

Initial Application Date: 1.26.18

Application # 18.50043171

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: BARBRA SANDERS (Murray) Mailing Address: 192 MOUNT VISTA DR  
City: LILLINGTON State: NC Zip: 27546 Contact No: (910) 689-4597 Email: barbsndrs@gmail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Raymond Murray Phone # 910.514.7650

PROPERTY LOCATION: Subdivision: Little River Plantation Lot #: 103 Lot Size: 10.55AC  
State Road #: \_\_\_\_\_ State Road Name: Darwood Rd Map Book & Page: 98,394

Parcel: 01.0536.0028.20 PIN: 0517.34.4110  
Zoning: RA20P Flood Zone: X Watershed: N/A Deed Book & Page: 19740137 Power Company\*: Skuller

\*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 08) # 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

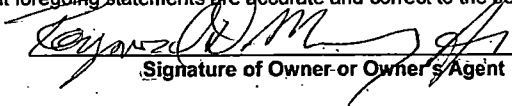
Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: 1 proposed Other (specify): 1 existing

Required Residential Property Line Setback		
	Minimum	Actual
Front	<u>35</u>	<u>65</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>50</u>
Sidestreet/corner lot	<u>20</u>	<u>—</u>
Nearest Building on same lot	<u>10</u>	<u>10+</u>

Comments: Customer has existing tunnels on property with septic/mall will be processing for new septic/mall

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE HWY 27 TOWARD WESTERN HARNETT HIGH SCHOOL, CROSS LITTLE RIVER BRIDGE AND TAKE 1<sup>ST</sup> LEFT ONTO NURSERY Rd, APPROXIMATELY 1/4 MILE TURN LEFT ONTO DARROCH Rd, JUST BEFORE TOPPING HILL (APPROXIMATELY 1/4 MILE) TURN RIGHT ONTO MOUNT VISTA DR. PROPERTY LOCATED BETWEEN 1<sup>ST</sup> AND 2<sup>ND</sup> DRIVEWAYS

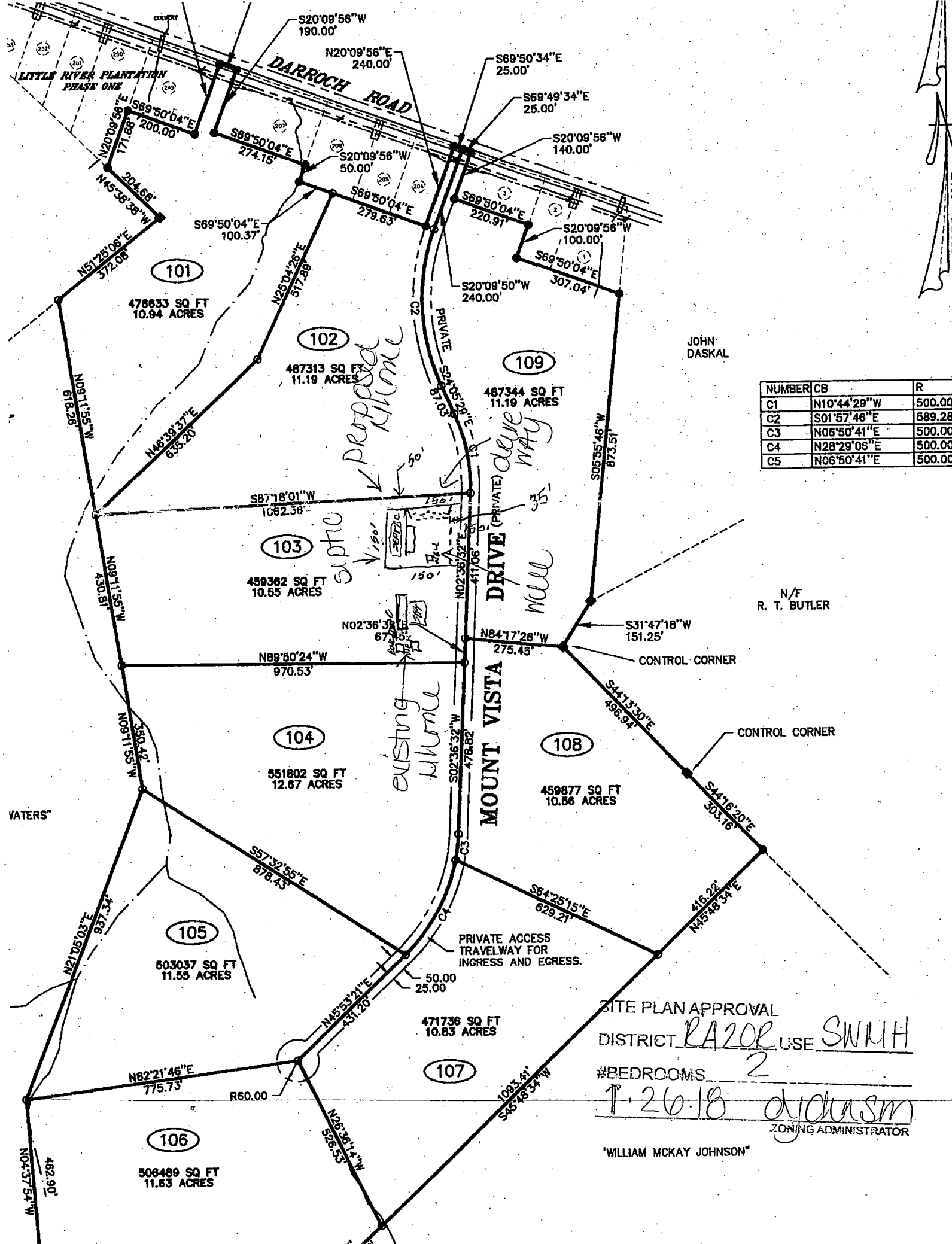
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

