

Initial Application Date: 5/24/18

Application # 1850044103

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: Brandy Bowles Morrison Mailing Address: PO Box 633  
City: Olivia State: NC Zip: 28368 Contact No: 919 343 8029 Email: brandy.morrison@pentair.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: 325 Bowles Lane Lot #: 5 Lot Size: 1.36 ac.

State Road # 1204 State Road Name: Morrisontown Rd Map Book & Page: 98, 308

Parcel: 099568 020306 PIN: 9568-01-7247.000

Zoning: R420R Flood Zone: X Watershed: NO Deed Book & Page: 1326835 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 28 x 36) # Bedrooms: 3 Bath 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:  DW Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum \_\_\_\_\_ Actual 117'  
Rear \_\_\_\_\_ 152'  
Closest Side \_\_\_\_\_ 74'  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_

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

52518

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Hwy

421 towards Sanford. Turn

left onto Broadway/Swannstation Road. Go to intersection

of Broadway/Swannstation & Hwy 87. (5 miles) Turn

left onto Hwy 87. Go to next intersection and

turn right onto Olivia Road. Next intersection turn

left onto Ponderosa Road. Go about 2 miles to 1st paved

road to the right (Murchison Road). Go about 1/2 mile

Drive on Right, sign at driveway. stay to left of Drive

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.

Brandy Bowles Morrison

Signature of Owner or Owner's Agent

Date

5/23/18

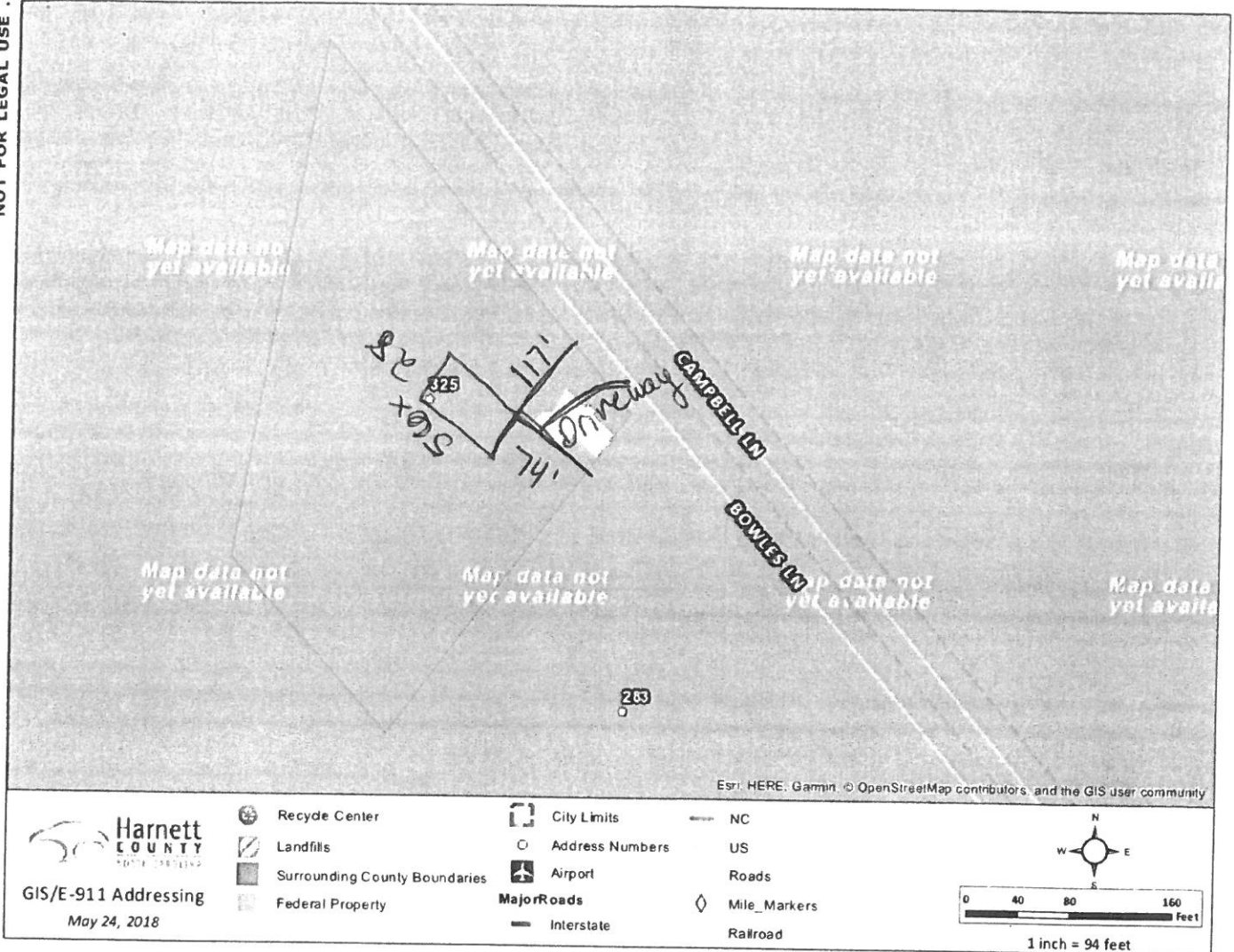
\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect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

