| Initial Application Date: 1/10/18 | Application # 18-50043103 |
|---|--|
| COUNTY OF HARNETT RESIDENTIAL LAND US | CU# |
| Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 | |
| **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE F | REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** |
| LANDOWNER: <u>Jessica M. Gillbry</u> Mailing Address: T City: <u>Dlivia</u> State: <u>NC</u> Zip: 28308 Contact No: 910.703 | |
| ^ | |
| APPLICANT: Clayton Homes of Santand Mailing Address: 1921 Kelle | r Andrews Rol |
| City: Santuck State: 2 Zip: Contact No: 33646 *Please fill out applicant information if different than landowner | 00 1033 B _{mail} |
| CONTACT NAME APPLYING IN OFFICE: LOROHA COLL | Phone # 336 460-0329 |
| PROPERTY LOCATION: Subdivision: Cotti e McGilvary | Lot #: 10 Lot Size: 19 |
| State Road # 1204 State Road Name: MUCh SONTDWY Ld | Map Book & Page:/ |
| | 09-5862.000 |
| Zoning: PA 2012 Flood Zone: X Watershed: ND Deed Book & Page: 1395/ | 840_Power Company*: |
| *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 (Is the bonus room finished? () yes () no w/ a closet? () y | · |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage (Is the second floor finished? () yes () no Any other site but | |
| Manufactured Home:SW XDWTW (Size <u>&8 x \(\tau \) # Bedrooms: \(\frac{3}{2} \) Ga</u> | arage (site built?) Deck:(site built?) \\ \\ \\ \\ \\ PS |
| Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: | |
| ☐ Home Occupation: # Rooms: Use: Hours of Opera | ation:#Employees; |
| □ Addition/Accessory/Other: (Sizex) Use: | Closets in addition? () yes () no |
| Water Supply: _X_ 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 (Cor | nplete 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 Home | es: 28×76 Other (specify): |
| | m 2013 there are abandoned |
| | 1 so advised Lovetta that in |
| Rear 25' 25'+ OVOUR TO POSS ZONI | ng that would need cleaned |

Residential Land Use Application

Closest Side

Sidestreet/corner lot_ Nearest Building on same lot

| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: ACUSS to property is easier from 820 Nurishistown Rd 600 Follow that directly to the side of that married in acusting (see site Day) |
|--|
| of the property transfer care size provide |
| 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 Date |

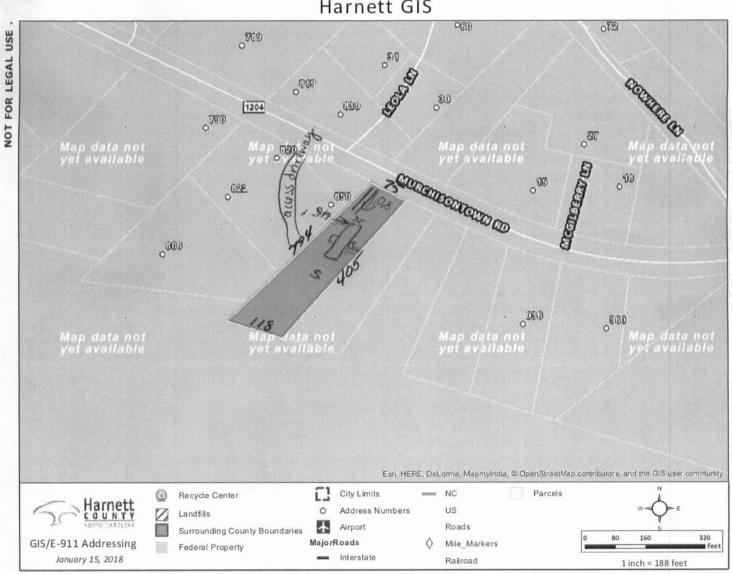
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or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

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

| NAME; | | | APPLICATION #:_ | 18-50043103 |
|---------------------------------|------------------------------|-----------------------------------|--------------------------------|---|
| | *This application to b | e filled out when applying | for a septic system inspe | ection.* |
| County Health | Department Applica | ation for Improvement | Permit and/or Aut | horization to Construct |
| | | | | THEN THE IMPROVEMENT |
| PERMIT OR AUTHORIZ | ZATION TO CONSTRUCT | SHALL BECOME INVALID. | The permit is valid for eith | er 60 months or without expiration |
| depending upon documen | itation submitted. (Complete | e site plan = 60 months; Comple | ete plat = without expiration | (BR) 1/16/18 02574 |
| 910-893-752 | 5 option 1 | | CONFIRMATION # | DE HIMITO DOST |
| | Health New Septic Sys | | | |
| All property | irons must be made | visible. Place "pink pro | perty flags" on each c | orner iron of lot. All property |
| | , | rimately every 50 feet bety | | |
| | | | | ag driveways, garages, decks, |
| | | Place flags per site plan of | | |
| | | | | o assist in locating property. undergrowth to allow the soil |
| | | tors should be able to wall | | |
| | | | | urn t <u>rip fee may be incurred</u> |
| | | ark house corners and | | |
| | | | | n 1 to schedule and use code |
| | | | | ealth inspection. Please note |
| | | f recording for proof of rec | | |
| | | lts. Once approved, proce | | ng for permits. |
| | | Inspections Code 800 | | • . |
| | | g flags and card on proper | rty. | |
| Prepare for | inspection by removing | soil over outlet end of | tank as diagram indica | ates, and lift lid straight up (if |
| | | lace. (Unless inspection i | is for a septic tank in a | mobile home park) |
| | VE LIDS OFF OF SEPTIC | | | |
| | | | | n 1 & select notification permit |
| | | | lealth inspection. <u>Plea</u> | se note confirmation number |
| | of recording for proof o | | | |
| | ov or IVR to hear result | s. Once approved, procee | ed to Central Permitting | for remaining permits. |
| SEPTIC | | Proceed or season towards | and he washed in auden of | |
| | • | | | preference, must choose one. |
| {} Accepted | {}} Innovative | (X) Conventional | {}} Any | |
| {}} Alternative | {}} Other | α , | | |
| The applicant shall not | ify the local health depart | ment upon submittal of this | application if any of the f | ollowing apply to the property in |
| | | T ATTACH SUPPORTIN | | |
| • | | | | |
| {)YES {X} NO | Does the site contain | any Jurisdictional Wetlands' | ! | |