  
Signature of Owner or Owner's Agent

01/26/18  
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\*\*



NUMBER	CB	R
C1	N10°44'29"W	500.00
C2	S01°57'46"E	589.28
C3	N06°50'41"E	500.00
C4	N28°29'05"E	500.00
C5	N06°50'41"E	500.00

SITE PLAN APPROVAL  
 DISTRICT RAZOR USE SMMH  
 #BEDROOMS 2  
1-26-18 Wmckaj  
 ZONING ADMINISTRATOR

'WILLIAM MCKAY JOHNSON'

# Harnett County Department of Public Health

## Well Construction Permit Application

250<sup>00</sup>

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

### APPLICANT INFORMATION

BARBRA SANDERS (910) 689-4597  
Applicant/Owner (Phone Number)  
192 Mount Vista Dr Lillington NC 27546  
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

**Contact information: Environmental Health Division - 910-893-7547**

### PROPERTY INFORMATION

#### Proposed use of well

Single-Family  Multifamily  Church  Restaurant  Business  Irrigation

Street Address Mt Vista Dr Subdivision/Lot # Little River Plant #103  
Parcel # 01-0536-0028-20 PIN # 0517-34-4110

#### Directions to the Site

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

[Signature] 01/26/18  
Property Owner's or Owner's Legal Representative Signature Required Date

