| Initial Application Date:_ | 41 | 127/ | 17 | |
|----------------------------|-----|------|----|--|
| | - 1 | | | |

| Application # | 17-50041256 |
|---------------|-------------|
| | V400 500 10 |

| 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/permit |
| **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** |
| LANDOWNER: K: mborlyn m Paper Mailing Address: 137 Paper La |
| City: CANCION State: NC Zip: 28336 Contact No: 910528 6809 Email: |
| APPLICANT*: Robert Papa Mailing Address: 137 Papa Lo |
| City: CAreron State: NC Zip: 2832 Contact No: 910 528 6809 Email: |
| CONTACT NAME APPLYING IN OFFICE: Robert Pro Phone # 910 528 6809 |
| PROPERTY LOCATION: Subdivision: Weswood 4 Lot #: 6B L Lot Size: 1.14 |
| State Road # State Road Name: Map Book & Page. 2017 /27 |
| Parcel: 09 9566 6109 64 PIN: 9546-41-5298.000 |
| State Road # State Road Name: |
| *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. |
| PROPOSED USE: |
| ☐ SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) |
| |

| ď | Manufactured Home: XSWDWTW (Size 14 x 70) # Bedrooms: 3 Garage: | (site built?) Deck:(site built?) |
|-----|---|--|
| | 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 |
| Wat | ater Supply: County Existing Well New Well (# of dwellings using well) | *Must have operable water before final |
| Sev | ewage Supply: X New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Che | ecklist) County Sewer |

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

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (___) yes (X_) no Does the property contain any easements whether underground or overhead (X) yes (__) no Structures (existing or proposed): Single family dwellings:_ Manufactured Homes: 1 __ Other (specify):

Required Residential Property Line Setbacks: Comments: Minimum Front Actual

Rear Closest Side

Sidestreet/corner lot

10 Nearest Building on same lot

| PECIFIC DIR | ECTIONS T | O THE PROF | PERTY FR | OM LILLING | TON: Hwy | 27 T | on to | Line | 72-1 | Tuca | Right, 2 miles |
|---------------------------------|--------------|---------------|---------------|---------------|------------------|-------------|--------------------------------|--------------|-------------|--------------------------|---|
| Left o | nto | mersadi | res L, | 1. | | | | | 1001 | J | |
| | | | | | | | | | | | |
| IP: | | | | | | | | | | | |
| | | | | | 01 | | | | | | |
| permits are g nereby state t | ranted I agr | ee to conform | n to all ordi | nances and la | aws of the State | of North Ca | rolina regula ge. Permit si | ting such wo | ork and the | he specif f false inf | ications of plans subrormation is provided. |
| | 1 | 211 | 70 | | r's Agent | | | 04273 | 1100 | | |

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

^{***}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 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.

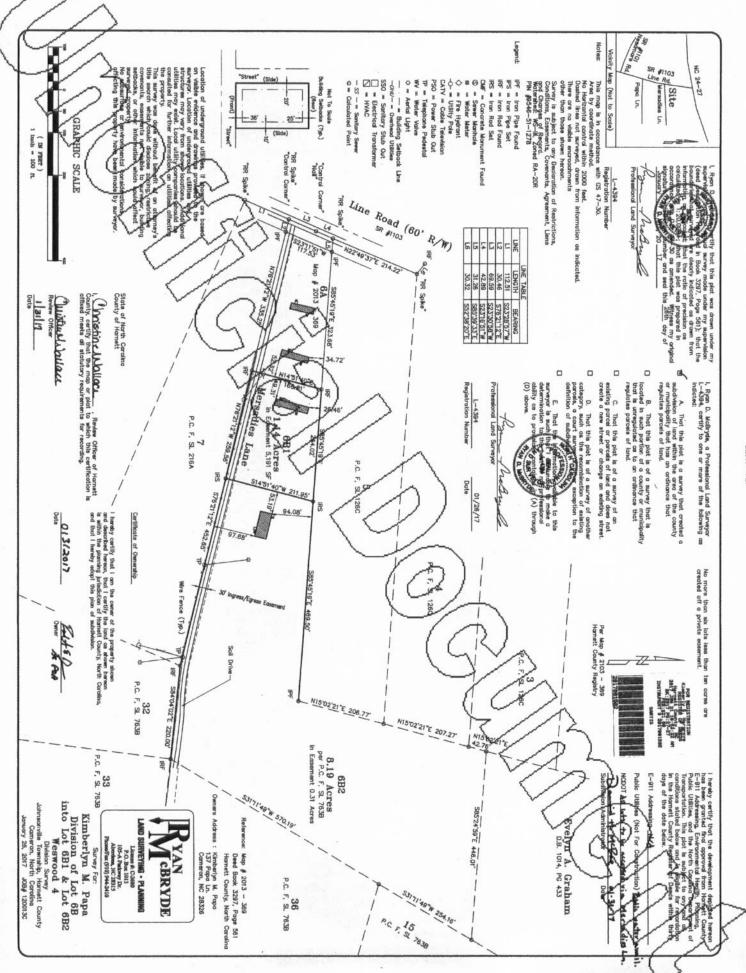
| If applying i | for authorizatio | n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. |
|---------------|------------------|--|
| {} Acce | pted | {} Innovative {} Conventional {\times_} Any |
| {}} Alter | native | {}} Other |
| | | the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: |
| {}}YES | { ∠ } NO | Does the site contain any Jurisdictional Wetlands? |
| {_}}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? Existing Home |
| {_}}YES | (X) 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? Existing Easement mersadies Co. |
| {_}}YES | (X) 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 Applicati | on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And |
| State Officia | ls Are Granted | Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. |
| I Understand | d That I Am So | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making |

