

Initial Application Date: 8-5-10

Application # 1050024978 A

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: Jeffrey Thomas Mailing Address: P.O. Box 895

City: Spring Lake State: NC Zip: 28390 Contact # 910-893-6427 Email: _____

APPLICANT: Jeffrey Thomas Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jeffrey Thomas Phone # 910-893-6427

PROPERTY LOCATION: Subdivision: Arg Canal Lot #: 9 Lot Size: .98

State Road # 1121 State Road Name: Ray Rd Map Book & Page: PL # 137A

Parcel: 01 05-35 0100 37 PIN: 0505-74-2061.000

Zoning: RA2011 Flood Zone: X Watershed: N/A Deed Book & Page: 2146, 865 Power Company*: _____

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: take Hwy 27 out of Lillington take a left on Nursery Road. Take Nursery to Ray Road. make left on Ray Road. 1 1/2 mile on left. Across from Gourd Springs Church.

PROPOSED USE:

- SFD: (Size ___ x ___) # Bedrooms: ___ # Baths: ___ Basement (w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: ___ Monolithic Slab: ___
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
- Mod: (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
(Is the second floor finished? () yes () no Any other site built additions? () yes () no
- Manufactured Home: SW DW TW (Size 14 x 76) # Bedrooms: 3 Garage: (site built?) Deck: (site built?)
- Duplex: (Size ___ x ___) No. Buildings: ___ No. Bedrooms Per Unit: ___
- Home Occupation: # Rooms: ___ Use: ___ Hours of Operation: ___ #Employees: ___
- Addition/Accessory/Other: (Size ___ x ___) Use: ___ Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *MUST have operable water before final

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

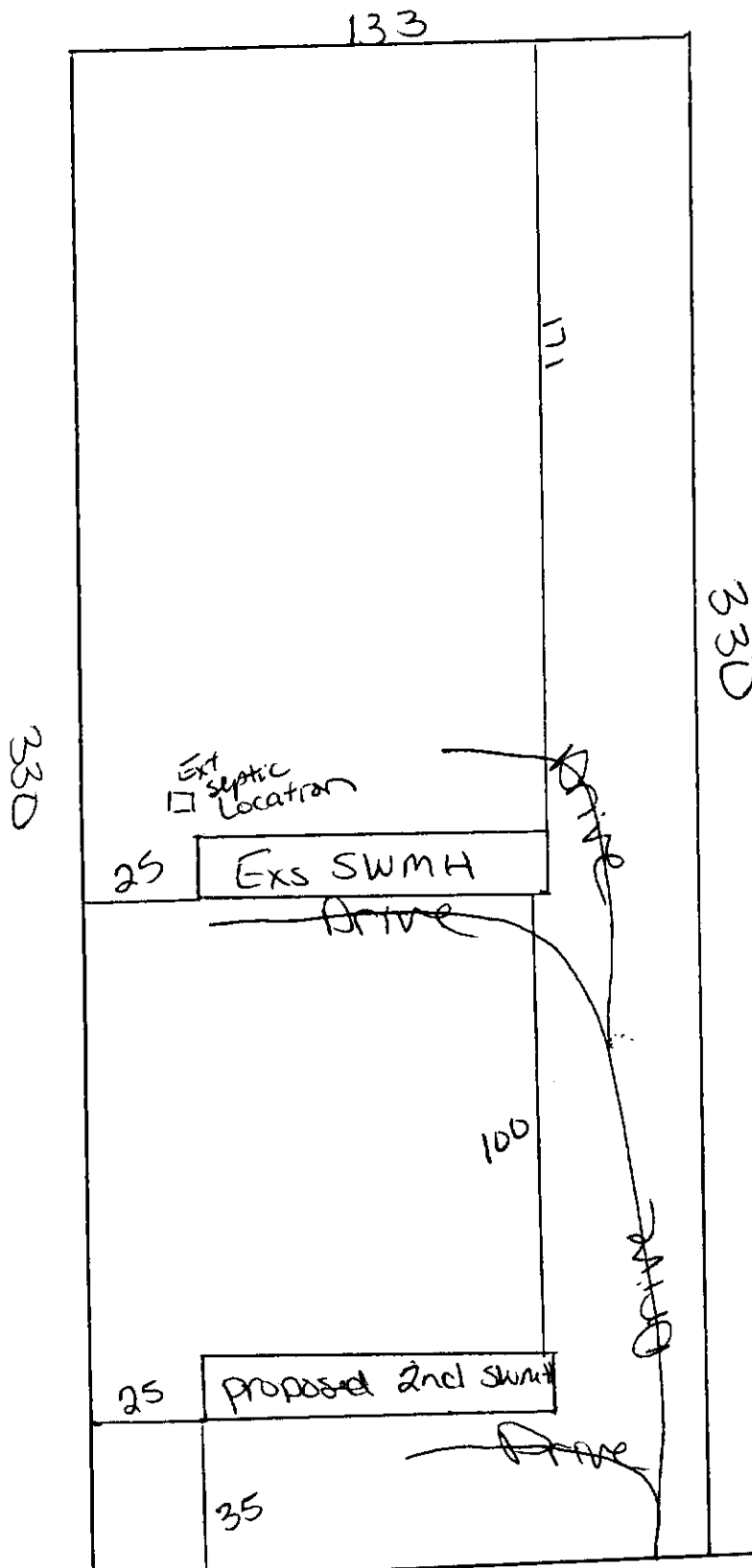
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 ex SW Other (specify): _____

