

Initial Application Date: 08072015

Application # 36331

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 Nicole Lynch Mailing Address: 137 Papa Ln

City: Cameron State: NC Zip: 28526 Contact No: 910 528 6809 Email: \_\_\_\_\_

APPLICANT\*: Robert Papa Mailing Address: 137 Papa Ln

City: Cameron State: NC Zip: 28526 Contact No: 910 528 6809 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Robert Papa Phone # 910-528-6809

PROPERTY LOCATION: Subdivision: S/D Westwood II Lot #: 7 Lot Size: 5 ac.

State Road # \_\_\_\_\_ State Road Name: Highway 24127 Map Book & Page: F 1216A

Parcel: 099566 0109 07 PIN: 9546-41-7006-000

Zoning: RA 20B Flood Zone: X Watershed: WS-111 HQW Deed Book & Page: 03215 / 0732 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: \_\_\_\_\_ 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 48) # 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: Existing D.W. Manufactured Homes: 1 proposed Other (specify): \_\_\_\_\_

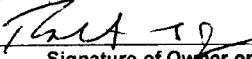
**Required Residential Property Line Setbacks:**

Front Minimum 35 Actual \_\_\_\_\_  
Rear 25 \_\_\_\_\_  
Closest Side 10 \_\_\_\_\_  
Sidestreet/corner lot 10 \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 27 South to Johnsonville  
Turn Right to continue on Hwy 24/27 Towards Cameron  
go 5 miles Turn Left onto Line Rd go .3 mile Mercedes Ln  
on left property located on the South Corner of  
Mercedes Ln and Line Rd

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 of Owner or Owner's Agent

08072015  
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\*\*

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 Nicole Lynch Address: 137 Paper Ln

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: Mark's Mobile Home Sets

Phone: 919 770 4879 Address: 1258 Blacks Rd.

City: 28 Cameron State: NC Zip: 28326

State Lic# 3441 Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: SELF - OWNER

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 - OWNER

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

**Part III – Manufactured Home Information**

Model Year: 1993 Size: 48 x 14 *- Not in M.H. Park*  
**Complete & follow zoning criteria sheet**

Park Name: N/A 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.

Paul ED  
Signature of Home Owner or Agent

08072015  
Date

*\*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.*

NAME: Amber Nicole Lynch

APPLICATION #: 15-500 36831

**\*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 # 011413

*8/7/15  
3:20 pm  
(M)*

- Environmental Health New Septic System** Code 800 *Trans# 002701142*
- 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.**

Amber Nicole Lynch  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

08072015  
DATE



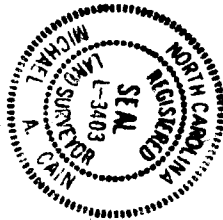
Pct F d



NORTH CAROLINA, NORTH CAROLINA  
I HEREBY CERTIFY THAT THIS MAP WAS  
MADE IN ACCORDANCE WITH THE  
PROVISIONS OF THE STATE AND COUNTY  
LAWS AND THAT THE MAP IS TRUE AND  
CORRECT IN ALL PARTICULARS AND  
THAT THE MAP WAS MADE AND  
REVIEWED BY ME AND THAT I AM A  
NOTARY PUBLIC IN THE STATE OF  
NORTH CAROLINA AND THAT I AM  
NOT A PARTY TO THIS MAP.