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

04272017 DATE

Harnett County GIS



Application #

1-50041256

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: Kimberlyn M Popa Address: 137 Papa Ln. City: CAMERON State: NC Zip: 28326 Daytime Phone: () 910 528 6809 Landowner Information (To be completed by landowner, if different than above) Name: Kimboly M. Papa Address: 137 Papa Ln City: CAme: Un State: NC Zip: 28326 Daytime Phone: () 9/6 528 6809 Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable. Name, address, & phone must match information on license) Set-Up Contractor Company Name: marks mobile Hore A. Phone: 919770 4879 Address: 1258 Blacks Rd. City: CAMERON State: NC Zip: 28326 State Lic# 3441 Email: Electrical Contractor Company Name: St 1F B. Phone: _____ Address: ____ City: _____ State: ____ Zip: ____ State Lic# Email: Mechanical Contractor Company Name: Se(F C. Phone: _____ Address: ____ City: _____ State: ____ Zip: ____ State Lic# Email: Plumbing Contractor Company Name: SelF D. Phone: _____ Address: _____ City: State: Zip: State Lic#_____ Email: Part III - Manufactured Home Information Model Year: 1984 Size: 14 x 70 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

Signature of Home Owner or Agent 04272017

^{*}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.

Date: 4/27/17

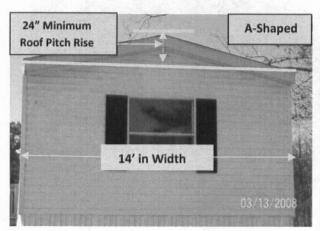
Application# 17-50041256

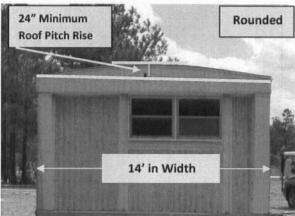
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Robert Cycl, 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.

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.....

- 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.

Talfse

0427701

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.

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 T | |
|------------------|-------|
| 099566.01 | 09.23 |
| 4.14.15 BY OL | 5 |

| recording to | apa 137 Papa Ln Cameron, NC 28326 |
|--|---|
| ument prepared by Robert E. Pa | ара |
| ription for the index | |
| | |
| THIS DEED made this | the 30th day of March , in the year 2015 , by and between |
| THIS DEED made this Grantor | the 30th day of March , in the year 2015 , by and between |
| Grantor | |
| Grantor Robert E. Papa 137 Papa Ln | Grantee Kimberlyn M. Papa 137 Papa Ln |
| Grantor Robert E. Papa | Grantee Kimberlyn M. Papa |

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:

