Joe

102 E. Front Street, Lillington, NC 27546

Initial Application Date:_	12-18-03
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Central Permitting

Application # 02- 3008471

Fax: (910) 893-2793

Phone: (910) 893-4759

COUNTY OF HARNETT LAND USE APPLICATION

LANDOWNER: KILARNOLD CORP.	Mailing Address: 260 Lakeview Drive
City: Sanford State: N	Zip: 27332-8398 Phone #: 919-499-6313
- Dunitora	oco v I and an Dudan
APPLICANT: KILARNOLD CORP.	Mailing Address: 260 Lakeview Drive
City: Sanford State: NC	Zip: 27332-8398 Phone #: 919-499-6313
	11 211
PROPERTY LOCATION: SR #: HWY 24 SR Name:	HWY 94
Parcel: 09-9575-03-0185-11	PIN:
Zoning: RA 20 R Subdivision: HERITAGE VILLAGE	Lot #: G 11 Lot Size: .41 ac
Flood Plain: X Panel: 165 Watershed: NA	Deed Book/Page: Otp Plat Book/Page: Pcf 731 c
Go 2 miles to HERITAGE VILLAGE on right	y 27 to Johnsville turn left on Highway 24 fo to Lot Gll
PROPOSED USE:	Dook
	ths Basement (w/wo bath) Garage Deck
☐ Multi-Family Dwelling No. Units No. Bedrooms.	Unit 2.5 Baths
Manufactured Home (Size 28 x 60 # of Bedrooms 3 G	arage Deck_8_X_12 2.5 Boths
Comments:	
□ Number of persons per household	thurse can done the coto how
☐ Business Sq. Ft. Retail Space	
☐ Industry Sq. Ft	
☐ Home Occupation (Sizex) # Rooms	Tout month plan is sone.
☐ Accessory Building (Sizex) Use	That he shall some the
Addition to Existing Building (Sizex) Use	TOWN ON
Other) Other
Water Supply: (X) County (_) Well (No. dwellings	
Sewage Supply: (X) New Septic Tank () Existing Septic Tank Freeign & Septimentation Control Plan Required? YES NO X) proposed DwMH
Elosion & Scamenanon Condot Flan Requises.	factured homes 1 Other (specify)
Structures on this tract of land: Single family dwellings Manu Property owner of this tract of land own land that contains a manufactured h	~ V
	. Advant
Required Property Line Setbacks: Minimum Actus	100
Front 35	20 Rear 25 20
Side 10	Corner
Nearest Building 10 NA	1_
If permits are granted I agree to conform to all ordinances and the laws of the	he State of North Carolina regulating such work and the specifications or plans submitted. I
hereby swear that the foregoing statements are accurate and correct to the be	
KILARNOLD CORPORATION, By: W. M. Arnold BY:	, Jr. 12-18-03
Signature of Owner or Owner's Agent	Date

**This application expires 6 months from the date issued if no permits have been issued **

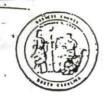
A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 893-7547 APPLICATION FOR IMPROVEMENT PERMIT

NAME_KILARNOLD CORPORATION TELEPHONE NO. 919-499-2552 ADDRESS(current) 5004 Independence Way, Cameron, NC 28326 PROPERTY OWNER KILARNOLD CORPORATION SUBDIVISION NAME HERITAGE VILLAGE LOT NO. PROPERTY ADDRESS ____ STATE RD. NO.___ DO YOU HAVE A LEGAL DEED TO THIS PROPERTY ? YES_ IF NO PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY IF NO EXPLAIN DIRECTIONS High way 24 past highway 87 West of intersection .7 miles on left SIZE OF LOT OR TRACT Lots 20,000 square feet or better Type of dwelling DW Basement with plumbing NO 2. Number of Bedrooms_ ____ Garage___ 3. Dishwasher YES Garbage Disposal____NO 4. WATER SUPPLY - PRIVATE WELL ___ COMMUNITY SYSTEM ____ COUNTY_ X A plot plan must be attached to this application showing: 1) Setting of dwelling, 2) Desired placement of septic tank system and 3) Well placement. Place stakes at the exact location of dwelling and at each corner of lot. An on site inspection must be made, which consists of a soil evaluation. A zoning permit must be obtained from the Planning Department before an improvement permit can be issued by this department. This certifies that all the above information is correct to the best of my knowledge and any false information will result in the denial of permit. Once the permit is issued, the permit is good for a period of 5 years. The permit is subject to revocation if site plans or the intended use change. KILARNOLD CORPORATION Signature of Owner BY:

Revised (3-93) or Authorized Agent ONLY.

