

Initial Application Date: 11-26-13

Application # 13500 32539

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: Amber Lynch Mailing Address: 137 Pupa Lane

City: Cameron State: NC Zip: 28526 Contact No: 910 528 6869 Email: _____

APPLICANT: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: 6B Lot Size: 7.33

State Road # 1180 State Road Name: Line Map Book & Page: PCMF 763B

Parcel: 09 9566 0109 63 PIN: 8 9546-51 1278.000

Zoning: RA20A Flood Zone: X Watershed: VA Deed Book & Page: 31761 46 Power Company*: _____

*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: _____ 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: 2 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

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

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

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>100+</u>
Rear		<u>25</u>		<u>50</u>
Closest Side		<u>10</u>		<u>40</u>
Sidestreet/corner lot				
Nearest Building on same lot		<u>6</u>		<u>100</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 27 To Johnsonville Turn Right
on to Hwy 24/27 go 5 miles Turn Left on to Line Rd. go .2
mile Turn Left on Mercedes Lane property on Left

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

11/26/2013
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

icated.

category, parcels, a definition of subdivision. E. That the information contained in this determination to the best of the professional ability as to provisions (A) through (D) above.



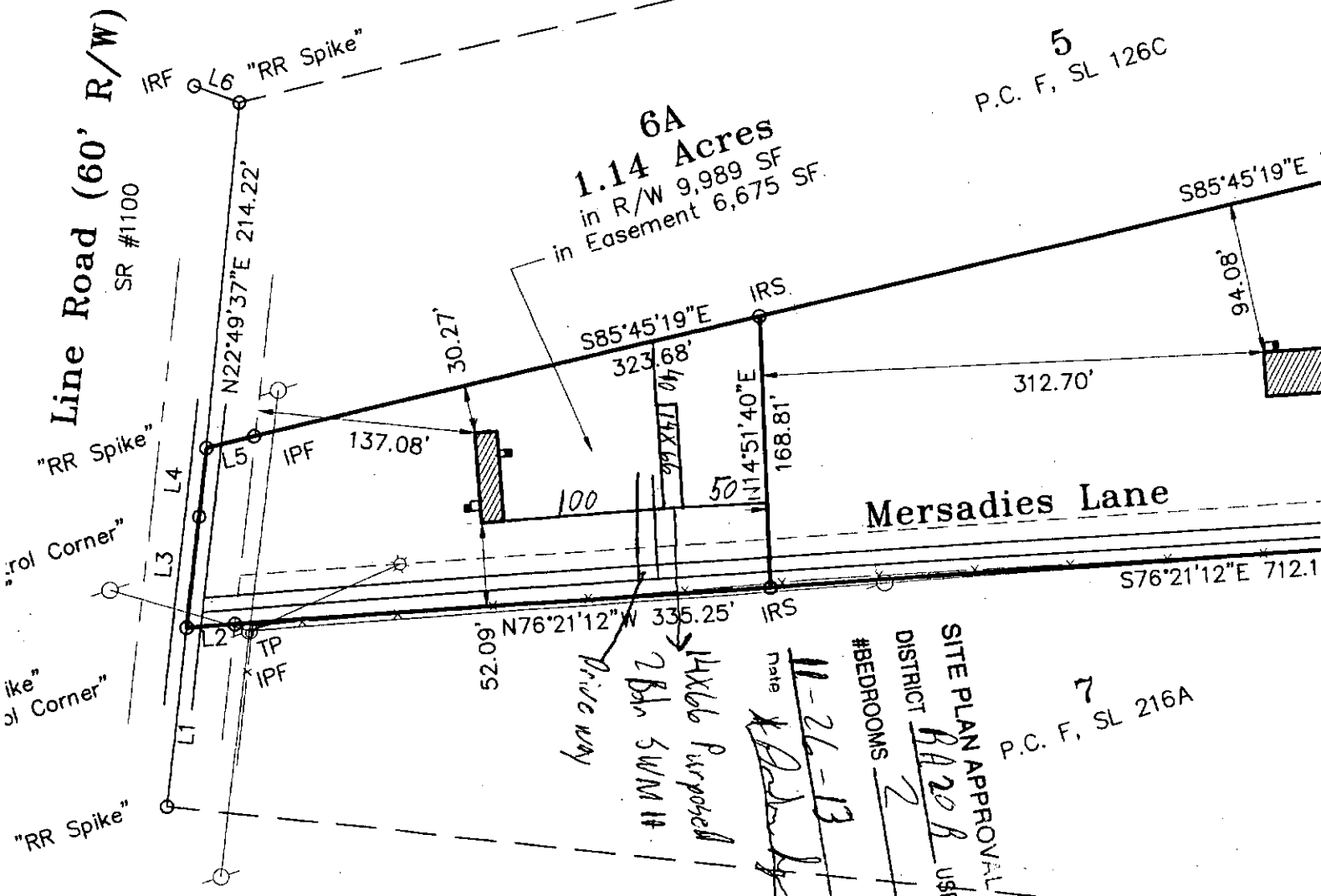
Ryan D. McBryde
Professional Land Surveyor