Required Residential Property Line Setbacks:		Comments: <u>1 proposed SW</u>
Front	Rear	
Minimum <u>35</u> Actual <u>35</u>	<u>171</u>	
<u>25</u>	<u>25</u>	
Closest Side <u>10</u>		
Sidestreet/corner lot _____		
Nearest Building on same lot <u>6</u>	<u>100</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.

Jeffrey Thomas Dina Thomas 8-5-10
Signature of Owner or Owner's Agent Date



SITE PLAN APPROVAL

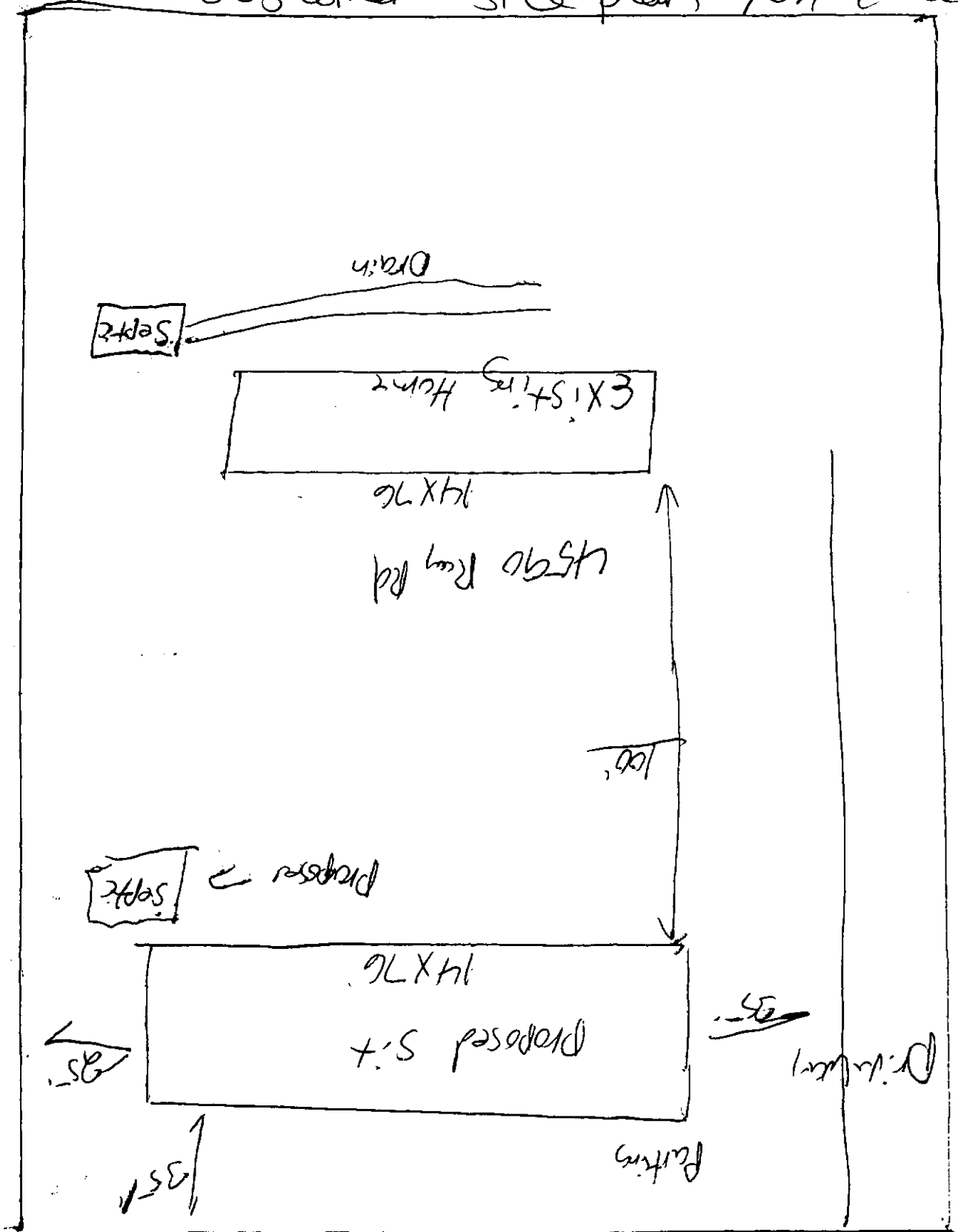
DISTRICT BA20B USE Sumit

#BEDROOMS 3

Date 8-5-10 [Signature]
 Zoning Administrator

133
 Ray Rd SR# 1121

Customer site plan Not to scale



Ray Rd

NAME: Jeffrey Thomas

APPLICATION #: 1050024978

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 # _____

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 [x] 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 [x] NO Does the site contain any Jurisdictional Wetlands?
[] YES [x] NO Do you plan to have an irrigation system now or in the future?
[] YES [x] NO Does or will the building contain any drains? Please explain.
[] YES [x] NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
[] YES [x] NO Is any wastewater going to be generated on the site other than domestic sewage?