1/18/9



COUNTY OF HARNE

Date: 7-9-93

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

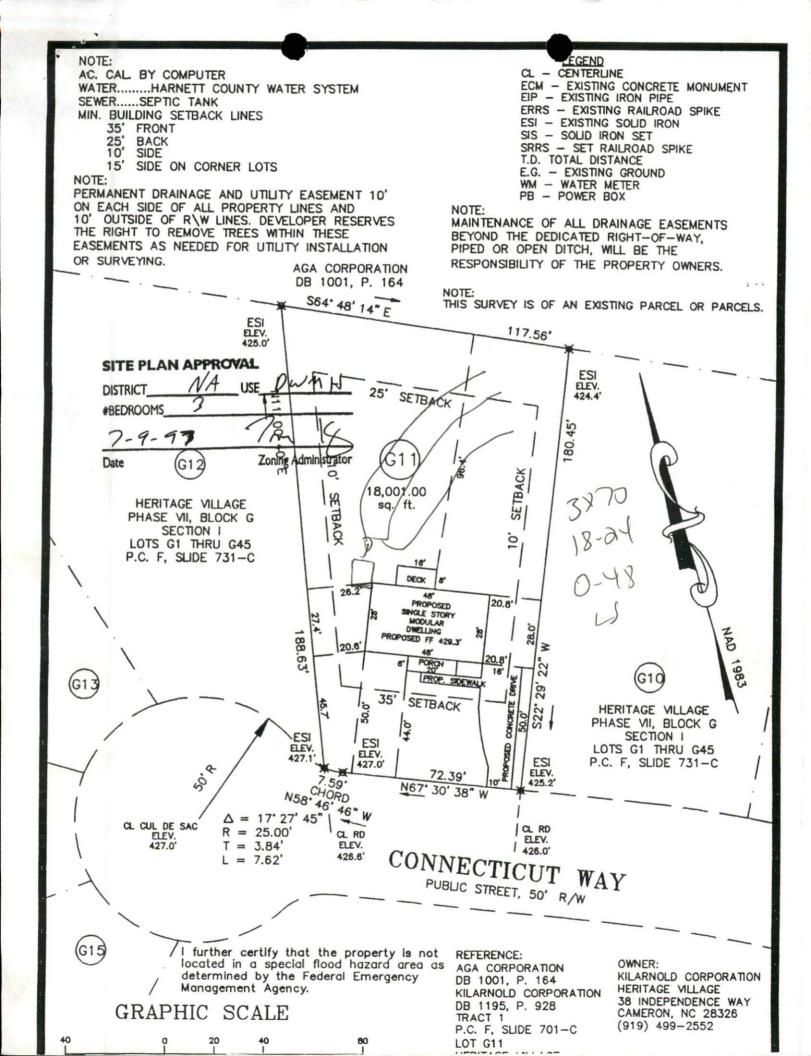
PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:	APPLICANT INFORMATION:
NAME Kilarnold Corporation ADDRESS 5004 Independence Way Cameron, NC 28326 PHONE (919) 499-2552	NAME <u>Kilarnold Corporation</u> ADDRESS 5004 <u>Independence Way</u> Cameron, NC 28326 PHONE (919) 499-2552
PROPERTY LOCATION: Street Address Assigned	Connecticut Way
SR # NC 24 RD. NAME HWY 24 W	TOWNSHIP 09 FIRE RESCUE
TAX MAP NO.9575(04)_60PARCEL NO.	PLIT . 9284 FLOOD PLAIN X. PANEL0150-D
SUBDIVISION Heritage Village PH VI	BLE LOT # C \ LOT/TRACT SIZE
ZONING DISTRICT N/A	DEED BOOK 924 PAGE 326 ON FILE
WATSHED DIST. N/A WATER DIS	T. N/A PLAT BOOK F PAGE 731-C
Give Directions to the Propert HWY 27 W To HWY 87 S, Turn onto	y from Lillington: b HWY 24 W, Left into Heritage Village
Garage Deck_ (_) Multi-Family Dwelling No. (_) Manufactured Home(Size <u>28</u> 'x,	COSED USE x) # of Bedrooms Basement (sizex) Units No. Bedrooms/unit
sewer: (<u>x</u>) Septic Tank (Exist: Prosion & Sedimentation Contro	Well (No. dwellings) (_) Other ing?NO) (_) County (_) Other l Plan Required? Yes No_X this lot but within 40 ft of the te Plan).
to scale on an 8.5 by 1	ached to this Application, drawn 1 sheet, showing: existing and rages, driveways, decks, accessor y wells within 40 feet of your

