

Initial Application Date: 3-27-09

Application # 0950021831

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: Kenneth Johnson Mailing Address: 142 Lakeshore Dr
City: Benson State: NC Zip: 27504 Home #: _____ Contact #: 919795-5223

APPLICANT: Kenneth Johnson Mailing Address: 142 Lakeshore Dr
City: Benson State: NC Zip: 27504 Home #: _____ Contact #: 919795-5223

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Kenneth Johnson Phone #: 919796-0612

PROPERTY LOCATION: Subdivision w/phase or section: _____ Lot #: _____ Lot Acreage: _____
State Road #: 1560 State Road Name: Festus Rd Map Book&Page: 2009, 154
Parcel: 07 16.10 0054 15 PIN: 1610-18-5258,006
Zoning: RA 20M Flood Zone: X Watershed: N/A Deed Book&Page: 2607,706 Power Company*: Prog Energy

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Hwy 27 east past Coats to Festus rd turn left about 1.5 miles on right

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 28x60) # Bedrooms 3 Garage NO (site built? _____) Deck NO (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 _____) **MUST** have operable water before final

Sewage Supply: (New Septic Tank (Complete Checklist) () Existing Septic Tank (Complete Checklist) () 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 _____ Other (specify) _____

Required Residential Property Line Setbacks:

Comments:

Front	Minimum	<u>35</u>	Actual	<u>60</u>
Rear		<u>25</u>		<u>25</u>
Closest Side		<u>10</u>		<u>40</u>
Sidestreet/corner lot				
Nearest Building on same lot		<u>6</u>		