Michael A. Cain

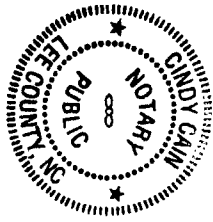
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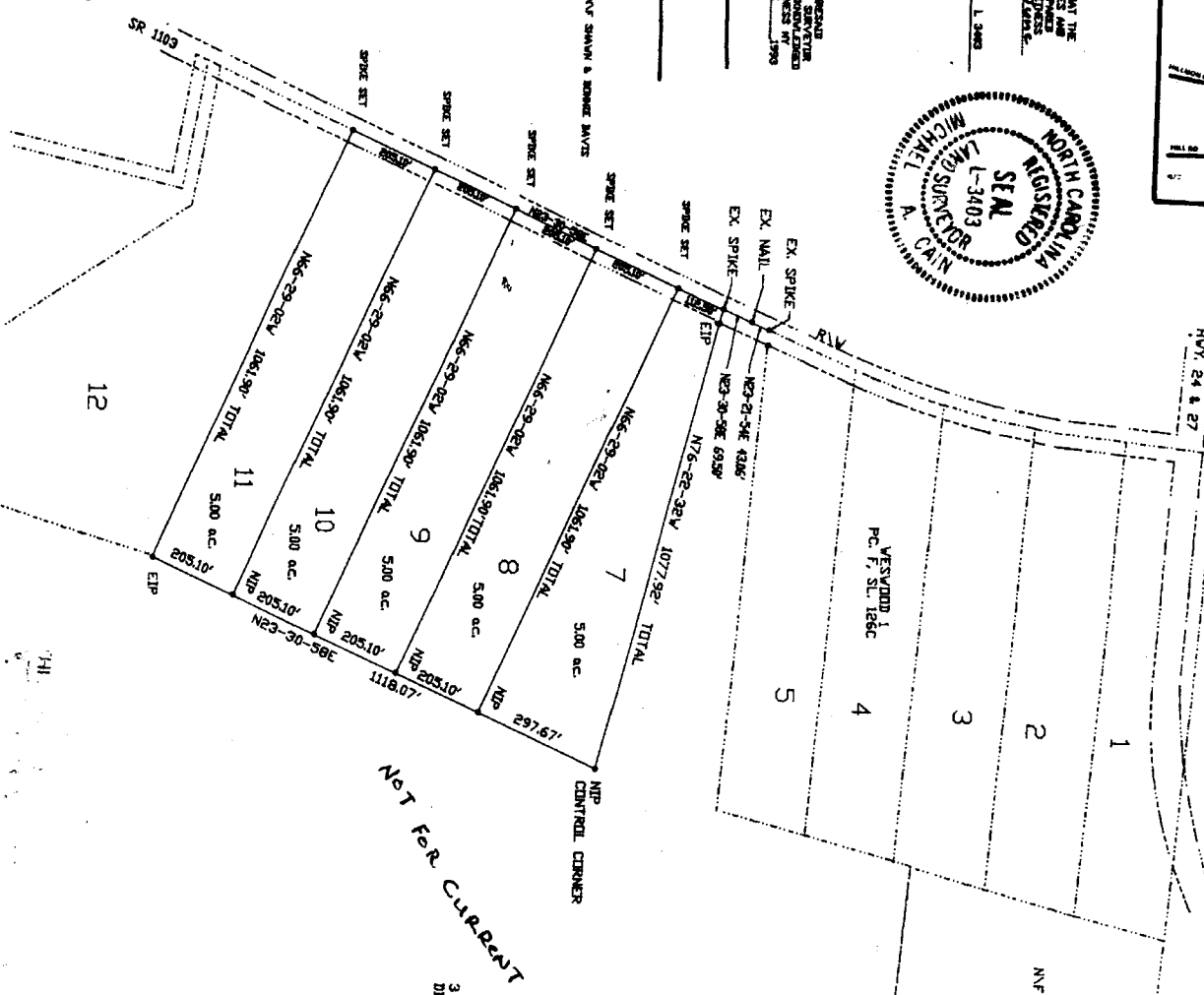
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REVIEWED BY ME AND THAT I AM A  
NOTARY PUBLIC IN THE STATE OF  
NORTH CAROLINA AND THAT I AM  
NOT A PARTY TO THIS MAP.

My Commission Expires June 28, 1997

Cindy Cain



NOT SHOWN & DENIED AVOIDS



Not For Current

3 1  
DR.

DEPARTMENT OF TRANSPORTATION  
DIVISION OF HIGHWAYS

**E. J. WOMACK ENTERPRISES INC.  
DBA COUNTRY FAIR HOMES**

3335 NC 87 Highway S.  
SANFORD, NORTH CAROLINA 27332  
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) <i>Amber N. Lynch</i>		PHONE <i>910-528-6809</i>	DATE <i>6-11-15</i>
ADDRESS <i>137 Popa Ln. Cameron, NC 28326</i>		SALESPERSON <i>Chris</i>	
DELIVERY ADDRESS <i>Lot 1 Mercedes Ln Cameron, NC 28326</i>			
MAKE & MODEL <i>Fleetwood / FB</i>	YEAR <i>1993</i>	BEDROOMS <i>2</i>	FLOOR SIZE <i>L 48 W 14</i>
HITCH SIZE <i>L 52 W 14</i>		STOCK NUMBER	
SERIAL NUMBER <i>NCFLP41A30405FE</i>	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED	COLOR	PROPOSED DELIVERY DATE <i>ASAP</i>
KEY NUMBERS			