A recorded deed and recorded plat

	SETBACK REQUIREMENTS Front property line Side property line Corner side line	Actual	Minimum/Maximum Required
	Rear Property Line Nearest building	, 96	25
	Stream Percent Coverage		
	. c. cente doverage		
	Are there any other structure No. of single family dwe Other (specify & number)_	IIIDOS () N	s tract of land? No o. of manufactured homes 1
	Does the property owner contains a manufactured halisted above? Yes		t of land own any land that ive hundred feet of the tract
,	every respect conform to provisions of the Statut in Harnett County. Any immediately REVOKES thi	the terms of es and Ordina VIOLATION S PERMIT. CCUpied until	contained herein is true to epting this permit shall in this application and to the ances regulating development of the terms above stated further understand this a CERTIFICATE OF OCCUPANCY of the from date issued.
		******	********
	FOR OFFICE USE ONLY	al.	
	Copy of recorded final pla	at of subdivi	sion on file ?
•	Is the lot/tract specifie County Subdivision Ordinar Watershed Ordinance Mobile Home Park Or	?	compliance with the Harnett
	ISSUED	_ DEN	IED
	Comments:		
	700 - S		7-9-97
	Zoning/Watershed Administr	ator	Date

C:\WP2\FORMS\PDLUPERM



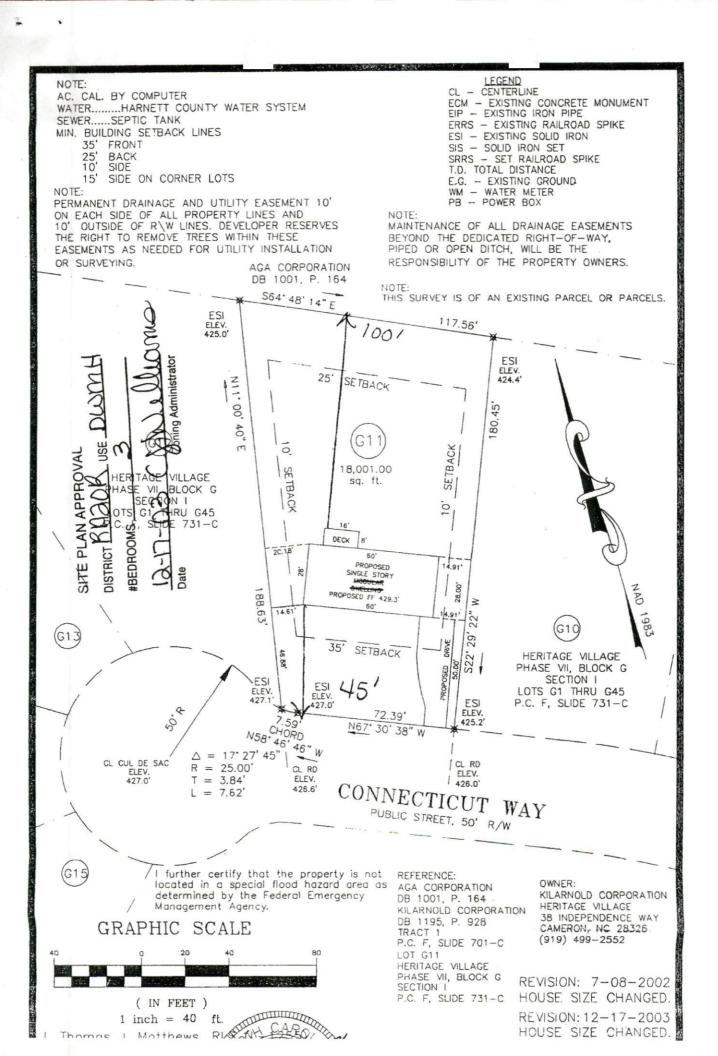
Nº 12524

IMPROVEMENT PERMIT

tion of any buil	ined by the Harnett County Board of Iding at which a septic tank system is ett County Health Department."				
	er) Kilnenold : Cor	P -	New Installati	on Septic	Tank
	eation: SR# HWT 24			Nitrific	
Subdivision_	Hentage Village			Lot # G-11	
Tax ID #	<u> </u>	•	Quadrant #	A .	
Number of B	edrooms Proposed: 3	Lo	t Size: 18,001	Sq +7	
Basement wi		Garage: 🔲			a s
Water Supply		☐ Community		* * * * * * * * * * * * * * * * * * * *	
Distance From	m Well: 50 min ft.				
final approva	~ /	wage disposal syst		ed property. Su	ibject to
Size of tank:	Septic Tank: 1000			gallons	
Subsurface Drainage Fiel	No. of exact				¥in.
French Drain	Required: Lir			· ·	
This permit	is subject to resocation if site	Date: 8	(3-97 (Selvan)		
J King	DRIVE 28+48 So. 38R MH 20	188	Penvironmental I		10
	STUB out Plumbing	g. Shallow Maintain a	18-24 * Pod 11 Reguired	th Dopth 1 Set BAC	ks

