



Initial Application Date: 10/4/24

Application # \_\_\_\_\_

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Samantha Joy Brown Dunn Mailing Address: 671 Prospect Church Rd  
City: Dunn State: NC Zip: 28334 Contact No: 919-291-6969 Email: sdunn@ccsnc.com

APPLICANT\*: Scott Rhodes Building Inc Mailing Address: Po Box 1188 Benson NC 27504  
City: Benson State: NC Zip: 27504 Contact No: 919-868-1616 Email: Srbinc1616@gmail.com  
\*Please fill out applicant information if different than landowner

ADDRESS: 671 Prospect Church Rd Dunn NC 28334 PIN: 0589-72-9382

Zoning: RA-20M Flood: No Watershed: NO Deed Book / Page: 3917 p 274-275 + 3913 p 103-104

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_ home is existing

**PROPOSED USE:**

*all existing*  
 SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): W Garage:  Deck:  Crawl Space:  Slab: \_\_\_\_\_  
**TOTAL HTD SQ FT** existing 2184' + finishing basement 2002' total 4186' (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms))

Modular: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
**TOTAL HTD SQ FT** \_\_\_\_\_ (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: \_\_\_\_\_ **TOTAL HTD SQ FT** \_\_\_\_\_

Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

Addition/Accessory/Other: (Size \_\_\_\_\_ x \_\_\_\_\_) Use: \_\_\_\_\_ Closets in addition? ( ) yes ( ) no  
**TOTAL HTD SQ FT** \_\_\_\_\_ **GARAGE** \_\_\_\_\_

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) **\*Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)**

Sewage Supply: \_\_\_\_\_ New Septic Tank \_\_\_\_\_ Expansion \_\_\_\_\_ Relocation  Existing Septic Tank \_\_\_\_\_ County Sewer  
**(Complete Environmental Health Checklist on other side of application if Septic)**

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: Existing Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

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.

J. Swift Rhodes  
Signature of Owner or Owner's Agent

10/4/24  
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\*\***

APPLICATION CONTINUES ON BACK

strong roots • new growth

Existing Septic  
in place



**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

**\*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)

**Environmental Health New Septic System**

- **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.**

**Environmental Health Existing Tank Inspections**

- 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**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**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.**



Application # \_\_\_\_\_

Harnett County Central Permitting  
420 McKinney Pkwy Lillington, NC 27546  
PO Box 65 Lillington, NC 27546  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

\* Must be owner/occupier of licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: Samantha Joy Brown Dunn Date 10/4/24

Site Address: 671 Prospect Church Road Dunn NC 28334 Phone \_\_\_\_\_

Subdivision: N/A Lot N/A

Description of Proposed Work: Renovation of 1st floor + finish Basement Total Job Cost \$420,000.00

**General Contractor Information**

Scott Rhodes Building Inc.  
Building Contractor's Company Name

919-868-1616  
Telephone

Po Box 1188 Benson NC 27504  
Address

srbinc1616@gmail.com  
Email Address

62421  
License #

**HEATED SQ FT** 4186' **GARAGE SQ FT** 702'

**Electrical Contractor Information**

Description of Work Rewire home Service Size: 200 Amps T-Pole:  Yes  No

Amped Electric LLC  
Electrical Contractor's Company Name

919-625-0180  
Telephone

510 Denning Rd Benson NC 27504  
Address

ampedelectricnc@yahoo.com  
Email Address

30129  
License #

**Mechanical/HVAC Contractor Information**

Description of Work Replace ductwork / units should be good

Carolina Commercial Systems  
Mechanical Contractor's Company Name

919-291-6969  
Telephone

524 S New Hope Road Raleigh NC 27610  
Address

sdunn@ccsnc.com  
Email Address

7345  
License #

**Plumbing Contractor Information**

Description of Work Replumb home # Baths 3

Jason L Baefoot Plumbing  
Plumbing Contractor's Company Name

910-892-4736  
Telephone

5426 Timothy Rd Dunn NC 28334  
Address

jasonlbaefoot@yahoo.com  
Email Address

20694  
License #

**Insulation Contractor Information**

Friends Insulation LLC 2001 Blount Creek Est. Clayton NC 27520  
Insulation Contractor's Company Name & Address

919-291-2438  
Telephone

**\*NOTE: General Contractor / owner 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.**

J. Swift Rhodes  
Signature of Owner/Contractor/Officer(s) of Corporation

10/4/24  
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.

Sign w/Title: J. Swift Rhodes - President Contractor    Date: 10/4/24

HARNETT COUNTY TAX ID#  
070589.0150 04

12-30-20 BY SP

FOR REGISTRATION  
Matthew S. Willis  
REGISTER OF DEEDS  
Harnett County, NC  
2020 DEC 30 01:51:54 PM  
BK: 3917 PG: 274-275  
FEE: \$26.00  
EXCISE TAX: \$220.00  
INSTRUMENT # 2020024552  
TWESTER



Prepared and mail to: Hayes Williams Turner and Daughtry, 111 Commerce Drive,  
Dunn, NC 28334.