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	\$ <i>1,750</i> <i>cc</i>
CEILING				OPTIONAL EQUIPMENT	
EXTERIOR					
FLOORS					
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16.				SALES TAX	<i>NA</i>
<b>OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES</b>				<b>NON-TAXABLE ITEMS</b>	
<p><i>(Sold As Is, where is)</i></p>				VARIOUS FEES AND INSURANCE <i>NA</i>	
				1. CASH PURCHASE PRICE \$ <i>1,750</i> <i>cc</i>	
				TRADE-IN ALLOWANCE \$	
				LESS BAL. DUE on above \$	
				NET ALLOWANCE \$	
				CASH DOWN PAYMENT \$ <i>1,250</i> <i>cc</i>	
				CASH AS AGREED SEE REMARKS \$ <i>500</i> <i>cc</i>	
				2. LESS TOTAL CREDITS \$	
				SUB-TOTAL \$ <i>0</i>	
				SALES TAX (If Not Included Above)	
3. Unpaid Balance of Cash Sale Price \$ <i>0</i>				Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.	
ESTIMATED RATE OF FINANCING _____ %				NUMBER OF YEARS _____	
ESTIMATED MONTHLY PAYMENTS \$ _____				THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT.	
REMARKS: <i>✓ of 1256 Cash Bal. of 500</i>				BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.	
BALANCE CARRIED TO OPTIONAL EQUIPMENT \$				I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.	
<b>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.</b>					
DESCRIPTION OF TRADE-IN		YEAR	SIZE		
MAKE	MODEL	BEDROOMS	X		
TITLE NO	SERIAL NO.	COLOR			
AMOUNT OWING TO WHOM					
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER					

<b>E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES</b>		DEALER Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent	SIGNED X <i>Chris Packer</i> BUYER SOCIAL SECURITY NO. _____ / _____ / _____ SIGNED X _____ BUYER SOCIAL SECURITY NO. _____ / _____ / _____
By <i>Chris Packer</i> Approved			

HARNETT COUNTY TAX ID#

099566 0109-07

8/7/15 BY MT

FOR REGISTRATION  
Kimberly S. Hargrove  
REGISTER OF DEEDS  
Harnett County, NC  
2015 AUG 07 02:12:34 PM  
BK: 3329 PG: 861-862  
FEE: \$26.00  
INSTRUMENT # 2015010948

SARTIS



2015010948

**NORTH CAROLINA GENERAL WARRANTY DEED**

Mail after recording to  
AMBER N LYNCH  
4617 SKINNERS RUN RD  
HURLOCK MD 21643

This instrument prepared by ROBERT E PAPA

Brief description for the index LT#7 WESWOOD II

THIS DEED made this the 15th day of July, in the year 2015, by and between

Grantor	Grantee
ROBERT E PAPA 137 PAPA LN CAMERON NC, 28326	AMBER N LYNCH 4617 SKINNERS RUN RD HURLOCK MD 21643

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, that certain lot or parcel of land situated in Johnsonville Township, Harnett County, North Carolina, and more particularly described as follows: LOT 7 as shown on map entitled WESWOOD II dated 4-27-93 as prepared by Mike Cain Surveying and recorded in plat cabinet F, slide 216-A, Harnett county registry



Grantor acquired the property hereinabove described by instrument recorded in Deed Book 3215 at page 732-733. A map showing the above-described property is recorded in Map Book F at page 216-A.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, except for the exceptions stated. Title to the property hereinabove described is subject to the following exceptions:

**ANY AND ALL OF PUBLIC RECORD**

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers by authority of its Board of Directors, the day and year first above written.