HARNETT COUNTY HEALTH DEPARTMENT AUTTORIZATION TO CONTETRUCT

by Harnett County Health Department Improven	t a wastewater system to the specifications described nent Permit # 12521. This authorization ears from the date of issuance. This authorization d use change.
Owner or Authorized Agent _ K. AROSICI	Corp
Name:	Telephone #
Address:	
Property Location: SR# - IWY 24	Road Name
New Installation Repair Se	ptic Tank Nitrification Lines
Subdivision Heritage Villag	Lot # _ G-1\
Number of Bedrooms Proposed:	Lot size: 18,001 53 At
Basement With Plumbing	Without Plumbing
Water Supply: Well Public	Minimum Well Setback: ft.
Type of System: Conventional Other _	
Tank Volume: Septic Tank/Ooo gallons	Pump Chamber gallons
Nitrification Field	d Specifications
Number of fields Number of Lines per Fie	
Width of ditches ft. Depth of ditches _	18-24 inches
French Drain: Linear feet required	Depth of gravel
No wastewater system shall be covered or placed into Harnett County Health Department has determined the conditions of the improvement permit and that a	that the system has been installed according to
Authorized Agent for Harnett County Health Depart	
Name: (1) (R)	Date: 8-13-47
(Revised 2/96)CNSTRCT.WPD	



ball To: Kilarnold Corporation

5004 Independence Way, Came, N.C. 283

Mail To: Kliar	noid Corporatio	5004	Independ	ence Way,	Came,	N.C. 283	326
CORPORATION W	ARRANTY DEED-Form CV	/D-402.		Printed and for s	sale by James Wil	liams & Co., Inc.	, Yadkinville, N. C.
STATE OF NO	ORTH CAROLINA,	HARNET	r	Count			F
		y of March		97_, by and be	etween		
AGA	CORPORATION - P			ford, N.C.			•
Corporation of Kilarno	ld Corporation	- 5004 Tre	y and State of N	orth Carolina, herei	inafter called Gran	ntor, and	26
		County and State of				.C. 2832	<u> </u>
nd other good and v	That the Grantor, for and in convaluable considerations to him y these presents does give, grant 110	nsideration of the su in hand paid by the nt, bargain, sell, cor	m of	eipt whereof is her n unto the Grantee	To	successors and s	assigns, premises in
		•			4		
	Lot Number O				0 (5		
	and Lot Numb						
	less as show	n and depi	cted on	map entit	led "SURV	YEY FOR	
	KILARNOLD CO	RPORATION"	, dated	2-18-1997	assprepa	red by	
	Thomas J. Ma	tthews, R.	L. S. a	nd record	ed in Pla	t Cabine	t
	F, Slide 701	-C, Harnet	t County	Registry	•		
	Parcel Nur	ober 0	99575-0185	5			a n
			300			2	W 67
	42	1 89 30			HARNET'	T COUNTY NC	03/24/97
	1.17	FILED	1	6	,	RPB.	\$628.00
	BOOK	S PAGE CH ?	28	•	NORT I	INA	Real Estate
	'97 MAR 2	.4 PM 4 2	1		C		Excise Tax
	REGISTE	P. HOLDER R OF DEEDS COUNTY, NO	·	,	HA	ARNETT COUN 9-9575-	1TY TAX I D#
				*. •	•	BY_	Amm
	3						
TO HAVE AND T	as conveyed to Grantor by O HOLD The above described sand assigns forever.	Spout Spremises, with all th	Springs 1	Farms thereunto belongi	. See B	ook No. 1001 appertaining, unt	, Page 164-7
And the Grantor combrances (with the	covenants that he is seized of a seized of a seize to the Grantor or Grantee Root the Grantor has cause in	e, the singular shall in	nclude the plura	detend the said title and the masculine uly authorized offi-	e to the same agai shall include the	nst the lawful cla feminine or the n o be hereunto aff	ims of all persons
orporate Sealth	AS	Secretary	Ву:	Mar	Mhy	,	
The same of the	0,6	Lee			Vio	CO Presid	unit and a second
ATH OF NORTH	Guerrero , a notary	public, do hereby co	citily that	harles F.		Desson all	OS San San San San San San San San San Sa
is day and acknowled	dged that he is ass't.	Secretary of	AGA	Corporat	ion	100	and:

and that, by authority duly given and as the act of the Corporation, the foregoing instrument was signed in its name by its

Secretary.

President, sealed with its corporate seal, and attested by himself as its.

Witness my hand and official seal this the.