NAME: BARBRA SANDERS

APPLICATION #: 1850043171

**\*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 # \_\_\_\_\_

*A*

**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 \_\_\_\_\_

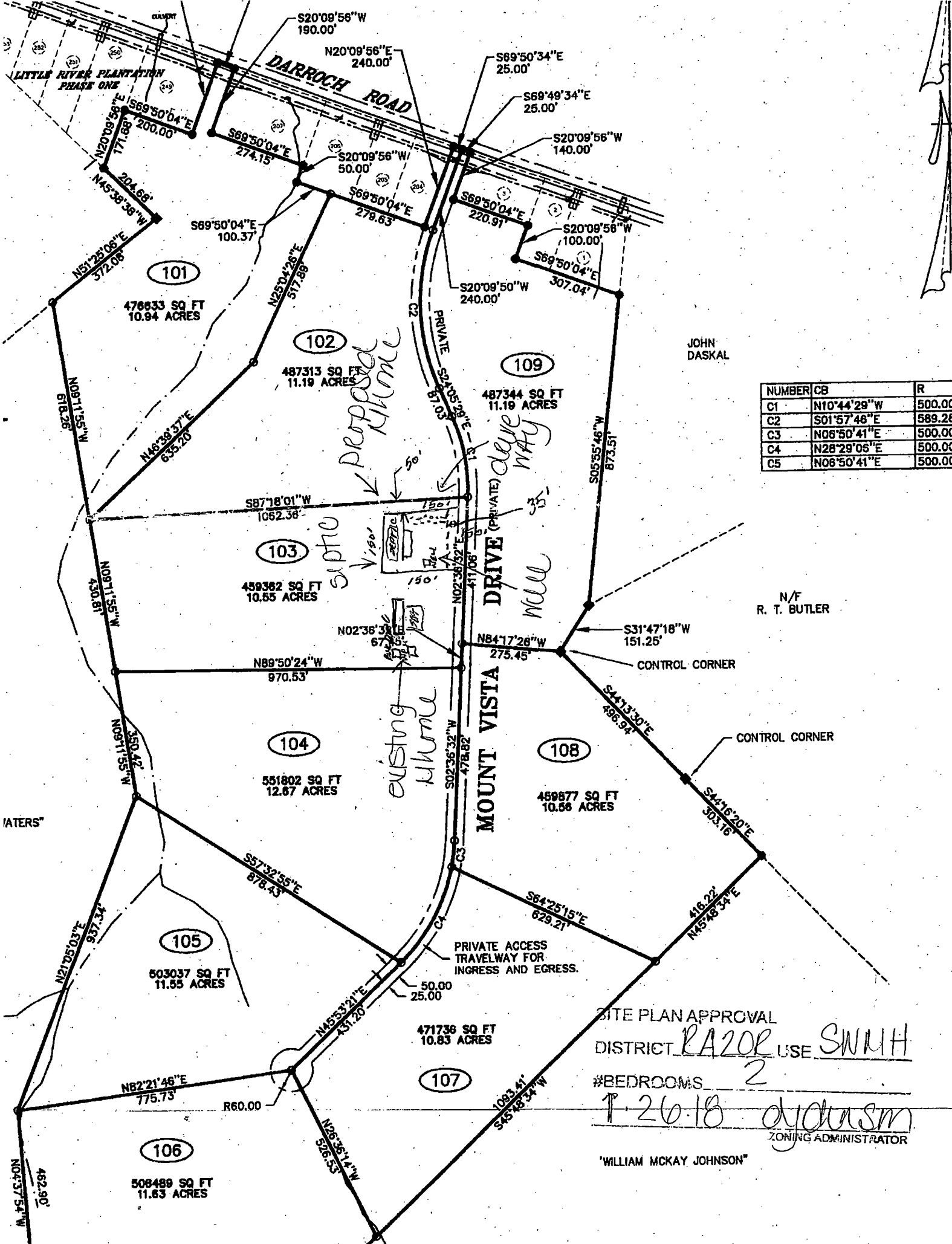
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- 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? EXISTING HOME  
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.**

  
 \_\_\_\_\_  
**PROPERTY OWNERS OR OWNERS' LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**     
 01/26/18  
**DATE**



JOHN DASKAL

NUMBER	CB	R
C1	N10°44'29"W	500.00
C2	S01°57'46"E	589.28
C3	N06°50'41"E	500.00
C4	N28°29'05"E	500.00
C5	N06°50'41"E	500.00

N/F  
R. T. BUTLER

SITE PLAN APPROVAL  
 DISTRICT RAZOR USE SMMH  
 #BEDROOMS 2  
T-26-18 dyousm  
 ZONING ADMINISTRATOR

'WILLIAM MCKAY JOHNSON'

ADDRESS	350 Powell Farm Rd	CITY	Lillington	STATE	NC	ZIP	27546	PHONE	910 814 1384
DELIVERY ADDRESS	192 Mount Vista Drive	CITY	Lillington	STATE	NC	ZIP	27546	CELL	910 514 7650
DELIVERY COUNTY	Harnett	WIND ZONE	Wind Zone 1		THERMAL ZONE	Therm Zone 2			