**AFFIDAVIT OF CORRECTION**

Giving notice of typographical or other minor error pursuant to NCGS 47-36.1

Title of Original Instrument: North Carolina General Warranty Deed  
Date of Recording: December 21, 2020  
Recording Book and Page: Book 3913, Pages 103-104

Original Parties to the Instrument:

Grantor(s): **Samantha Joy Brown and  
Samuel Alan Brown, II and wife Sarah Brown**

Grantee(s): **Samantha Joy Brown**

Now comes the undersigned as Drafter of the document above referenced, being first  
duly sworn and does say the following:

1. Through mutual mistake, inadvertence, or mistake of the draftsman in the  
Instrument referenced above contained the following typographical or  
other minor error:  
In the description: Being all of **Lot 3, containing 3.23 acres as  
shown on map** is incorrect.
2. It was the intent of the parties to the instrument that the erroneous  
information should read:  
Being all of **Lot 1, containing 3.23 acres as shown on map.**
3. That the **Excise Tax of \$220.00** was inadvertently left out of the previously  
recorded deed.

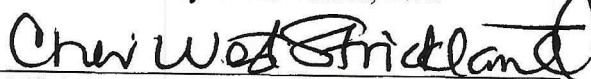
Signature of Affiant:

Print Name:

  
Gerald W. Hayes, Jr.

Harnett County, North Carolina

Sworn to and subscribe before me this 29<sup>th</sup> day of December, 2020



Official Signature of Notary-Cheri West Strickland

My commission expires: 05/06/2021



FOR REGISTRATION  
 Matthew S. Willis  
 REGISTER OF DEEDS  
 Harnett County, NC  
 2020 DEC 21 11:07:57 AM  
 BK: 3913 PG: 103-104  
 FEE: \$26.00  
 INSTRUMENT # 2020023922

HARNETT COUNTY TAX ID#  
07-0589-0150-04

1221.70 BY SB

TWESTER



PARCEL # 07-0589-0150-000 Excise Tax: -0-	Recording Time, Book & Page:
Prepared by: Hayes, Williams, Turner & Daughtry, PA 111 Commerce Drive Dunn, NC 28334	Mail after recording to: Grantees

**NORTH CAROLINA NON-WARRANTY DEED  
 NO TITLE EXAMINATION**

This deed made this 17th day of December, 2020 by and between:

<b>GRANTOR:</b>  SAMANTHA JOY BROWN SAMUEL ALAN BROWN, II and wife SARAH BROWN 671 Prospect Church Road Dunn, North Carolina 28334	<b>GRANTEE:</b>  SAMANTHA JOY BROWN 671 Prospect Church Road Dunn, North Carolina 28334
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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 Grantors, for a valuable consideration paid by Grantee, the receipt of which is hereby acknowledged, has bargained and sold, and by these presents doth grant, bargain, sell and convey unto the Grantee, in fee simple, all that certain tract or parcel of land lying and being in Grove Township, Harnett County, North Carolina, and more particularly described as follows:

**BEING all of Lot 3 containing 3.23 acres as shown on map "Minor Subdivision Survey for Samantha Joy Brown and Samuel Alan Brown, II" as surveyed and platted by Streamline Land Surveying, Inc., Registered Surveyor, recorded in the office of the Register of Deeds for Harnett County, North Carolina on November 18, 2020 in Plat Book 2020, at Page 408, to which map reference is made for a full and complete description of said property.**

This being the same property conveyed to Samantha Joy Brown and Samuel Alan Brown, II by the Grantors, by instrument recorded in Deed Book 3640, Page 954-956, Harnett County Registry. See Also, Affidavit of Correction recorded in Deed Book 3697, Page 104, Harnett County Registry.

TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

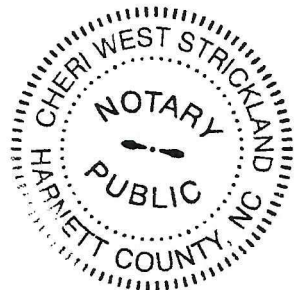
GRANTORS make no warranty, express or implied, as to the title to the property hereinabove described.

IN TESTIMONY WHEREOF, the Grantors have hereunto set their hand and seal, the day and year first above written.

Samantha Joy Brown (SEAL)  
SAMANTHA JOY BROWN

Samuel Alan Brown II (SEAL)  
SAMUEL ALAN BROWN, II

Sarah Brown (SEAL)  
SARAH BROWN



STATE OF NORTH CAROLINA  
COUNTY OF HARNETT

I, Cheri West Strickland, Notary Public of the County and State aforesaid, hereby certify that SAMANTHA JOY BROWN and SAMUEL ALAN BROWN, II and wife SARAH BROWN, each personally appeared before me this day and acknowledged the due execution of the foregoing Non-Warranty Deed.

Witness my hand and notarial seal, this 17<sup>th</sup> day of December, 2020

Cheri West Strickland  
Notary Public  
My Comm. Expires: 5-6-2021



