

SCANNED
9/10/09
DATE

Initial Application Date: 9/9/09

Application # 09-500-22803

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: Linda Murchison Mailing Address: 147 J.D. Murchison Ln.

City: Sanford State: NC Zip: 27332 Home #: 973-783-3303 Contact #: Linda

APPLICANT: Linda Murchison Mailing Address: 147 J.D. Murchison Ln.

City: Sanford State: NC Zip: 27332 Home #: 973-783-3303 Contact #: Linda

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

PROPERTY LOCATION: Subdivision w/phase or section: _____ Lot #: _____ Lot Acreage: 3.15

State Road #: _____ State Road Name: HWY 87 Map Book&Page: 915 /

Parcel: 099568 0121 01 PIN: 9568-03-5277-000

Zoning: RA20P Flood Zone: X Watershed: N/A Deed Book&Page: 2269 / 108 Power Company*: _____

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Go Hwy 27 to Hwy 87, turn R on Hwy 87. Go the next stop light. Turn left on Murchison Rd. Go down to J.D. Murchison Ln, turn left.

PROPOSED USE:

Circle:

- SFD (Size _____) # 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 32 x 76) # Bedrooms 4 # Baths 2 Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame OFF
(Is the second floor finished? NO Any other site built additions? NO)
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms _____ 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 _____) **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 1 Proposed Manufactured Homes _____ Other (specify) STORAGE BLDG

Required Residential Property Line Setbacks: 1 FT Comments: SITE HAS 1 FT HOME & 1 FT STORAGE BLDG.

	Minimum	Actual	
Front	<u>35</u>	<u>90</u>	<u>CUSTOMER STATED THAT BOTH STRUCTURES WERE BEING REMOVED PRIOR TO SET UP OF MODULAR HOME. 9/9/09</u>
Rear	<u>25</u>	<u>220</u>	
Closest Side	<u>10</u>	<u>80</u>	
Sidestreet/corner lot	<u>20</u>	<u>—</u>	
Nearest Building on same lot	<u>6</u>	<u>—</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.

Linda Murchison
Signature of Owner or Owner's Agent

9/9/09
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

1" = 100'

03°47'04"E 755.73'
TIE LINE

EXISTING SOIL DR (J D M)

ELAINE SPEARS
DB:1530,PG:852

JOHNNY CAIN
DB:784,PG:993

GARY CAIN
DB:1125,PG:390

LARRY CAIN
DB:894,PG:356

CARL CAIN
DB:742,PG:72

09-500-22803
SITE PLAN APPROVAL
DISTRICT RA20 R USE OFF FRAME
MDD
#BEDROOMS 4
9/9/09
ZONING ADMINISTRATOR
Grinda Murchison 9/9/09

MARY DOWDY
DB:1274,PG:839

BOBBY BYRD ete.al
DB:941,PG:503

EXISTING PARCEL

SURVEY FOR:

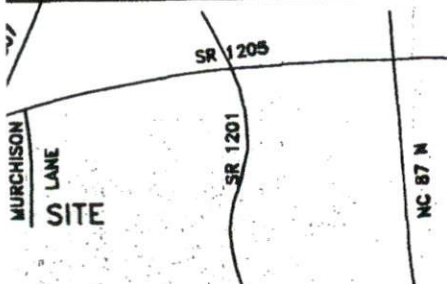
LINDA MURCHISON

TOWNSHIP JOHNSONVILLE

COUNTY HARNETT

STATE: NORTH CAROLINA

DATE: JULY 29,2009



EIP
N 30°57'11" W
51.29'

DEWEWAY
34.29'
EXT HOME TO
BE REMOVED

EIP
185.73'

S 78°50'53"E
289.06'

PROPOSED
MODULE
3.15 ACRES
220'

338.69'
N 85°07'19"W

NAIL@EIS
N 00°45'35"W 65.45'
LEANING
MON.
W 78.97'
EIP
N 02°37'35"E 273.03'

S 83°22'32"E
144.54'

NAIL@EIS
124.22'
S 06°49'33"W
EIS

522.19'
S 06°30'40"W

200.27'
N 85°07'19"W
TIE LINE
NAIL@EIS

1" = 100'

03°47'04"E 755.73'
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SITE PLAN APPROVAL
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#BEDROOMS 4 MUD
9/9/09 *[Signature]*
ZONING ADMINISTRATOR
Linda Murchison 9/9/09

MARY DOWDY
DB:1274,PG:839

BOBBY BYRD ete.al
DB:941,PG:503

3.15 ACRES
220'

EIP N 30°57'11"W 51.29'
EIP
39.24'
DRIVEWAY
EXT HOME TO
BE REMOVED
185.73'
EIP

S 78°50'53"E 289.06'
80'
76'
220'0580
MODULE
32'
90'

NAIL@EIS
S 83°22'32"E 144.54'
N 00°45'35"W 85.45'
LEANING MON.
78.97'
EIP
N 02°37'35"E 273.03'

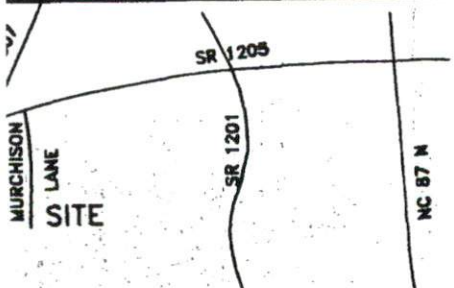
522.19'
S 06°30'40"W

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200.27'
N 85°07'19"W
TIE LINE
NAIL@EIS

EXISTING PARCEL

SURVEY FOR:

LINDA MURCHISON



TOWNSHIP JOHNSONVILLE

COUNTY HARNETT

STATE: NORTH CAROLINA

DATE: JULY 29, 2009



FOR REGISTRATION REGISTER OF DEEDS
 KIMBERLY S. HARBORE
 HARNETT COUNTY, NC
 2006 AUG 17 11:37:31 AM
 BK: 2269 PG: 108-110 FEE: \$17.00
 NS: \$25.00
 INSTRUMENT # 2006015482

NORTH CAROLINA

HARNETT COUNTY

AFFIDAVIT

RE: Land listed in Harnett County by Alva D. Murchison.