LT#6B WESWOOD IV 9.33ACS

| Grantor acquired the property hereinabove described by instrume above-described property is recorded in Map Book F at page | nt recorded in Deed Book 2378 at page 803. A map showing the 763B. |
|---|--|
| TO HAVE AND TO HOLD the aforesaid lot or parcel of land an fee simple. | d all privileges and appurtenances thereto belonging to the Grantee in |
| fee simple that title is marketable and free and clear of all encum | d of the premises in fee simple, has the right to convey the same in brances, and that Grantor will warrant and defend the title against the as stated. Title to the property hereinabove described is subject to the PUBLIC RECORD |
| IN WITNESS WHEREOF, the Grantor has hereunto set his hand its corporate name by its duly authorized officers by authority of | and seal, or if corporate, has caused this instrument see rightly its Board of Directors, the day and year first above stritten. |
| | Tand ()_ (Seal) |
| (Corporate Name) | The state of the s |
| BY: | |
| Authorized agent | William (last) |
| | (Seal) |
| | (Seal) |
| | (Seal) |
| (seal or stamp) With O spins hand and official seal or stamp, this 30 day My comparation expires: Feb 18 2018 STATE OF NORTH CAROLINA COUNTY OF | personal knowledge of the identity of the grantor(s) or (ii) I have ate or federal identification with the grantor(s) photograph in the witness has sworn to the identity of the grantor(s) each and document for the purpose stated therein and in the capacity of Notary Public Official Signature Notary Public Official Signature Notary Printed or Typed Name |
| personally appeared before me and being duly sworn says that he and as such has the authority to act in and for said corporation. I authorized agent, or (ii) I have seen satisfactory evidence of the a with the authorized agent's photograph in the form of a the identity of the authorized agent, and that he or she signed the capacity so herein stated and acknowledge the said writing to be | or she is a duly authorized agent of said above named corporation (i) have personal knowledge of the identify of the above named uthorized agent's identity, by current state or federal identification or (iii) a credible witness has sworn to before me foregoing or annexed instrument on behalf of said corporation in the the act and deed of said corporation herein stated. |
| Witness my hand and official seal or stamp, thisday of | , in the year |
| | Notary Public Official Signature |
| (cod or storm) | |
| (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 13 day of April , 2015. |
|--|
| Nohla on face |
| 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>April</u> , 20 <u>15</u> . |
| |
| My Commission Expires: 11-8-18 |
| Till Oren Call |

Notary Public

Haren C. Wells



HARNETT COUNTY TAX ID#

09.95lob.0109.23

4.27.17 BY (W)

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2017 APR 27 08:38:36 AM
BK:3499 PG:506-508
FEE:\$26.00
INSTRUMENT # 2017005977

TWESTER



COVER SHEET

North Carolina General Warranty Deed

RECORDED IN HARNETT COUNTY KIMBERLY S HARGROVE REGISTER OF DEEDS

Perodia Ded
Perodia cent lot Per adjacent lot PM 9546-51-1278.000
Pavel 099566010923

NORTH CAROLINA GENERAL WARRANTY DEED

| Mail after recording to | Robert E Papa | <u>-28</u> | | | | |
|--|--|---|---------------------------------|--------------|---|---------------------|
| This instrument prepared | byKimberlyn M Par | oa | | | | |
| Brief description for the | ndex | | | | 3 | |
| | THIS DEED made this the between | 24th | day of | April | , in the year_2017_ | , by and |
| | Grantor Kimberlyn M Papa 137 Papa Ln. Cameron NC 28326 | | | | Grantee Robert E Papa 137 Papa Ln. ameron NC 28326 | |
| 5 | | | | | | |
| witnesseth, that the and by these presents do Johnsonville | and Grantee as used herein te, feminine, or neuter as rec Grantor, for a valuable con es grant, bargain, sell and co Township, | quired by consideration property unto t | ontext. oaid by the he Grantee | Grantee, the | ne receipt of which is hereb | y acknowledged, has |
| described as follows: | swood 4 | | | | | |

| Grantor acquired the property hereinabove described by instrument recorded in Deed Book 2017_at page 27-27 A map showing the above-described property is recorded in Map BookF at page763B |
|---|
| 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, the day and year first above written. |
| Tubelly M Papa (Seal) |
| STATE OF NORTH CAROLINA COUNTY OF LACE |
| I, a Notary Public, of said State and County aforesaid, do hereby certify that Kinder you M. Party Grantor(s), personally appeared before me this day, and (i) I have personal knowledge of the identify 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 North Carolia Devertical policial a credible witness has sworn to the identity of the grantor(s) each acknowledging to meather the or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated. Witness my dain of official scal or stamp, this 25 day of April , in the year 2017. Solution of the purpose stated therein and in the capacity indicated. Notary Public Official Signature Notary Printed or Typed Name My commissions of the grantor(s) or (ii) I have personal knowledge of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence of the identity of the grantor(s) or (ii) I have seen satisfactory evidence or (ii) I have seen satisfactory evidence or (iii) |