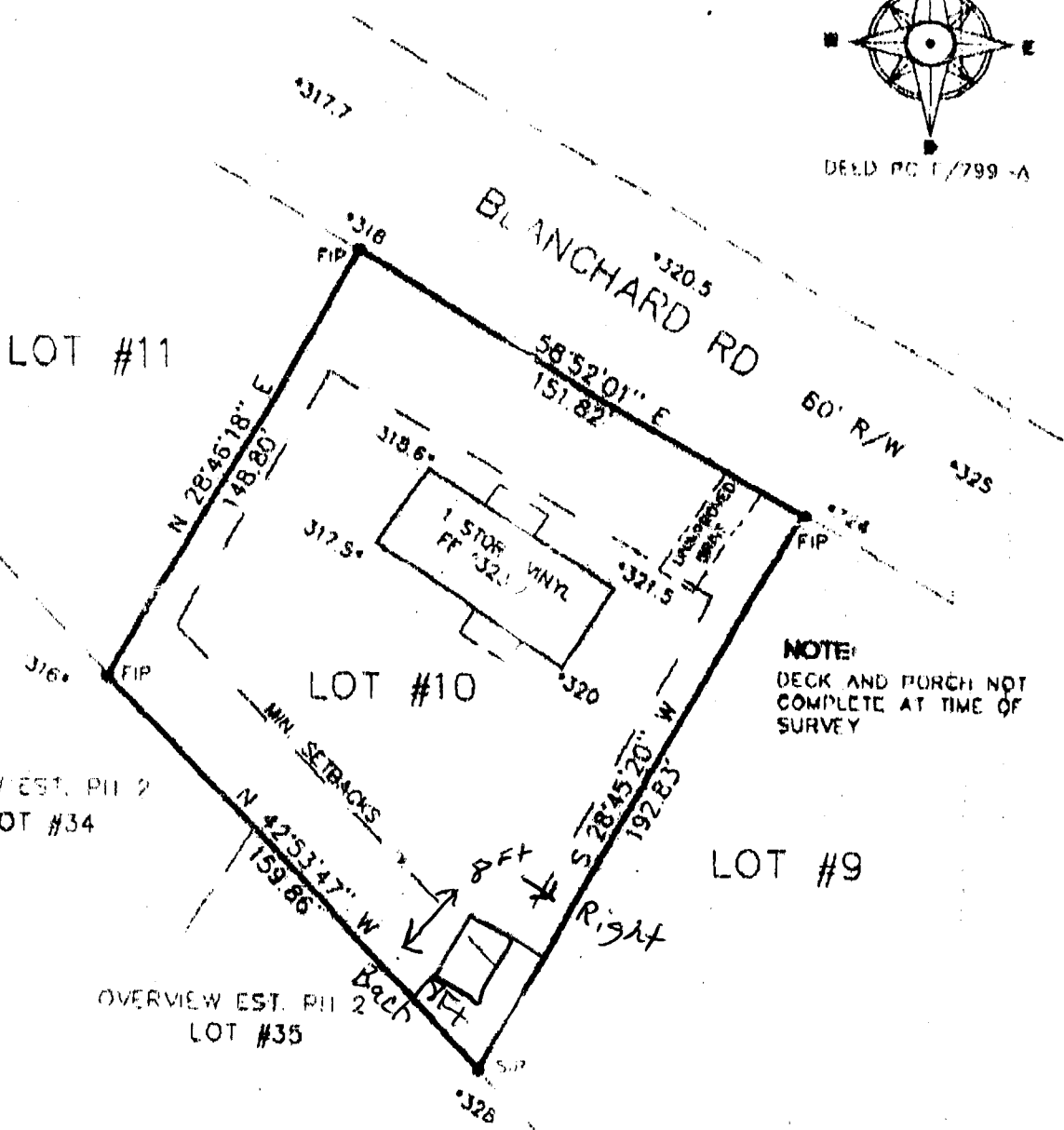
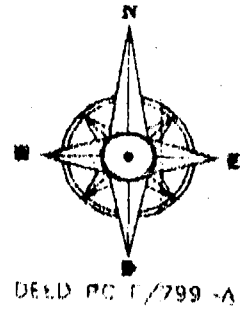
JAMES E. WILKERSON and wife,  
BARBARA J. WILKERSON

And Lender: EMERGENT MORTGAGE CORP.

TOWNSHIP: BARBECUE-HARNETT CO., N.C.

SCALE: 1" = 50'

DATE: JANUARY 22, 1998



**NOTE:**  
DECK AND PORCH NOT COMPLETE AT TIME OF SURVEY

### NOTE:

BEING ALL OF LOT #10,  
"A" COUNTRY PLACE, PHASE 1,  
RECORDED IN PLAT # CAB  
F/799-A, HARNETT CO REC.

### LEGEND:

FIP - FOUND IRON PIPE  
SIP - SET IRON PIPE  
R/W - RIGHT OF WAY

I FURTHER CERTIFY THAT THIS PROPERTY  
(DOES NOT)  
LIE WITHIN A SPECIAL FLOOD HAZARD AREA  
AS DESIGNATED BY FIRM FLOOD INSURANCE



HARNETT COUNTY CASH RECEIPTS  
\*\*\* CUSTOMER RECEIPT \*\*\*  
Oper: KGOINS Type: CP Drawer: 1  
Date: 6/05/15 51 Receipt no: 353773

Year	Number	Amount
2015	50036345	
92941 TECH 4		
LILLINGTON, NC 27546		
84		
BP - ENV HEALTH FEES		
		\$100.00

EXISTING TANK

BARBARA WILKERSON

Tender detail	
CA CASH PAYMENT	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 6/05/15 Time: 14:21:06

\*\* THANK YOU FOR YOUR PAYMENT \*\*

Main body of handwritten text, consisting of several lines of cursive script.