

Initial Application Date: 2.10.12

Application # 12.50028330

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Eleanora P. Chance Mailing Address: 2138 Joel Johnson Rd
City: Lillington State: NC Zip: _____ Contact No: _____ Email: _____

APPLICANT: Eleanora Mailing Address: 2138 Joel Johnson Rd
City: Lillington State: NC Zip: 27546 Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Eleanora P. Chance Phone # 910-263-6191

PROPERTY LOCATION: Subdivision: Robert Fredrick Lot #: 1 Lot Size: .82
State Road # 2034 State Road Name: Joel Johnson Rd Map Book & Page: 99, 05
Parcel: 10.0558.0010.14 PIN: 0558.73.0120
Zoning: RA20P Flood Zone: Y Watershed: IV Deed Book & Page: 1746, 379 Power Company*: SKW

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

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 66) # Bedrooms: 3 Garage: 1 (site built? _____) Deck: _____ (site built? _____)
- Duplex: (Size _____ o. 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

Does the property contain any easements whether underground or overhead? () yes () no

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

Required Residential Property Line Setbacks:

Front	Minimum	<u>35'</u>	Actual	<u>178'</u>
Rear		<u>25'</u>		<u>41'</u>
Closest Side		<u>10'</u>		<u>16'</u>
Sidestreet/corner lot		<u>20'</u>		<u>—</u>
Nearest Building on same lot		<u>10'</u>		<u>—</u>

Comments: _____

APPLICATION CONTINUES ON BACK

bring back deed, moving permit, packet

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 South TO Joel Johnson Rd.

2138 Joel Johnson Rd. mail Box Itas
CHANCE ON it. in curve. gray
mail Box. on left. gray & white
doudlewide. on left in curve hand Beside
→ #2170 it.

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.

Eleanor P Chance

Signature of Owner or Owner's Agent

2/10/12

Date

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued



SITE PLAN APPROVAL

DISTRICT LA202 USES SWMH

#BEDROOMS 3

2.10.12 Diana Okun
ZONING ADMINISTRATOR

2/10/12 Eleanor Chance

Replacing SWMH with SWMH.

178'

187'

41'

161'

SUMMER

JOEL JOHNSON SR 2034

JOEL JOHNSON SR 2034

Date: 2.10.12

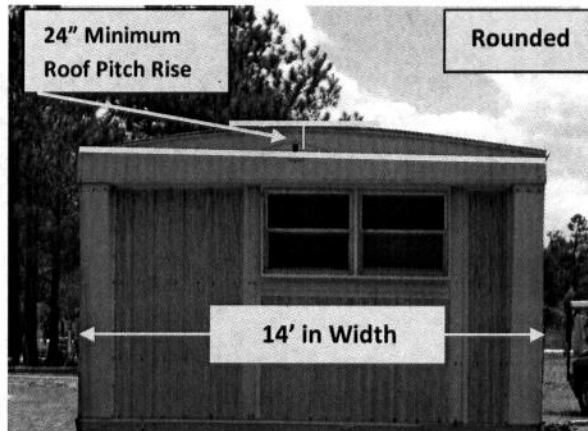
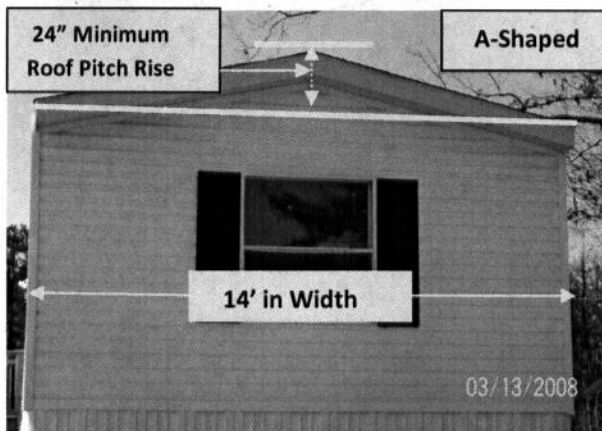
Application# 12-50028330

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Eleonora Pi Chance, 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.)



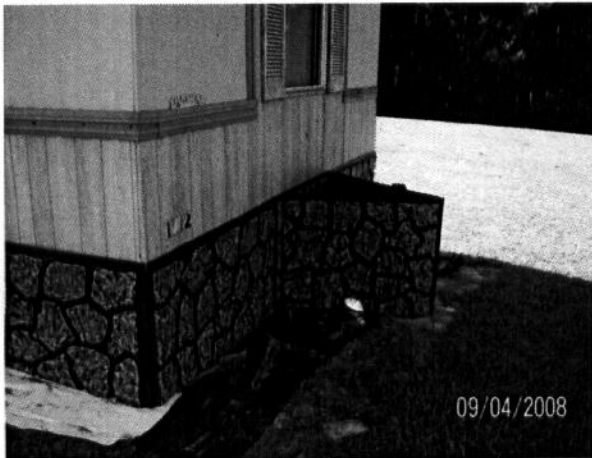
Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



Continued.....

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.)



4. The home must have been constructed after July 1st 1976.

Eleanor P. Chance *2/10/12*

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.

910.226.7180

Steve

NAME: Eleanora P. Chance

APPLICATION #: 12-50028330

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 # 121679

2.10.12

- Environmental Health New Septic System** Code 800
 - **All property irons must be made visible.** 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.**
 - **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
 - 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 **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
 - **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
 - After uncovering **outlet end** 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.