\_\_\_\_\_  
(Corporate Name) Robert E. Papa (Seal)

BY: \_\_\_\_\_ (Seal)  
Authorized agent

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

STATE OF NORTH CAROLINA  
COUNTY OF Randolph

I, a Notary Public, of said State and County aforesaid, do hereby certify that Robert E. Papa grantor(s), personally appeared before me this day, and (i) I have personal knowledge of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the grantor(s) identity, by current state or federal identification with the grantor(s) photograph in the form of a NCDL or (iii) a credible witness has sworn to the identity of the grantor(s) each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

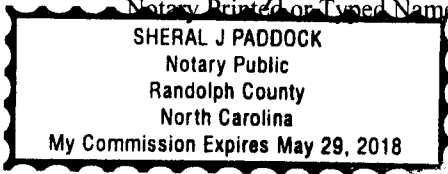
Witness my hand and official seal or stamp, this 23 day of July, in the year 2018.

(seal or stamp)

Sheral J. Paddock  
Notary Public Official Signature  
Sheral J. Paddock  
Notary Printed or Typed Name

My commission expires: May 29, 2018

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_



## Specific Power of Attorney

BE IT ACKNOWLEDGED that I Amber Nicole Lynch, presently residing at 4617 Skinners Run Rd. Hurlock MD, 21643 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, lot# 7 weswood II, 5 acres on Mersadies Ln. PIN 9546-41-7006.000 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 20 day of July, 2015.

Amber Nicole Lynch

Signature

State of Maryland County of Queen Annes

I, the undersigned Notary Public of the County and State aforesaid, certify that Amber N 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 20 day of July, 2015.

My Commission Expires: 4/9/15

Jeanette A. Perry  
Notary Public

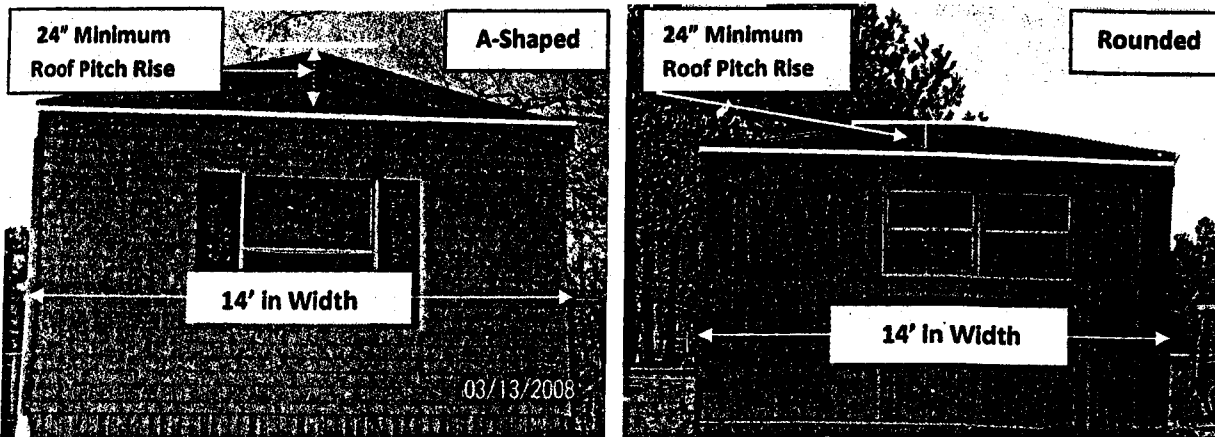


**PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS**

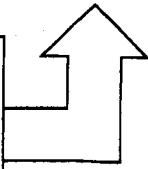
**RA-20R & RA- 20M Certification Criteria**

I, Amber Nicole 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 1<sup>st</sup> 1976.

*Paul J.*

Signature of Property Owner / Agent

08072015

Date

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

HARNETT COUNTY CASH RECEIPTS  
\*\*\* CUSTOMER RECEIPT \*\*\*  
Oper: KGOINS Type: CP Drawer: 1  
Date: 8/07/15 51 Receipt no: 43372

Year	Number	Amount
2015	50636631	
92941	TECH 4	
	LILLINGTON, NC 27546	
	B4	
	BP - ENV HEALTH FEES	\$750.00

NEW SEPTIC

ROBERT PAPA

Tender detail	\$750.00
CA CASH PAYMENT	\$750.00
Total tendered	\$750.00
Total payment	\$750.00

Trans date: 8/07/15 Time: 15:14:52

\*\* THANK YOU FOR YOUR PAYMENT \*\*