[] YES [x] NO Is the site subject to approval by any other Public Agency?
[] YES [x] NO Are there any easements or Right of Ways on this property?
[x] 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.

Jeffrey Thomas Irma Thomas
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-5-10
DATE



FOR REGISTRATION REGISTER OF DEEDS
 KIMBERLY E. HARGROVE
 HARNETT COUNTY, NC
 2006 OCT 18 04:52:21 PM
 BK:2145 PG:855-868 FEE:\$20.00
 NC REV STAMP:\$56.00
 INSTRUMENT # 2005018780

HARNETT COUNTY TAX ID#
 010535-0100-37

10-18-05 BY JCB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 56.00

Parcel Identifier No. 010535010037 Verified by _____ County on the _____ day of _____, 20____
 By: _____

Mail/Box to: REGINALD B. KELLY, 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: _____

THIS DEED made this 18th day of October, 2005, by and between

JAMES L. MOBLEY and GRANTOR
 MABLE L. MOBLEY, TRUSTEES OF THE
 JAMES L. MOBLEY AND MABLE L. MOBLEY
 REVOCABLE LIVING TRUST DATED NOVEMBER, 2002
 117 RED OAK DRIVE
 SPRING LAKE, NC 28390

GRANTEE
 JEFFREY L. THOMAS AND WIFE,
 LINA G. THOMAS
 P.O. BOX 895
 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 SPRING LAKE ANDERSON CREEK 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 1684 page 801

