initial Application Date: 4.14.15	Application # 155035895
COUNTY OF HAR	NETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27	7546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.namett.org/pennits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER	TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER Kimberly, M Papa	Mailing Address: 137 Page Lane
State: NC Zip: 32	Contact No: 910 508 6809 Email:
APPLICANT*: Robert Pope Maili	ng Address: 137 Rope Lane
City: CA-CON State: C Zip: 23 *Please fill out applicant information if different than landowner	Contact No: 9/0 528 6809 Email:
	0 × 5 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6
CONTACT NAME APPLYING IN OFFICE:	Phone # 910 528 6809
PROPERTY LOCATION: Subdivision: WESN	Lot #: (B) Lot Size: (1.5)
	Map Book & Page:
CO 051100.0109.2	3 PIN: 9546.51.1278
Parcel:	Deed Book & Page: 327750 Power Company*: UNHCAL
Zoning: Y 17/ Flood Zone: X Watershed: 11 1 *New structures with Progress Energy as service provider need	
*New structures with Progress Energy as service provider need	to supply profittion trained in
PROPOSED USE:	Monolithic
□ SFD: (Size*x) # Bedrooms: # Baths: Ba	asement(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: (Sizex) # Bedrooms # Baths Ba	asement (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
/	x Bedrooms: Garage: (site built? Deck: (site built?)
Manufactured Home: VSW DW TW (Size IC)	_x(
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Wall Service V County Existing Well New	w Well (# of dwellings using well) *Must have operable water before final
water supply: County Existing Well No	Existing Septic Tank (Complete Checklist) County Sewer /
Sewage Supply: New Septic Fank (Complete Checket)	ifactured home within five hundred feet (500') of tract listed above? () yes (\(\Delta\cdot\)) no
Does the property contain any easements whether undergroun	d or overhead (V) yes (_) no PCCC
Structures (existing or proposed): Single family dwellings:	Manufactured Homes: Other (specify):
Structures (existing or proposed): Single family dwellings	existing SVMH
Required Residential Property Line Setbacks:	comments:
Front Minimum 35 Actual 5 , _	

Rear 25 Actual 26 + Closest Side 25 Actual 25 - Closest Side 25 -

Sidestreet/corner lot

Nearest Building
on same lot

Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 27 TO Johnson Ville at
Stop sign turn Right onto Hung 24/27 Tougres CAmeron
go 5 miles tuin Left onto Line Ted. go . 2 miles turn
Ceff onto Marsadres LA. proprit or Leff
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.
Has A S D
Signature of Owner or Owner's Agent 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**

1/	NAME:	Kim	berly	n Ra	<i>a</i> q
v					l,

*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 #
The state of the s
• 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. 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 <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. <i>Do not grade property</i>.
and the state of the second within 40 burdeness days after confirmation \$25.00 return trin too 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
• Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and in the straight up (in 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 Do you plan to have an <u>irrigation system</u> 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.
1 That 50 04142015
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County NC
2015 APR 14 10:51:01 AM
BK:3297 PG:561-563
FEE:\$26.00
INSTRUMENT # 2015004868

ABMCNEILL



COVER SHEET

GENERAL WARRANTY DEED

RECORDED IN HARNETT COUNTY KIMBERLY S HARGROVE REGISTER OF DEEDS

HARNETT COUNTY TA	X ID#
099566.010	9.23
4.14.15 BY GL)

oa Ln Cameron, NC 28326
March, in the year 2015, by and between
Grantee
Kimberlyn M. Papa
137 Papa Ln Cameron, NC 28326
aid parties, their heirs, successors, and assigns, and shall include ext.