Date 11/05/13

L-4394
Registration Number

Map 2013 - 369 - 369
1 = 100

LINE	LENGTH	BEARING
L1	112.51	S23°28'57"W
L2	30.46	S76°21'12"E
L3	69.59	S23°30'58"W
L4	42.89	S23°16'51"W
L5	31.26	S85°39'33"E
L6	30.32	S52°38'20"E



5
P.C. F, SL 126C

6A
1.14 Acres
in R/W 9,989 SF
in Easement 6,675 SF.

Mersadies Lane

7
P.C. F, SL 216A

Utilities, if shown, are based on drawings provided to the surveyor. Additional underground utilities and their locations should be shown on drawings. Utilities affecting the property should be shown on drawings.

Date: 11-26-13
 #BEDROOMS: 2
 DISTRICT: RA 208 USE: SWA
 SITE PLAN APPROVAL: [Signature]
 Zoning Administrator: [Signature]

Review Officer of Harnett
which this certification is based on.

NAME: _____

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)

910-893-7525 option 1

CONFIRMATION # _____

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.

Paul S.D.
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

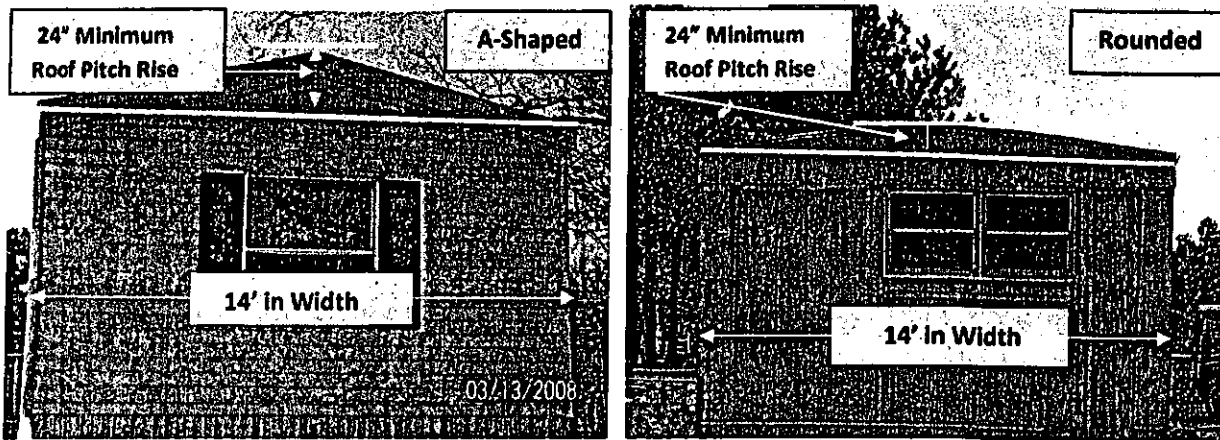
1/26/2013
DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Amber Lynch, 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.