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

NC Bar Association Form No. L-3 © 1976, Revised © 1977, 2002

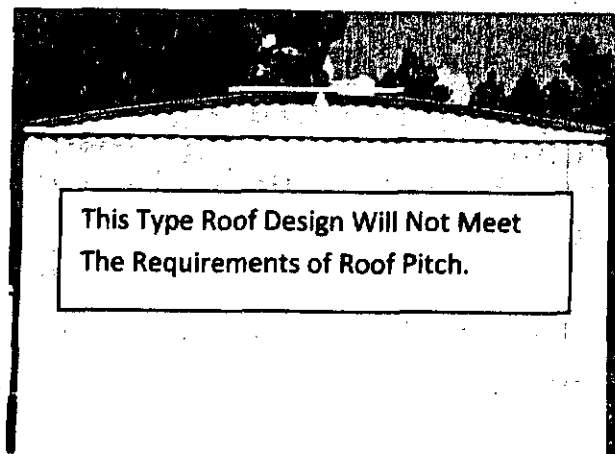
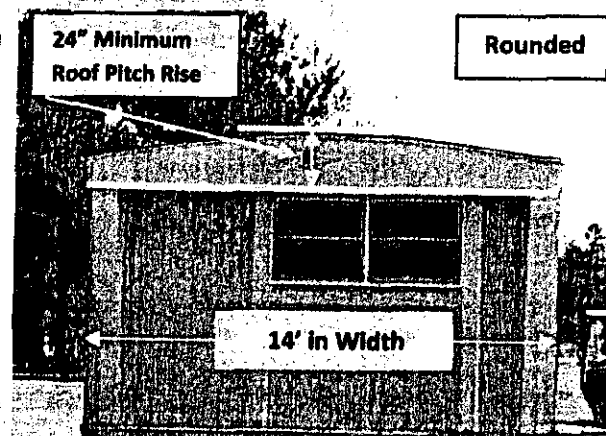
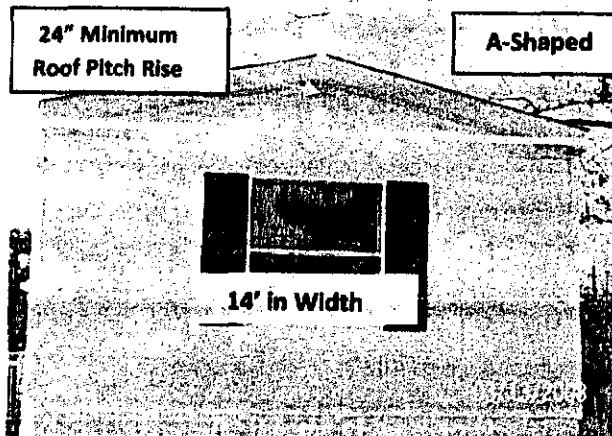
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PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Jeffrey Thomas, understand that because I'm located in a RA-20R or RA-20M Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

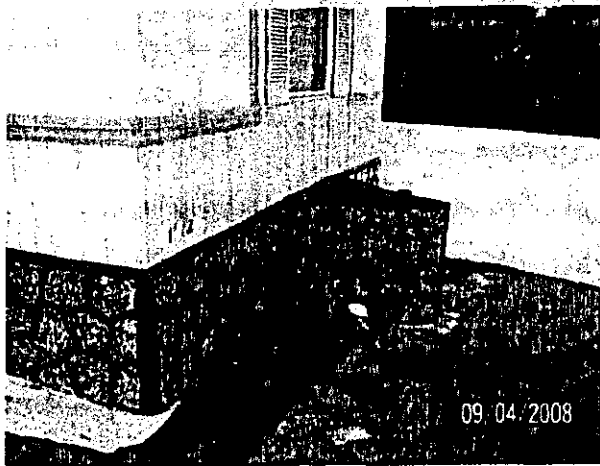
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)



Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (14' Wide Home = 24" Roof Rise)

Continued on back.....

2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



J. Jhon

8-5-10

Signature of Property Owner / Agent

Date

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