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

At the way to the end. Last lot!

# Harnett GIS

NOT FOR LEGAL USE

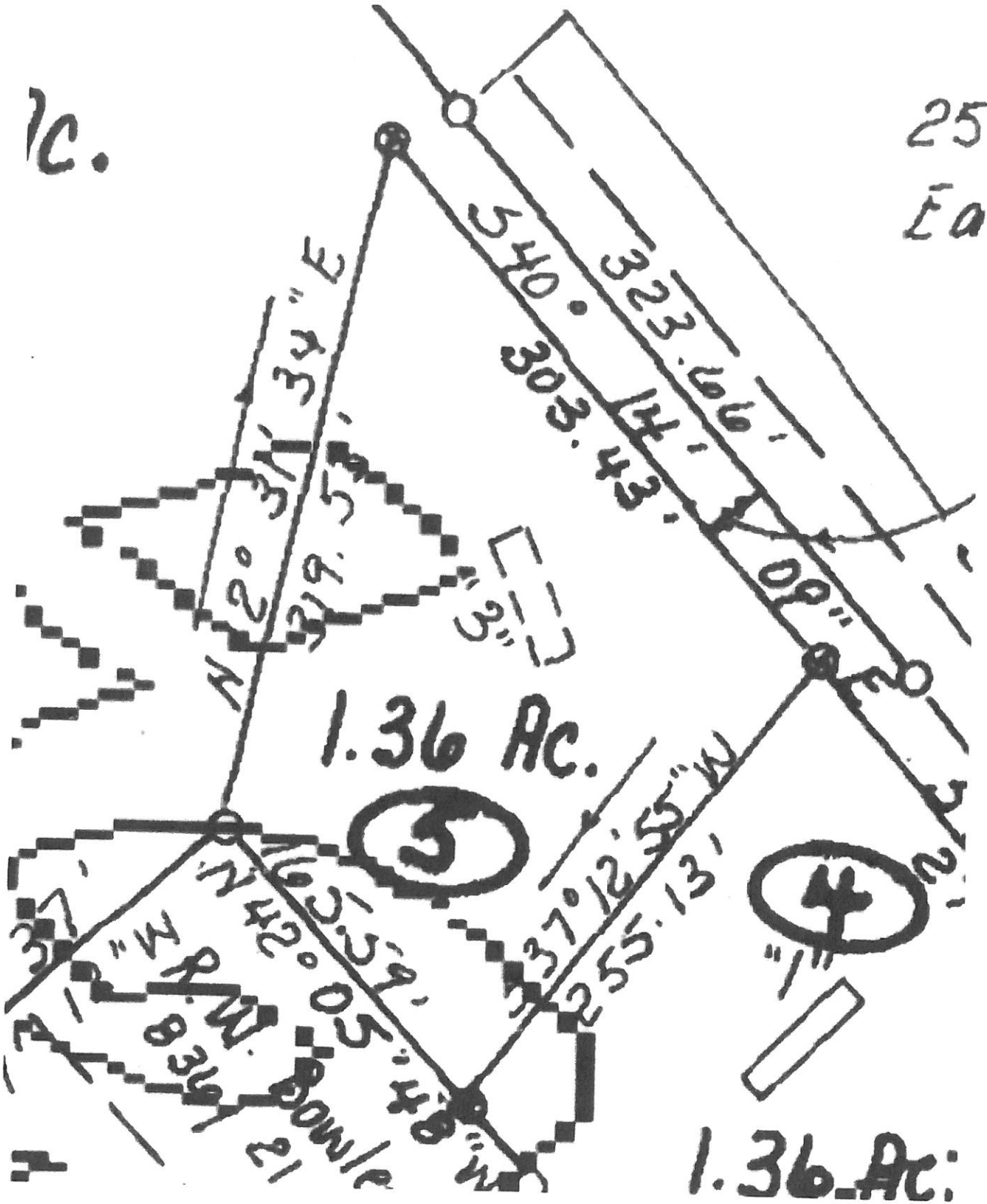


SITE PLAN APPROVAL  
 DISTRICT RA 20R USE DW, M, H  
 #BEDROOMS 3  
5/24/18  
 Date  
LL  
 Zoning Administrator  
Brandi Bonds Morriss

1c.