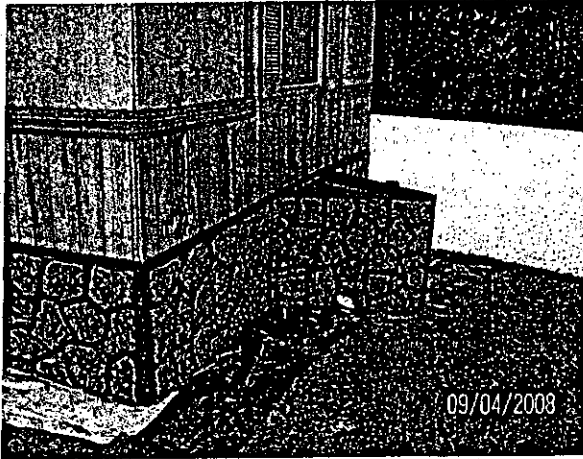
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty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

Ambrose Lynch

Signature of Property Owner / Agent

11/26/2013

Date

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

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2013 NOV 26 09:45:08 AM
BK: 3175 PG: 46-48
FEE: \$26.00
INSTRUMENT # 2013019057

MATT WILLIS



2013019057

HARNETT COUNTY TAX ID#

09.9566.0109-63

11-26-13 BY RB

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 0.00 @ gift Deed

Parcel Identifier No. _____ Verified by _____ County on the _____ day of _____, 20

By: _____

Mail to: Amber N Lynch 2647 Cox Neck Rd. Chester MD, 21619

This instrument was prepared by: Robert E Papa

Brief description for the Index: _____

THIS DEED made this 22nd day of November, 2013, by and between

GRANTOR

GRANTEE

Robert E Papa
137 Papa Ln
Cameron NC, 28326

Amber N Lynch
2647 Cox Neck Rd
Chester MD, 21619

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. 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 _____, _____ Johnsonville _____ Township, _____ Harnett _____ County, North Carolina and more particularly described as follows:

Lot No. 6A As shown on map entitled "Robert E. Papa"
Prepared by Ryan McBryde Surveyor, and recorded as map
BK 2013, 369 of the Harnett County Registry.

Subject to all easements of record

Specific Power of Attorney

BE IT ACKNOWLEDGED that I, Amber Nicole Lynch, presently residing at 2647 Cox Neck Rd. Chester, MD 21619, the undersigned, do hereby grant a limited and specific power of attorney to Robert E. Papa, presently residing at 137 Papa Ln, Cameron, NC 28326 as my attorney-in-fact.

Substitute Agent. If Robert E. Papa is, at any time, unable or unwilling to act, I then appoint Kimberlyn M. Papa, presently residing at 137 Papa Ln, Cameron, NC 28326 as my attorney-in-fact to serve with the same powers

AND WHEREAS I am unable to attend to all the matters necessary to develop and carry on such development work due to my other occupation.

The said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

1. To purchase, sell, or otherwise deal in any way for Parcel 099566010963, Reid _____, lot 6A on Mersadies lane located in the township of Johnsonville, in the county of Harnett, North Carolina. upon such terms as the Agent considers proper. To execute all contracts, mortgages, to manage, compromise, settle, and adjust all matters pertaining to parcel.

To make necessary applications and sign all papers. To apply for and obtain permission for land use permits, water supply, electricity supply, laying down drainage and for other amenities as are generally required for any mobile home. To obtain occupation and completion certificate from the Municipal Corporation after the mobile homes are completed in all respects. To engage in any administrative or legal proceedings or lawsuits in connection with any matter with the parcel or mobile homes. To be my true and lawful attorneys with full authority and power to do and execute all acts, deeds and things mentioned and as my attorneys or agents with full power to develop the said property

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall not automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this 22nd day of November, 2013.

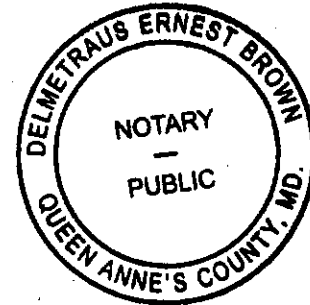
Amber Lynch
Signature

State of Maryland County of Queen Anne's

I, the undersigned Notary Public of the County and State aforesaid, certify that Amber Nicole Lynch personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 22nd day of November, 2013.

