

Initial Application Date: 8-8-08

Application # 0850020702

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Ferrell R. Dees Mailing Address: 171 Kangaroo Lane
City: Springlake State: NC Zip: 28390 Home #: 910-964-7950 Contact #: 910-964-7950

APPLICANT: Ferrell R. Dees Mailing Address: 171 Kangaroo Lane
City: Springlake State: NC Zip: 28390 Home #: 910-964-7950 Contact #: 910-964-7950

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Same Phone #: _____

PROPERTY LOCATION: Subdivision w/phase or section: Neill Cumming Lot #: 2 Lot Acreage: 1.11

State Road #: 1232 State Road Name: Cameron Rd Map Book&Page: 2008, 352

Parcel: 13 0600 0012 PIN: 0600-43-0416, 000

Zoning: RA 20R Flood Zone: X Watershed: N/A Deed Book&Page: 2503, 145 Power Company*: South River

*New homes with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Lillington take old 421 north to Cameron Rd. turn Left, travel approx 1.6 miles to Family Ln turn Right onto Family Ln, approx 100ft turn Right onto Sparky Ln, follow driveway Left past 232 Sparky Ln.

PROPOSED USE:

Circle:

- SFD (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Crawl Space / Slab
(Is the bonus room finished? _____ w/ a closet _____ if so add in with # bedrooms)
- Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF
(Is the second floor finished? _____ Any other site built additions? _____)
- Manufactured Home: SW DW TW (Size 14 x 70) # Bedrooms 2 Garage _____ (site built? _____) Deck _____ (site built? _____)
- Duplex (Size _____ x _____) No. Buildings _____ No. Bedrooms/Unit _____
- Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ #Employees _____
- Addition/Accessory/Other (Size _____ x _____) Use _____ Closets in addition ()yes ()no

Water Supply: () County (Well (No. dwellings 1) **MUST** have operable water before final

Sewage Supply: (New Septic Tank (Complete **New Tank Checklist**) () Existing Septic Tank () County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES () NO

Structures (existing & proposed): Stick Built/Modular _____ Manufactured Homes 1 Other (specify) _____

Required Residential Property Line Setbacks:

Comments: _____

Front Minimum 35 Actual 217

Rear 25 115

Closest Side 10 20

Sidestreet/corner lot _____

Nearest Building on same lot _____

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.

[Signature]
Signature of Owner or Owner's Agent

08 08 08
Date

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

085020702

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Ferrill R Peep (910) 964 7950
 Applicant/Owner Phone Number
171 Kangaroo Ln ^{Spring} Lake NC 28390
 Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address Sparky Lane Subdivision/Lot # 2
 Parcel # 13 0600 0012 07 PIN # _____