| {} Acce | epted | [_] Innovative [_] Conventional [_] Any | | |
|--|-----------------|--|--|--|
| {_}} Alter | rnative | { } 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 | { <u>X</u> } № | Does the site contain any Jurisdictional Wetlands? | | |
| {}}YES | { 火 } № | Do you plan to have an <u>irrigation system</u> now or in the future? | | |
| {}}YES | { <u>X</u> } № | Does or will the building contain any drains? Please explain. | | |
| {}}YES | { 太 } NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? | | |
| (}}YES | (<u>X</u> NO | Is any wastewater going to be generated on the site other than domestic sewage? | | |
| {}}YES | (<u>火</u>) 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 | l This Applicat | on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And | | |
| State Officia | als Are Grante | Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. | | |
| I Understan | d That I Am S | lely 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. COMPARTY OWNERS OR DWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE | | | | |
| • | • | • | | |

Harnett GIS



20000431

ENTRY COURT #

81/11/7000



Real Estate Excise Tax

Residen Tax 4-5"

Book 1395
Pages 0840-0841
Figure 2 Property Control of Pages 18 Property C

Recording Time, Book & Page

This instrument was prepared by Neill McK Ross Attorney, P.O. Box 186 Lälington, N.C. 27546

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this the 22" day of December, 1999, by and between

GRANTOR(S)

IOSEPHINE MCGUBERRY 726 Edgewood Ave.

Trenton, New Jersey 08618 GRANTEE(\$)

JESSICA YVONNE MCGILBERRY P.O. Box 45 Olivia, N.C. 28168

The designation Chantor and Granter as used herein shall include said parties, their being successors, and assigns, and shall include singular, plural, masculine, formine or neuter as required by content.

ATT 'bis 5307712, that the Granter, for a valuable consideration paid by the Grantes, the receipt of which is hereby abstraction paid by the Grantes, in the simple, in all that certain parcel of land situated in the Johnson ville Township, Flarnet County, North Cerolina and more particularly described as follows:

REING a parcel or tract of land designated at Lot No. 10 containing .85 acres, more or last, according to a survey by Andy E. Willet, R.L.S., as recorded in the Office of the Register of Deeds for Harnett County to which reference is hereby made for a more complete and accurate description of said property.

For further reference see Deed Book 1000 at pages 611-815, Harnett County Registry.

CH 9563-0050

840

TO HAVE AND TO HOLD the afterested lot or percel of lend and all privileges and appurtenesses thereto belonging to the Grantee, in the simple.

And the Granter covenants with the Grantes, that Granter is selzed of the premises in fee simple, has the right to convey the same in the simple, that this is maniestable and five and clear of all encumbrances, and that Granter will warrent and defend the title against the lawfid claims of all persons whomsoner amount for the exceptions bereinafter street.

Tale to the property hereinshove described is subject to the following exceptions: Subject to any utility essentiate that may be of record.

IN WITNESS WHEREAU, the General bas becomes not his hand and real, if corporate, has ensued this instrument to be signed in his corporate same by its duty authorized efficient and its seal to horozoto affined by authority of its Board of Directors, the day and year first shaws written

| | Josephine McGalbert | | | |
|--|---|--|--|--|
| seal-stamp | State of AMILI THEREY MAYERE County | | | |
| | L DECLAR Hold of a Notary Public of the County and State | | | |
| | aforesaid, certify that JASTONING Mc & LRURRY | | | |
| | Greenox(s) | | | |
| , | personally appeared before me this day and anknowledged the essention of the | | | |
| | foregoing instrument. Witness my hand and official stamp or seal, this <u>^ 7</u> day | | | |
| | # JANUARY 1000 | | | |
| My Commission expir DECLAN M NOTARY PUBLIC OF NY COMMISSION DOT | LAIRENotary Public | | | |

The foregoing Certificate(s) of Declar Hildite, No tary of the State of few Jessey is certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

KIMBERLY S, HARGROVE