

Initial Application Date: 3/31/17

Application # 1750041071
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: Anthony Wayne & Sonya Barbour Brock Mailing Address: 147 Crownview Ln
City: Dunn State: NC Zip: 28334 Contact No: 919-975-7005 Email: anson6389@gmail.com

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: Kurt A Stabler Lot #: 1 Lot Size: 1.01 acres

State Road # 1929 State Road Name: Crownview Ln Map Book & Page: 2012/447

Parcel: 021538 9000 22 PIN: 1538-13-6700.000

Zoning: RA-30 Flood Zone: X Watershed: NA Deed Book & Page: 3033/320-321 Power Company*: Duke Progress Energy

*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: _____ 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 16 x 20) Use: Storage Building 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 DW ext Other (specify): 1 proposed Storage

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35'</u>	<u>93'</u>
Rear	<u>25'</u>	<u>98.5'</u>
Closest Side	<u>10'</u>	<u>54'</u>
Sidestreet/corner lot	<u>20'</u>	<u>-</u>
Nearest Building on same lot	<u>6'</u>	<u>7'</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take US 421E. to Hwy 27. Then
take Hwy 27 toward Benson. Make a right onto Hodges
Chapel Rd. Follow Hodges Chapel and crossover Hwy 301.
Continue on Hodges Chapel until you make a left onto
CrownView Ln. Property is first place on the left
past the cul-de-sac.

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.

Anthony Wayne Buch
Signature of Owner or Owner's Agent

3/31/17
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 # _____

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.

Sonya Brock
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3/31/17
DATE

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2012 SEP 14 11:38:02 AM
BK: 3033 PG: 320-321
FEE: \$25.00
EXCISE TAX: \$20.00
INSTRUMENT # 2012014731
ABMCNEILL



HARNETT COUNTY TAX ID#

02-1538-9000

9-14-12 BY [Signature]

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$20.00

Recording Time, Book and Page:

Tax Map No.

Parcel Identifier No: Ptn of 021538 9000 2

Mail after recording to: Lynn A. Matthews, 111 Commerce Drive, Dunn, NC 28334

This instrument was prepared by: Lynn A. Matthews, Attorney

THIS DEED made this 11th day of September, 2012 by and between

GRANTOR

Kurt Andrew Stabler and wife, Janet Helen Stabler

Mailing Address: 152 Crownview Lane, Dunn, NC 28334

GRANTEE

Anthony Wayne Brock and wife, Sonya Barbour Brock

Property Address: 1.01 acres on Crownview Lane, Dunn, NC 28334

Mailing Address: 40 Brush Arbor Lane, Dunn, NC 28334

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 and more particularly described as follows:

BEING all of that Parcel 1, containing 1.01 acres, as shown on survey map dated August 10, 2012, entitled "Map for Kurt Andrew Stabler and wife, Janet Helen Stabler" and recorded in Map Book 2012, Page 447, Harnett County Registry.

TOGETHER WITH a 30 foot Private Road easement from the above described Parcel 1 to Crownview Lane as shown on survey map entitled "Map for Kurt Andrew Stabler and wife, Janet Helen Stabler" and recorded in Map Book 2012, Page 447, Harnett County Registry.

If the Grantees herein desire to give or sell the property to anyone other than their heirs, they agree to give the Grantors herein or their heirs the first option to buy back the property herein described for the original price plus the original cost to the Grantees of any permanent improvements such as a septic system, well etc. Foundations Bible College would have the second option to purchase under the same terms.

All or a portion of the property hereinabove described was acquired by Grantor by instrument recorded in Book 2816, Page 387, Harnett County Registry.

A map showing the above described property is recorded in Plat Book 2012, Page 447, and referenced within this instrument.

Does the above described property include the primary residence (yes/no)? No

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 except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions:

- 1. 2013 ad valorem taxes which are not yet due or payable
- 2. Restrictions, easements and rights of way as they appear of record

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officer(s), the day and year first above written.

(Entity Name)

Kurt A. Stabler (SEAL)
Kurt Andrew Stabler

By: _____

Title: _____

Janet Helen Stabler (SEAL)
Janet Helen Stabler

By: _____

Title: _____

(SEAL)

(SEAL)

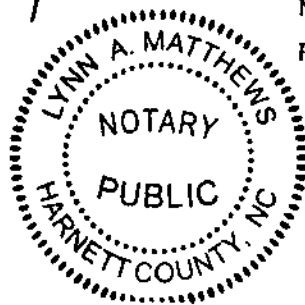
NORTH CAROLINA HARNETT COUNTY

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Kurt Andrew Stabler and wife, Janet Helen Stabler. Witness my hand and official stamp or seal, this the 14th day of September, 2012.

My Commission Expires: 5/31/14

Lynn A. Matthews
Notary Public

Print Notary Name: Lynn A. Matthews



Large diagonal watermark text: 'Instrument'

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 Anthony Wayne Brock Date _____
Site Address 147 Crownview Ln Phone 919-975-7005
Directions to job site from Lillington Take Hwy 421 E. to Hwy 27. Follow Hwy 27 to Hodges Chapel Rd. Continue on Hodges Chapel until Crownview Ln. Property is the first place on the left past cut-de-sac.
Subdivision _____ Lot _____
Description of Proposed Work 16x20 Storage Building # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Owner 919-975-7005
Building Contractor's Company Name Telephone
Address Email Address

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
Owner 919-975-7005
Electrical Contractor's Company Name Telephone

Address _____

Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone

Address _____

Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
N/A
Plumbing Contractor's Company Name Telephone

Address _____

Email Address _____

License # _____

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

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

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

3/31/17
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 *Sonya Brock*

Date 3/31/17

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 4/06/17 52 Receipt no: 305242

Year	Number	Amount
2017	50041071	
147 CROWNVIEW LN		
DUNN, NC 28334		
B4	BP - EMV HEALTH FEES	\$100.00

EXT TANK

SONYA BROCK

Tender detail	
CP CREDIT CARD	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 4/06/17 Time: 9:11:19

** THANK YOU FOR YOUR PAYMENT **