Eleanora P. Chance
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2/10/12
DATE

STATE OF NORTH CAROLINA

MVR 191 (Rev 01/06)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
W171423
TITLE NUMBER
779281061524034

YEAR MODEL
1980

MAKE
SCHU
TITLE ISSUE DATE
06/17/2006

BODY STYLE
MH
PREVIOUS TITLE NUMBER
774170982666034

MAIL TO

KAREN PRICE DALRYMPLE
1900 MORGAN MILL RD
MONROE NC 28110-3647

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

KAREN PRICE DALRYMPLE
1900 MORGAN MILL RD
MONROE NC 28110-3647



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

Ray J. Jeter
COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

ADDITIONAL LIENS:

82090671

034 T1C0344

ANY ALTERATIONS OR ERASURES VOID TITLE

BR174 Need New Assignment without Buyer name on purchase in
 Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

A FIRST RE-ASSIGNMENT OF TITLE BY REGISTERED OWNER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: Eleanore P. Chance
 Address of Buyer: 2138 Joel Johnson RD Lillington NC 27546

"I, seller(s) certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked."

1. The mileage stated is in excess of its mechanical limits.
 2. The odometer reading is not the actual mileage.

WARNING — ODOMETER DISCREPANCY

To my knowledge the vehicle described herein:

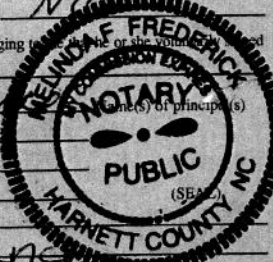
Yes No Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.
 Yes No Has been a flood vehicle.
 Yes No Has been a reconstructed or a salvage vehicle.

Date vehicle delivered to purchaser _____

X Seller(s) Signature: Karen Price Dalrymple
 X Seller(s) Hand Printed Name: Karen Price Dalrymple
 Date: 1-13-2012 County: Moore State: NC

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

Karen Dalrymple & Eleanore P. Chance
 Notary Public Signature: Melinda F. Frederick
 Notary's Printed or Typed Name: Melinda F. Frederick
 My commission expires: August 8, 2012
 Buyer(s) Signature: Eleanore P. Chance
 Buyer(s) Hand Printed Name: Eleanore P. Chance



B FIRST RE-ASSIGNMENT OF TITLE BY DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: Eleanore P. Chance
 Address of Buyer: 2138 Joel Johnson RD Lillington NC 27546

"I, seller(s) certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked."

1. The mileage stated is in excess of its mechanical limits.
 2. The odometer reading is not the actual mileage.

WARNING — ODOMETER DISCREPANCY

To my knowledge the vehicle described herein:

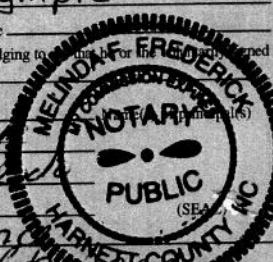
Yes No Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.
 Yes No Has been a flood vehicle.
 Yes No Has been a reconstructed or a salvage vehicle.

Date vehicle delivered to purchaser _____

Dealer(s) Name: _____ Dealer # _____
 Dealer(s) Signature: Karen Price Dalrymple
 Dealer(s) Hand Printed Name: Karen Price Dalrymple
 Date: _____ County: _____ State: _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

Karen Price Dalrymple
 Notary Public Signature: Melinda F. Frederick
 Notary's Printed or Typed Name: Melinda F. Frederick
 My commission expires: August 8, 2012
 Buyer(s) Signature: Eleanore P. Chance
 Buyer(s) Hand Printed Name: Eleanore P. Chance



C PURCHASER'S APPLICATION FOR NEW CERTIFICATE OF TITLE

The undersigned purchaser of the vehicle described on the face of this certificate, hereby makes application for a new certificate of title and certifies that said vehicle is subject to the following named liens and none other and that the information contained herein is true and accurate to my best knowledge and belief.

OWNER(S)
 Owner 1 DL# _____ Full Legal name of Owner (First, Middle, Last, Suffix) or Company _____
 Owner 2 DL# _____ Full Legal name of Owner (First, Middle, Last, Suffix) or Company _____

Residence Address _____
 City _____ State _____ Zip Code _____ Tax County _____

Mail Address (if different from above) _____

FIRST LIEN	SECOND LIEN
Date of Lien _____ Account # _____ Lienholder ID _____	Date of Lien _____ Account # _____ Lienholder ID _____
Lienholder Name _____	Lienholder Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

I certify for the motor vehicle described herein that I have financial responsibility as required by law.

Insurance Company _____ Policy Number _____
 Authorized in NC _____

Signature of Owner(s) _____
 Date _____ County _____ State _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

Notary Public Signature _____
 Notary's Printed or Typed Name _____
 My commission expires _____

(SEAL)

NOTE: RETAIL PURCHASER MUST APPLY FOR NEW TITLE WITHIN 28 DAYS AFTER PURCHASE OR PAY STATUTORY PENALTY. ALTERATIONS OR ERASURES WILL VOID THIS TITLE.



MOBILE HOME TAX PERMIT

COUNTY OF Wake
STATE OF NORTH CAROLINA

PERMIT NUMBER 293
Date 1/12/12

Permission is granted to:

Leanne R. Hance 108 5001 Tommasi Rd. Lenoir County

Owner

Address

108 5001 Tommasi Rd. Lenoir County

Carrier

Address

to move the following mobile home:

1980

1980

14466

00211493

Make

Model

Size

Serial Number

From:

Address

To: 108 5001 Tommasi Rd. Lenoir County (Lenoir County)

Address

This permit is issued in accordance with provisions of G.S. 105-316.1 through G.S. 105-316.8 of the General Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

E. Ann Livingston
County-City Tax Collector