Grantor acquired the property hereinabove described by instrabove-described property is recorded in Map Book F at	rument recorded in Deed Book 2378 at page 803. A map showing the page 763B
TO HAVE AND TO HOLD the aforesaid lot or parcel of lan fee simple.	nd and all privileges and appurtenances thereto belonging to the Grantee in
fee simple, that title is marketable and free and clear of all er lawful claims of all persons whomsoever, except for the exceptioning exceptions:	seized of the premises in fee simple, has the right to convey the same in neumbrances, and that Grantor will warrant and defend the title against the eptions stated. Title to the property hereinabove described is subject to the
ANY AND ALL	OF PUBLIC RECORD
IN WITNESS WHEREOF, the Grantor has hereunto set his its corporate name by its duly authorized officers by authorit	hand and seal, or if corporate, has caused this instrument of rightly of its Board of Directors, the day and year first above written.
	(Seal)
(Corporate Name)	The state of the s
BY:Authorized agent	The state of the s
Tumonzed agent	(Seal) mini
	(Seal)
	(Seal)
	(Seal)
grantor(s), personally appeared before me this day, and (i) I seen satisfactory evidence of the grantor(s) identity, by curre form of a North Cavolina Driver Liversc or (iii) a creark with Hilling to me that he or she voluntarily signed the following the control of the contro	have personal knowledge of the identity of the grantor(s) or (ii) I have ent state or federal identification with the grantor(s) photograph in the edible witness has sworn to the identity of the grantor(s) each oregoing document for the purpose stated therein and in the capacity day of Notary Public Official Signature Notary Printed or Typed Name
and as such has the authority to act in and for said corporation authorized agent, or (ii) I have seen satisfactory evidence of with the authorized agent's photograph in the form of a the identity of the authorized agent, and that he or she signed capacity so herein stated and acknowledge the said writing to	ay of, in the year
	Notary Public Official Signature
(seal or stamp)	Notary Printed or Typed Name
My commission expires:	_

Specific Power of Attorney

BE IT ACKNOWLEDGED that I <u>Kimberlyn M Papa</u>, presently residing at 137 Papa Ln, Cameron, NC 28326, 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.

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 <u>LT#6B WESWOOD IV 9.33ACS</u>, 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. To obtain occupation and completion certificate from the Municipal Corporation in all respects. To engage in any administrative or legal proceedings or lawsuits in connection with any matter with the parcel. 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, 2015.
John for fage
Signature
State of North Carolina County of Wake
I, the undersigned Notary Public of the County and State aforesaid, certify that <u>Kimberlyn M. Papa</u> 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 <u>13+5</u> day of <u>Apr. (</u> , 2015).
My Commission Expires: 11-8-18
Thirt area Cilling

Notary Public

Haren C. Wells



Date: 4.14.15

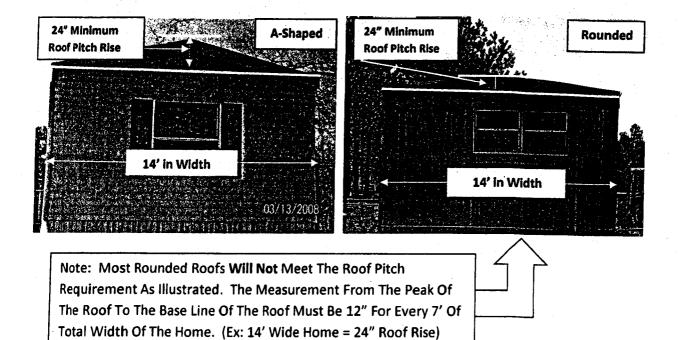
Application#_1550035895

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

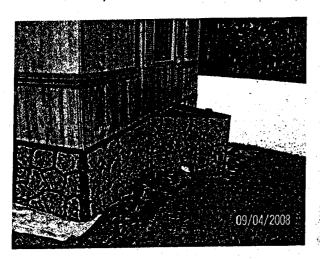
I, MONDE LANGE TO RA-20M Properties and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

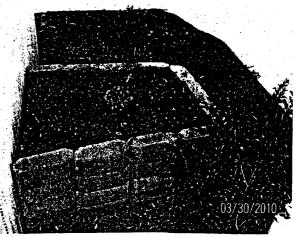
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty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



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.

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.