25

Ea



8329

LICENSE NUMBER

Lee

COUNTY

GROOM

1. GROOM-NAME		FIRST	MIDDLE	LAST
David		Broughton	Bowles	
2a. RESIDENCE-STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION		2d. INSIDE CITY LIMITS (Specify Yes or No)
N.C.	Lee	Sanford		No
2e. STREET AND NUMBER		3. BIRTHPLACE (COUNTY & STATE)	4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE
P.O. Box 409, Olivia		Lee, N.C.	2-4-78	20
5a. FATHER-NAME	5b. STATE OF BIRTH	5c. ADDRESS (If Living)		
Larry Bowles, Sr.	Virginia	P.O. Box 409, Olivia, N.C.		
6a. MOTHER-MAIDEN NAME	6b. STATE OF BIRTH	6c. ADDRESS (If Living)		
Sharon Rattliff	Florida	P.O. Box 409, Olivia, N.C.		
7. RACE-GROOM	8. NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC. (SPECIFY))	9a. LAST MARRIAGE ENDED BY (Death, Divorce, Or Annulment (Specify))		10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED
White	First			ELEMENTARY HIGH SCHOOL COLLEGE
		9b. DATE (MONTH YEAR)	10. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED (0, 1, 2, 3, 4... or 8)	(1, 2, 3, 4 or 5)
			8	4

BRIDE

11a. BRIDE-NAME		FIRST	MIDDLE	LAST
Brandy		Louise	McEvers	
12a. RESIDENCE-STATE	12b. COUNTY	12c. CITY, TOWN, OR LOCATION		12d. INSIDE CITY LIMITS (Specify Yes or No)
N.C.	Lee	Sanford		No
12e. STREET AND NUMBER		13. BIRTHPLACE (COUNTY & STATE)	14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE
P.O. Box 409, Olivia		Lee, N.C.	10-1-79	18
15a. FATHER-NAME	15b. STATE OF BIRTH	15c. ADDRESS (If Living)		
David McEvers	Germany	P.O. Box 252, Lemon Springs, N.C.		
16a. MOTHER-MAIDEN NAME	16b. STATE OF BIRTH	16c. ADDRESS (If Living)		
Rebecca Coggins	North Carolina	P.O. Box 252, Lemon Springs, N.C.		
17. RACE-BRIDE	18. NUMBER OF THIS MARRIAGE (FIRST, SECOND, ETC. (SPECIFY))	19a. LAST MARRIAGE ENDED BY (Death, Divorce, Or Annulment (Specify))		20. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED
White	First			ELEMENTARY HIGH SCHOOL COLLEGE
		19b. DATE (MONTH YEAR)	20. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED (0, 1, 2, 3, 4... or 8)	(1, 2, 3, 4 or 5)
			8	3

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

Signature of Groom: *David B. Bowles*  
Signature of Bride: *Brandy L. McEvers*

To any ordained minister of any religious denomination, minister authorized by his or her church, or Magistrate, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating marriage to a forfeiture of \$200.00 to anyone who sues for the same.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24th April 1998

*Neelie W. Thomas* Register of Deeds  
*By* *Mollie G. Melton* Deputy Assistant

OFFICIANT

WITNESSES

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON	MONTH	DAY	YEAR	21b. PLACE OF MARRIAGE - CITY, TOWN OR TOWNSHIP, COUNTY
	April	25	1998	SANFORD, North Carolina
21c. SIGNATURE OF OFFICIANT	21d. TITLE			
<i>Franklin A. Weaver</i>	ordained minister, Church of God			
21e. NAME OF OFFICIANT (PRINT/TYPE)	21f. ADDRESS			
FRANKLIN A. Weaver	49 Peppermill Dr, Cartersville Ga. 30120			
22a. SIGNATURE OF WITNESS	23a. SIGNATURE OF WITNESS			
<i>William Carl Newell</i>	<i>Tiffany Coggins</i>			
22b. NAME OF WITNESS (PRINT/TYPE)	23b. NAME OF WITNESS (PRINT/TYPE)			
William Carl Newell	Tiffany Coggins			

DATE RETURNED TO REGISTER OF DEEDS 4-28-98  
DEHNR 2132  
VITAL RECORDS VS-80  
(Revised 08/97)

RECEIVED BY *Thomas P. Boyd*  
898767

STATE OF NORTH CAROLINA

HARNETT COUNTY

OFFICE OF REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
STATE CENTER FOR HEALTH STATISTICS - N. C. VITAL RECORDS

CERTIFICATE OF DEATH

516

Registration District No. **043-00** Local No.