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

3-27-09
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

Map # 2009-154
 1-50

SITE PLAN APPROVAL

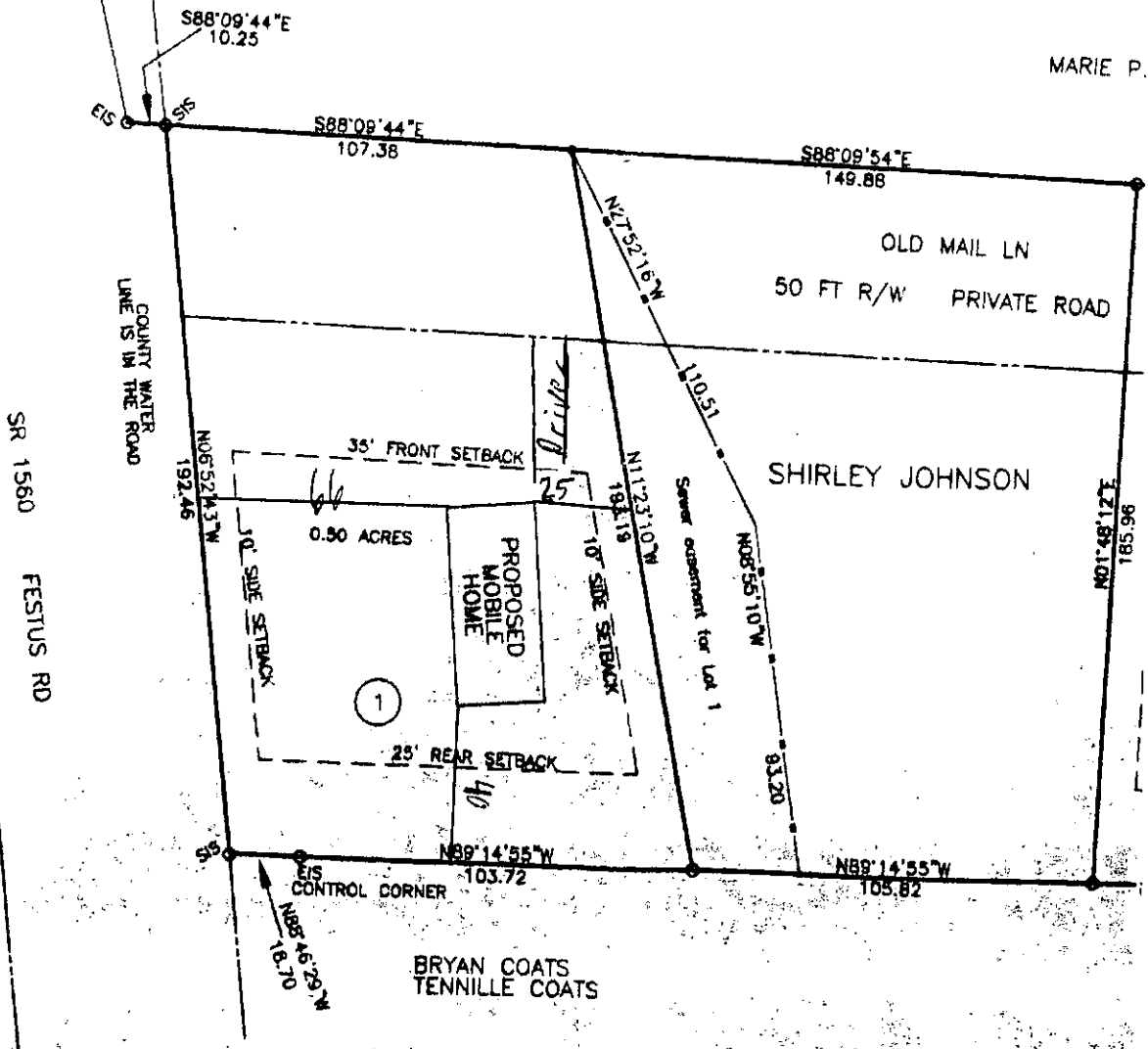
DISTRICT RAZOM USE DWELL 28X60 L#1

#BEDROOMS 3

Date 3-27-09 V.C. Paul

Zoning Administrator

MARIE P.



____ COUNTY
 REVIEW OFFICER OF
 RTIFY THAT THE MAP OR
 IFICATE IS AFFIXED MEETS
 ENTS FOR RECORDING

STATE OF NORTH CAROLINA, _____ COUNTY
 FILED FOR REGISTRATION AT _____ M.
 20 _____ IN THE REGISTER
 OF DEEDS OFFICE

LEGEND			
ESR	EXISTING STEEL ROD	ERB	EXISTIN
SSR	SET STEEL ROD	ELS	EXISTIN
ECPS	EXISTING COTTON SPINDLE		LIGHTW
SCPS	SET COTTON PICKER SPINDLE		PROPEF
EN	EXISTING NAIL	PP	POWER
EIP	EXISTING IRON PIPE	LP	LIGHT F

NAME: _____

APPLICATION #: 0950021831

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 # 098727

Environmental Health New Septic System 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 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.**
- **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 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 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 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 _____

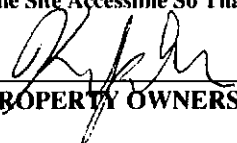
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- 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?

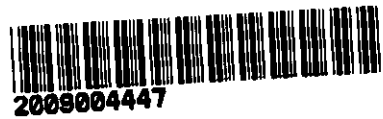
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-27-09
DATE



FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2009 MAR 27 11:12:23 AM
BK: 2607 PG: 706-708 FEE: \$17.00

HARNETT COUNTY TAX ID#

07-1610-0054-15

07-1610-0054 29

3-27-09 BY VAO

INSTRUMENT # 2009004447

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax 0.00

Recording Time, Book and Page

Tax Lot No. _____ Parcel Identifier No. _____
Verified by _____ County on the _____ day of _____, _____
by _____

Mail after recording to Levinson Law Firm, P. A.
PO Box 117, Benson, NC 27504

This instrument was prepared by James R. Levinson, Attorney at Law

Brief description for the Index Lot 1 and 3 Grove Township

THIS DEED made this 16 day of March, 2008, by and between

GRANTOR
Kenneth Elmond Johnson
Shirley Ann Johnson
James Elmond Johnson
✱

GRANTEE
Kenneth Elmond Johnson
142 Lakeshore Drive ✱
Benson, NC 27504

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.q. corporation or partnership.

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 _____, Grove _____ Township, Harnett _____ County, North Carolina and more particularly described as follows:

Being Lots 1 and 3 as described in Map titled "Map for Kenneth Elmond Johnson, Shirley Ann Johnson and James Elmond Johnson" dated January 13, 2009 by Lambert Surveying Inc, PLS and recorded in Map Book 2009 Page 154 and referred to for a more complete description.

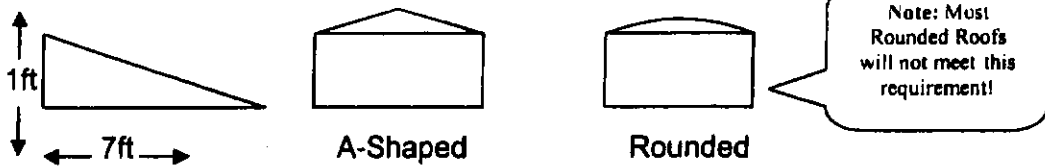
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R Criteria Certification

I, Kenneth Johnson, understand that because I'm located in a
(Print Name)

RA-20R Zoning District and wish to place a manufactured home in this district I must meet the following criteria before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise of twelve (12) inches for every seven (7) feet of width. (See diagram)



2. The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked -on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
3. The homes moving apparatus removed, underpinned or landscaped.

Kenneth Johnson
*Signature of Property Owner/Agent

3-27-09
Date

***By signing this form the owner/agent is stating that they have read and understand the information on this form**