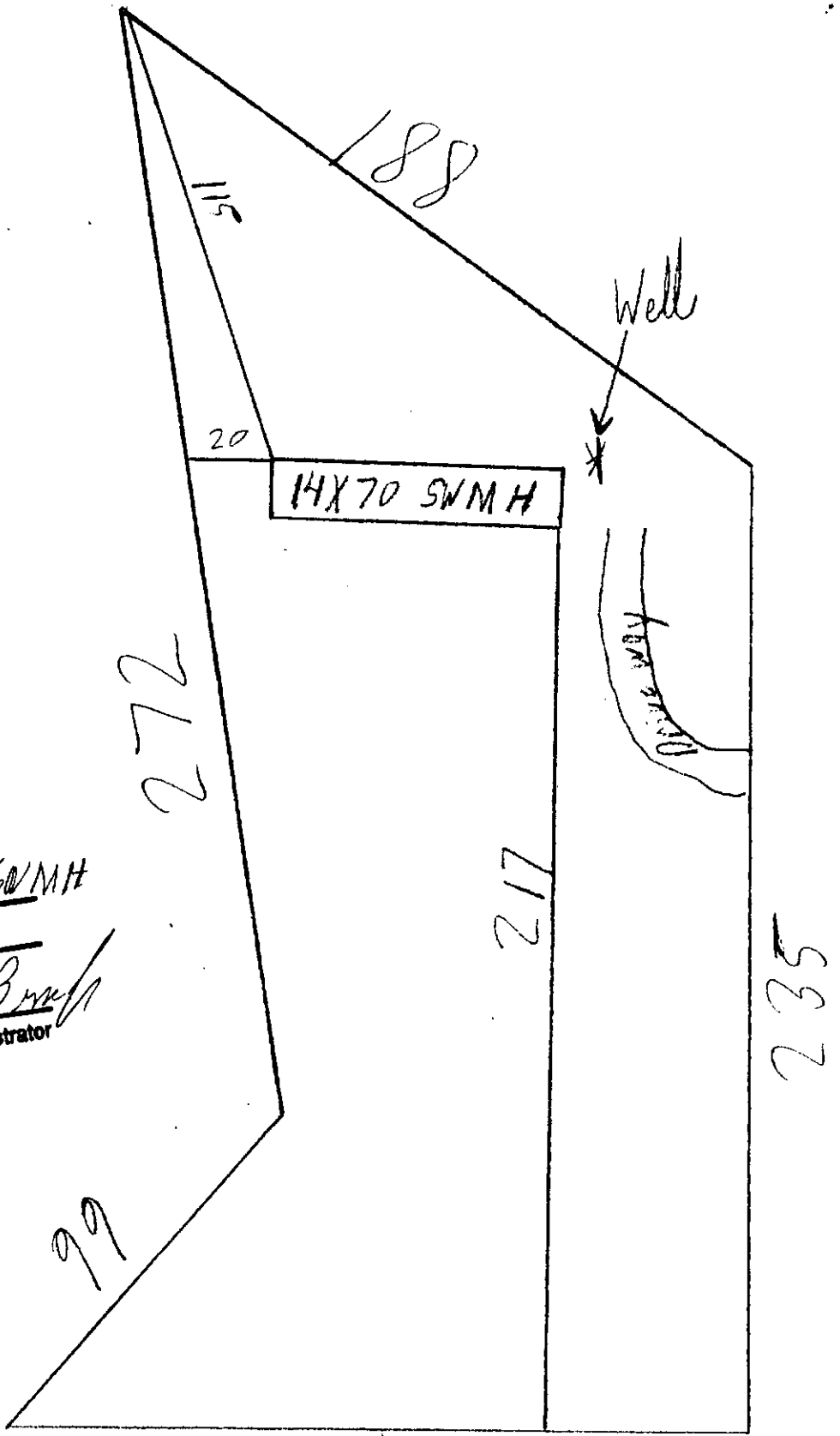
Directions to the Site

* See Land Use App

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a will can be properly constructed according to the permit.

Mary Peep 8-8-08
 Property Owner's or Owner's Legal Representative Signature Required Date



SITE PLAN APPROVAL

DISTRICT RA 20R USE HX70 SWMH

#BEDROOMS 2

Date 8-9-08

V. E. Bruch
Zoning Administrator

1-40 Map 2008-352 L+2 1.11AC

NAME: DEES FERRELL

conf # 093482

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)

Environmental Health New Septic Systems Test Code 800

- 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 structure site. Use additional flags to outline driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place Environmental Health "orange" card in location that is easily viewed from road.
- 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.*
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- After preparing proposed site call the voice permitting system at 910-893-7525 and use code **800** (after selecting notification permit if multiple permits) for Environmental Health confirmation. **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 permits.

Environmental Health Existing Tank Inspections Code 800

- Place Environmental Health "orange" card in location that is easily viewed from road. Follow above instructions for placing flags on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor call the voice permitting system at 910-893-7525 & select notification permit if multiple permits, then use code **800** for Environmental Health confirmation. **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.

DEES FERRELL _____ 09/30/08
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE



HARNETT COUNTY TAX ID#

13-0000 6017

4-3008 BY 5143

FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2008 APR 30 08:36:25 AM
BK:2503 PG:145-148 FEE:\$20.00

INSTRUMENT # 2008007075

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 0.00

Parcel Identifier No. 130600 0012 Verified by _____ County on the _____ day of _____, 20____
By: _____

Mail/Box to: REGINALD B. KELLY, PO BOX 1118, LILLINGTON, NC 27546

This instrument was prepared by: REGINALD B. KELLY, 900 S MAIN STREET, LILLINGTON, NC 27546

Brief description for the Index: NO TITLE CERTIFICATION,

THIS DEED made this 29th day of April, 2008, by and between

GRANTOR	GRANTEE
RAY MAYTON UPCHURCH and wife, JANNIE C. UPCHURCH 196 SPARKY LANE BROADWAY, NC 27505	FERRELL R. DEES 171 KANGAROO LANE SPRING LAKE, NC 28390

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 situated in the City of _____, Upper Little River Township, HARNETT County, North Carolina and more particularly described as follows:
See Attached

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1123 page 560.

A map showing the above described property is recorded in Plat Book _____ page _____.

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