SALESPERSON	Casey Seaford	46219	THIS CONTRACT REVISED FROM	EMAIL ADDRESS	yarrumd59@gmail.com
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MAKE & MODEL	*Select* by Champion	YEAR	2018	BEDROOMS	2	BATHS	2	DEN	-
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SERIAL NUMBER	2923A	<input checked="" type="radio"/> NEW <input type="radio"/> USED	FLOOR SIZE	14x68	HITCH SIZE	14x72	APPROX. SQ. FT.	907
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<b>NOTICE OF CONSTRUCTION &amp; FINAL PAYMENT</b>					
<p>Buyer intends to finance this purchase and through buyer's lender will provide a loan approval letter to Factory Expo Home Centers. Purchase Agreement is contingent as indicated under Notation &amp; Remarks. Buyer agrees to and understands that all down payments will be handled per the Payment Disclosure and Notice of Cancellation after 30 days. X <u>BSJ</u></p>	Retail Price	Model:	*Select*	\$	-
	Factory Direct Discount			\$	-
	Sub Total 1			\$	-
	Open Unit 2923A Clearance Overstock			\$	33,153.00
	Addendum "A" Upgrades				3,047.00
	0				
Clearance Discount				(4,100.00)	

<b>NOTICE OF COMPLETION</b>			
<p>Buyer understand that the approximate completion month for home is:</p> <p style="text-align: center;"><b>January</b></p> <p>Buyer understands that in the event delivery of the home does not occur to property within 12 days after home is completed at the factory there will be a \$20 per day storage charge that must be paid prior to shipment. In the event there is an extended period of storage time needed buyer authorizes Factory Expo Home Centers to re-locate the home to an off-site storage facility. Buyer must insure the home and is responsible for any damage incurred as a result of extended storage. X <u>BSJ</u></p>			
-		0.0%	0.00
-		0.0%	0.00
Freight			900.00
Home Preparation Fee		\$	395.00
Taxable Total		\$	33,395.00
North Carolina Sales Tax 4.75% OF HALF CONTRACT		\$	793.13
Sub Total 2		\$	34,188.13
Misc (non-taxable):			
Total		\$	34,188.13
Down Payment		(-)	(4,188.13)
Additional Payment as Agreed		(-)	
Unpaid Balance		\$	30,000.00

<b>NOTICE OF FREIGHT</b>			
<p>Buyer understands that unless otherwise stated, the quoted freight price is estimated for the current date and may not reflect fluctuating fuel surcharges, Department of Transportation highway construction re-routing, highway patrol escorts, or unique complicated placements based on terrain of delivery site. X <u>BSJ</u></p>			

**NOTATIONS & REMARKS**

**\*NO VERBAL PROMISES.** Changes may only be made via signed change order request and may incur extra charges. X BSJ X

Buyer understands that if not paid 7 business days prior to completion, balance must be paid in certified funds. X BSJ X

Buyer agrees that the unpaid balance due will be paid in full on or before: Per Lender Requirement X BSJ X

Contingent on financing terms

Please read the Payment Disclosure carefully, terms shall apply after passage of 3 day right.

**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 PURCHASE 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 AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.**

Unless otherwise stated, if for any reason buyer is not ready to authorize construction of the above home, the amount of this purchase agreement is subject to an increase. If the cost of the home increases between the date of this agreement and the date buyer authorizes construction, buyer agrees that the purchase agreement amount will be adjusted to cover the increases incurred during such time. X BSJ X

THIS AGREEMENT ALONG WITH ADDENDUMS CONTAIN THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS PURCHASE AGREEMENT.

BY Casey Seaford 1/9/18 SIGNED X Bernice Grantham Surles 1-9-2018  
 Casey Seaford Factory Expo Home Centers Representative (Buyer) Bernice Grantham Surles Date

BY \_\_\_\_\_ SIGNED X \_\_\_\_\_  
 (Buyer) \_\_\_\_\_ Date

FACTORY EXPO HOME CENTERS MANAGER  
 REVIEW & ACCEPTANCE