My Commission Expires: 5-15-16

Delmetraus Ernest Brown
Notary Public





MOBILE HOME MOVING PERMIT

COUNTY OF Harnett
STATE OF NORTH CAROLINA

PERMIT NUMBER **1694**

Date 11/26/13

Permission is granted to:

Owner Amber Lynch 137 Popa Ln. Cameron NC 28326
Address

Carrier Marks MH Sets 1358 Black Rd Cameron NC 28326
Address
to move the following mobile home:

Make Clayton 1994 14X16 1/2 CLM059352TN9B
Model Size Serial Number

From: 180 Rita Ln. Spring Lake NC 28390
Address

To: 31 Mercedes Ln Cameron NC 28326
Address

This permit is issued in accordance with the 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.

K. Burkett - TP Assistant
County-City Tax Collector



HARNETT COUNTY ENVIROMENTAL HEALTH

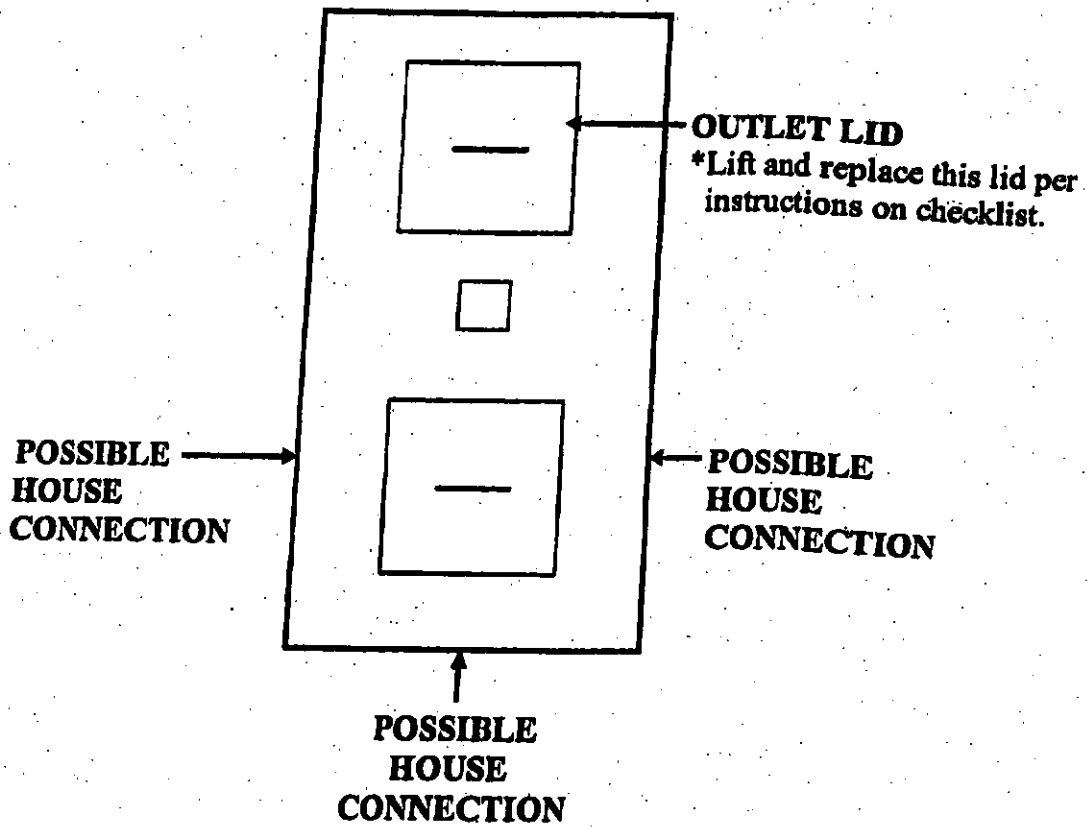
SEPTIC TANK DIAGRAM

Harnett
COUNTY


NORTH CAROLINA
strong roots • new growth

HOW TO PROPERLY IDENTIFY YOUR TANK'S LID(S)