I, Linda Murchison, of Post Office Box 189, Montclair, NJ 07042, first being duly sworn, deposes and says as follows:

1. That I am a child and the sole heir of Alva D. Murchison.
2. That Alva D. Murchison died intestate on October 18, 2000 in Lee County, North Carolina. (Attached is a copy of his death certificate).
3. That Alva D. Murchison was predeceased by his wife, Dora Lee Murchison who died in or about the year of 1966 in the state of New Jersey, Mr. Murchison never remarried.
4. That I was the only child born to Alva D. Murchison.
5. That at the time of his death Mr. Alva Murchison owned 3.15 acres in Johnsonville Township which land is shown on that map and survey by Dowell G. Eakes, RLS, dated September 21, 1992, said survey being recorded at Plat Cabinet F, Slide 122-C, Harnett County Registry and having the parcel # of 09-9568-0121 said land being conveyed to Alva D. Murchison by deed recorded at Deed Book 992, Page 888, Harnett County Registry.
6. That as the sole living heir of Alva D. Murchison, I am the sole owner of the land described above.

This the 17th day of August, 2006.

Linda Murchison
 Linda Murchison, Affiant

Sworn to and subscribed before me
 this the 17th day of August, 2006.

Laura C. Ferris
 Notary Public Laura C. Ferris

My Commission Expires: 6-11-2008



Unrecorded

UNMONT

Exhibit "A"

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NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION
CERTIFICATE OF DEATH

1. DECEASED'S NAME (First, Middle, Last) **ALVA MURCHISON** SEX **M** DATE OF DEATH (Month, Day, Year) **OCTOBER 18, 2000**

2. SOCIAL SECURITY NUMBER **69-11-09-30** AGE - Last Birthday **69** UNDER 1 YEAR **0** UNDER 1 DAY **0** DATE OF BIRTH (Month, Day, Year) **11-09-30** BIRTHPLACE (County and State) **BARNETT, NC**

3. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes or No) **NO** FACILITY NAME (If not institution, give street and number) **Central Carolina Hospital** CITY, TOWN, OR LOCATION OF DEATH **Sanford** INSIDE CITY LIMITS? (Yes or No) **Yes** COUNTY OF DEATH **Lee**

4. FACILITY NAME (If not institution, give street and number) **Central Carolina Hospital** CITY, TOWN, OR LOCATION OF DEATH **Sanford** INSIDE CITY LIMITS? (Yes or No) **Yes** COUNTY OF DEATH **Lee**

5. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **never married** SURVIVED SPOUSE (If wife, give maiden name) **never married** DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **maintenance** BOARD OF BUSINESS/INDUSTRY **county schools syst**

6. RESIDENCE - STATE **NC** COUNTY **Barnett** CITY, TOWN, OR LOCATION **Sanford** STREET AND NUMBER **147 J.D. Murchison Lane**

7. INSIDE CITY LIMITS? (Yes or No) **NO** ZIP CODE **27330** RACE - American Indian, Black, White, Etc. (Specify) **BLACK** DECEASED'S EDUCATION (Specify only highest grade completed) **11**

8. FATHER'S NAME (First, Middle, Last) **JOHN D. MURCHISON** MOTHER'S NAME (First, Middle, Maiden Surname) **ALICE REDDING**

9. INFORMANT'S NAME (Type or Print) **CHRISTINE BLUE** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **487 MURCHISON RD., SANFORD, N.C.** DATE AMENDED **18c**

10. IMMEDIATE CAUSE (Final disease or condition resulting in death) **PULMONARY EMBOLISM** **DO NOT FOR AS A CONSEQUENCE OF:**

11. SEQUENTIALLY LIST CONDITIONS if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. **CARCINOMA OF THE PROSTATE** **DO NOT FOR AS A CONSEQUENCE OF:**

12. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

13. AUTOPSY? (Yes or No) **NO** If yes, were findings considered in determining cause of death? **NO** Was case referred to Medical Examiner? (Yes or No) **NO** TIME OF DEATH **1610**

14. NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

15. SIGNATURE AND TITLE OF CERTIFIER **[Signature]** DATE SIGNED (Month, Day, Year) **10-23-00**

16. NAME AND ADDRESS OF PERSON WHO COMPLETED DEATH (ITEM 20) (Type or Print) **D. C. ESPORTS, M.D. 184 DOCTORS DR. SANFORD, NC**

17. METHOD OF DISPOSITION Burial Cremation Reinterment Donation Other **PILGRIMS REST Church Cemetery** PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Sanford, N.C.** LOCATION - City or Town, State, Zip Code **27330**

18. NAME AND ADDRESS OF FUNERAL HOME **Horton Funeral Home** **604 S. HORTER BLVD. Sanford, N.C.** SIGNATURE OF FUNERAL DIRECTOR **[Signature]** LICENSE NUMBER **2205**

19. REGISTRAR'S SIGNATURE **[Signature]** DATE FILED (Month, Day, Year) **10-24-2000** SIGNATURE OF EMBALMER **[Signature]** LICENSE NUMBER **321**

DEMR 1872
(Revised 2/84
Revision 2/97)
VITAL RECORDS

UNMONT

NAME: Linda Murchison

APPLICATION #: 09-500-22803

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 # 102677

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.

Linda Murchison
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/8/09
DATE