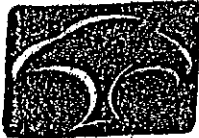
DIAGRAM OF A TYPICAL SEPTIC TANK



 **SQUARE** (Shown on diagram)

 **RECTANGLE** (Older tanks)

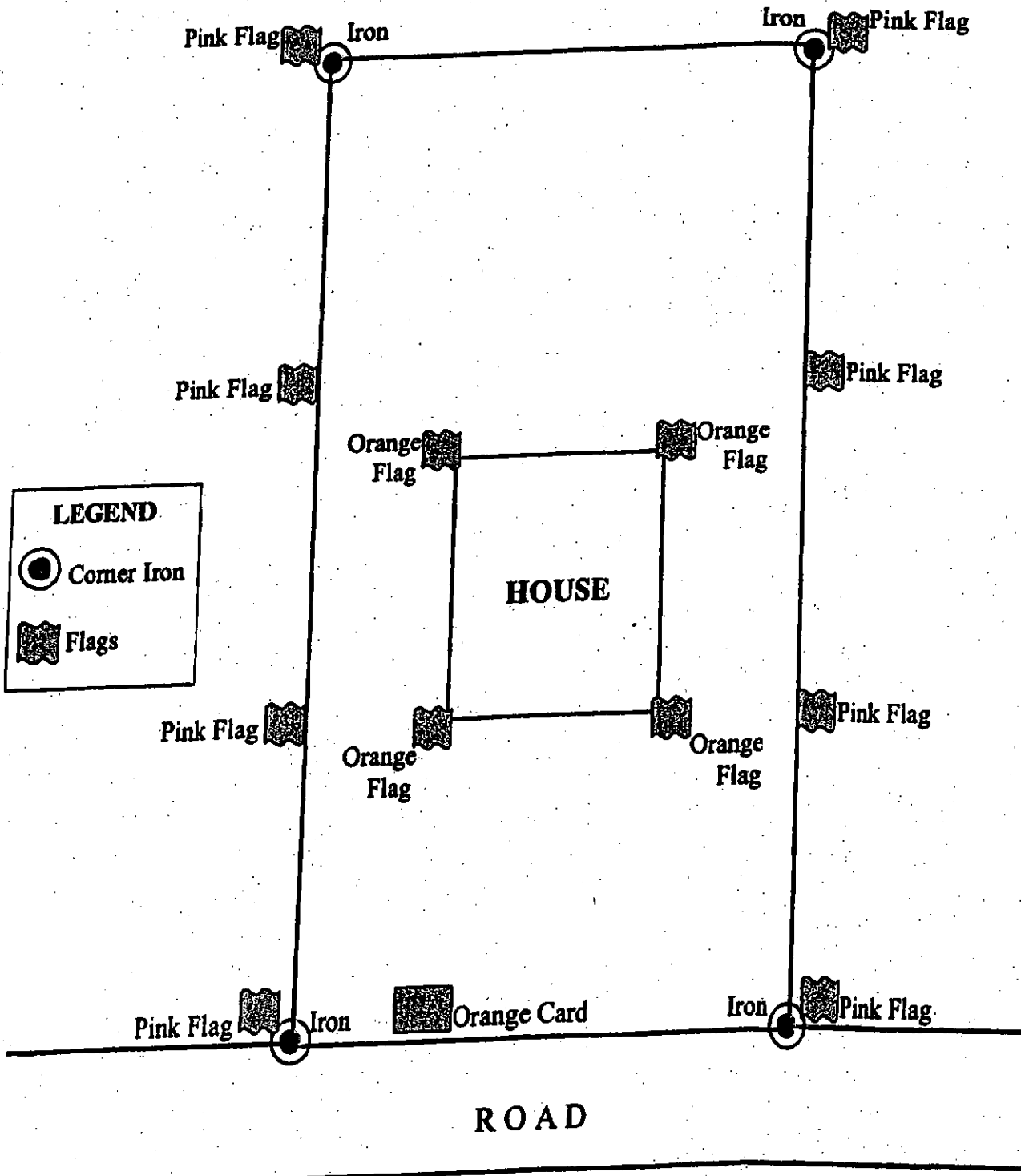
 **ROUND**



HARNETT COUNTY ENVIRONMENTAL HEALTH SITE PREPARATION

Harnett
COUNTY
NORTH CAROLINA
strong roots • new growth

HOW TO PROPERLY MARK PROPERTY FOR SOIL EVALUATION



HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50032539	Page	2
Property Address	92885 *UNASSIGNED	Date	12/16/13
PARCEL NUMBER	09-9566- - -0109- -63-		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name			
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
10	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___

Application #

135 00 32 539

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit

(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Amber Lynch Address: 137 Papa Lane

City: Cameron State: NC Zip: 28326 Daytime Phone: (910) 528 6809

Landowner Information (To be completed by landowner, if different than above)

Name: Address:

City: State: Zip: Daytime Phone: ()

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable)

Name, address, & phone must match information on license

A. Set-Up Contractor Company Name: Marks mobile Home sets

Phone: 919 770 4879 Address: 1258 Black Rd.

City: Cameron State: NC Zip: 28326

State Lic# 3441 Email:

B. Electrical Contractor Company Name: Self

Phone: Address:

City: State: Zip:

State Lic# Email:

C. Mechanical Contractor Company Name:

Phone: Address:

City: State: Zip:

State Lic# Email:

D. Plumbing Contractor Company Name: Self

Phone: Address:

City: State: Zip:

State Lic# Email:

Part III - Manufactured Home Information

Model Year: 1994 Size: 14 X 66 Complete & follow zoning criteria sheet

Park Name: Lot Number:

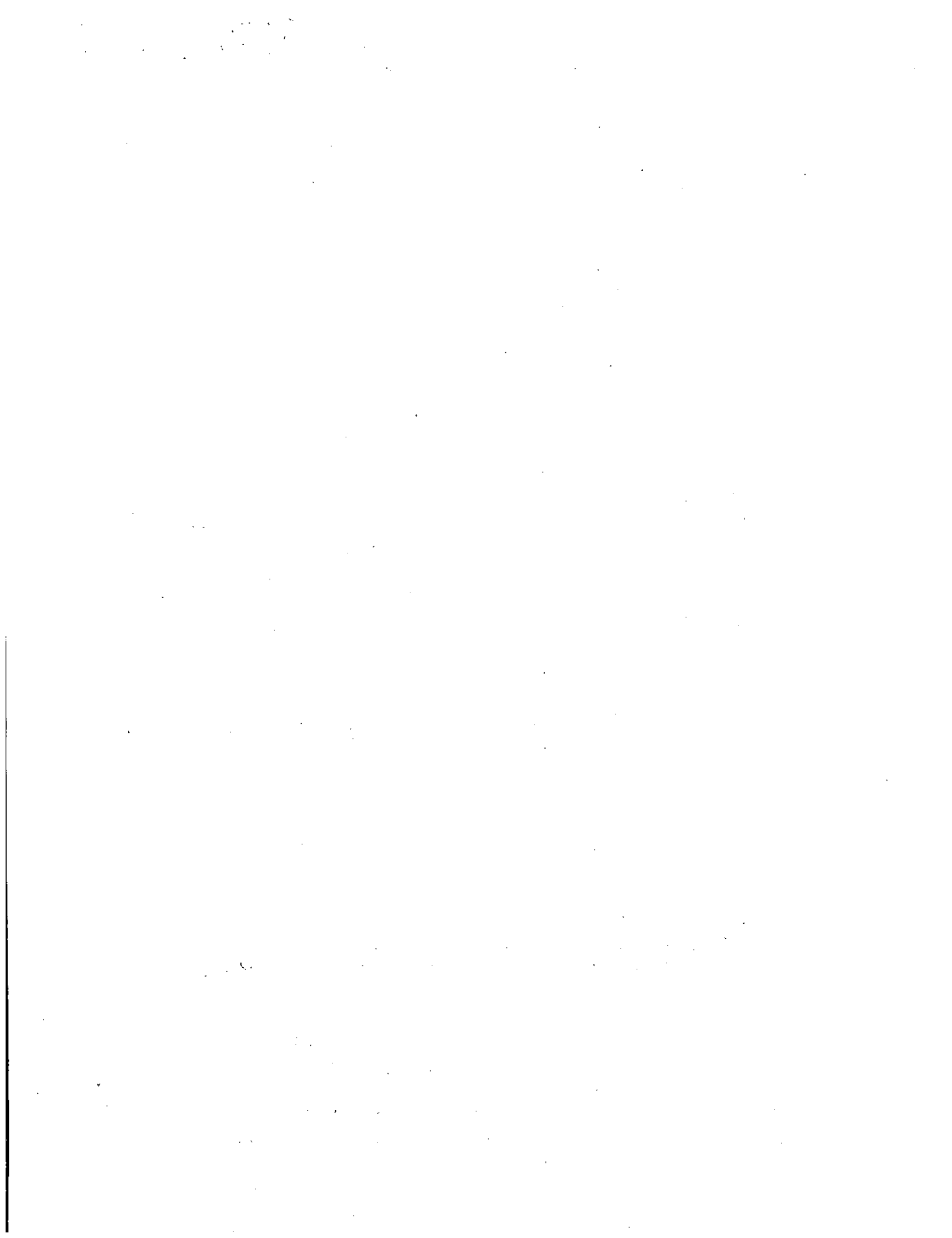
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Signature of Home Owner or Agent

Date 12/6/2013

*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.



COUNTY OF HARNETT
Building Inspections Department
Planning Services

Certificate of Compliance: _____ **Occupancy:** ✓

Certificate issued pursuant to the requirements of North Carolina General Statute 153A-363 and Harnett County Zoning Ordinances. This certifies at the time of issuance, this structure was in compliance with the various ordinances of the County of Harnett and the North Carolina State Building Codes. For the following:

Use Classification: ✓ M-Home

Name: ROBERT PAPA

Address: 67 MERCEDES LN
CAMERON 28326

Date: 1-9-14

Building Official: _____

Permit Numbers

Building: _____

Electrical: _____

Insulation: _____

Plumbing: _____

Mechanical: _____

MFG-Home: 18-5-182539

Fred Spivey

ADDRESS : 67 MERSADIES LN SUBDIV:
 CONTRACTOR : MARKS MOBILE HOME SET-UP PHONE : (919) 499-2768
 OWNER : PAPA ROBERT E PHONE :
 PARCEL : 09-9566- - -0109- -63-
 APPL NUMBER: 13-50032539 CP MANUFACTURED HOME RA20R/RA20M CRITERIA
 DIRECTIONS : T/S: 12/16/2013 12:17 PM VBROWN ----
 PROPERTY WILL BE ON MERSADIES LANE
 CAMERON 28326. 27W, LINE RD, MERSADIES
 LANE.

STRUCTURE: 000 000 14X66 2BDR SWMH
 FLOOD ZONE : FLOOD ZONE X
 # BEDROOMS : 2.00 MOBILE HOME YEAR : 1000.00
 PROPOSED USE : SWMH SEPTIC - EXISTING? : NEW TANK
 WATER SUPPLY : COUNTY

PERMIT: CPSW 00 CP MOBILE HOME SINGLEWIDE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
H824 01	12/19/13 12/19/13	BM AP	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002479343 T/S: 12/20/2013 10:46 AM S STEWART ---- T/S: 12/20/2013 10:47 AM S STEWART ----
T501 01	1/03/14 1/03/14	FS AP	R*MOBILE HOME FOUND./ M. WALL VRU #: 002481255 T/S: 01/03/2014 01:53 PM F SPIVEY ----
A814 01	1/07/14 1/07/14	TW AP	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002481893 67 MERSADIES LN CAMERON 28326 T/S: 01/07/2014 09:08 AM TWARD ---- T/S: 01/07/2014 09:08 AM TWARD ----
Z818 01	1/07/14 1/07/14	RB AP	PZ*ZONING INSPECTION TIME: 17:00 VRU #: 002481885 T/S: 01/06/2014 08:25 AM VBROWN ----
T507 01	1/09/14 <i>1-9-14</i>	TI <i>AP</i>	R*MANUFACTURED HOME FINAL TIME: 17:00 VRU #: 002482750 T/S: 01/08/2014 11:26 AM VBROWN ----

COMMENTS AND NOTES

ES