1. **DAVID BROUGHTON BOWLES, SR.** SEX **MALE** DATE OF DEATH (Month, Day, Year) **3. OCT. 25, 2003**  
 SOCIAL SECURITY NUMBER **239-53-5160** AGE—Last Birthday (Years) **25** UNDER 1 YEAR Months Days UNDER 1 DAY Hours Minutes DATE OF BIRTH (Month, Day, Year) **6. FEB. 4. 1978** BIRTHPLACE (County and State or Foreign Country) **7. HARNETT, N.C.**

DECEDENT

8. **NO** HOSPITAL:  Inpatient  ER/Outpatient  DOA OTHER:  Nursing Home  Residence  Other (Specify)  
 FACILITY NAME (If not institution, give street and number) **325 BOWLES LANE** CITY, TOWN, OR LOCATION OF DEATH **OLIVIA** INSIDE CITY LIMITS? (Yes or No) **NO** COUNTY OF DEATH **HARNETT**  
 9c. **OLIVIA** 9d. **NO** 9e. **HARNETT**  
 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) **10. MARRIED** SURVIVING SPOUSE (If wife, give maiden name) **11. BRANDY MCEVERS** DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **12a. WELDER** KIND OF BUSINESS/INDUSTRY **12b. WELDING**  
 RESIDENCE—STATE **N.C.** COUNTY **HARNETT** CITY, TOWN, OR LOCATION **OLIVIA** STREET AND NUMBER **13d. 325 BOWLES LANE**  
 13a. **NO** 13b. **28368** 13c. **OLIVIA** 13d. **325 BOWLES LANE**  
 INSIDE CITY LIMITS? (Yes or No) **NO** ZIP CODE **28368** Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)  Yes  No (Specify) **NO** RACE—American Indian, Black, White, Etc. (Specify) **15. WHITE** DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) **16. 12th GRADE**

PARENTS

17. **LARRY LEE BOWLES, SR.** 18. **SHARON RATLIFF BOWLES**  
 FATHER'S NAME (First, Middle, Last) MOTHER'S NAME (First, Middle, Maiden Surname)

INFORMANT

19a. **BRANDY MCEVERS BOWLES** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **325 BOWLES LANE, OLIVIA, N.C. 28368** DATE AMENDED  
 19b. **325 BOWLES LANE, OLIVIA, N.C. 28368**

CAUSE OF DEATH

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)  
 IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. S/C to bk storm MUI/Ti/Borne** 19c. Approximate Interval Between Onset and Death **6 months**  
 b. DUE TO (OR AS A CONSEQUENCE OF):  
 c. DUE TO (OR AS A CONSEQUENCE OF):  
 d.

20b. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b. AUTOPSY? (Yes or No) **NO** If yes, were findings considered in determining cause of death? **NO** Was case referred to Medical Examiner? (Yes or No) **NO** TIME OF DEATH  
 21a. **NO** 21b. **NO** 21c. **NO** 22. **NO**

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. **John Peterson, M.D.** DATE SIGNED (Month, Day, Year) **10/29/03**  
 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) **John Peterson, M.D., 57 Skirwood Dr, 27730**

DISPOSITION

24. **2013 Country 57 Skirwood Dr, 27730**  
 METHOD OF DISPOSITION  Burial  Cremation  Removal  Donation  Other PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **25b. BROADWAY TOWN CEMETERY** LOCATION—City or Town, State, Zip Code **25c. BROADWAY, N.C. 27505**

25a. **SMITH FUNERAL HOME, BROADWAY, NC 27505** NAME OF FUNERAL DIRECTOR **Garland E Smith** LICENSE NUMBER **357**  
 REGISTRAR'S SIGNATURE **Cheryl Smith, Dep. Reg.** DATE FILED (Month, Day, Year) **10-31-03** NAME OF EMBALMER **Dorrea Brock Weidner** LICENSE NUMBER **26c. 1439**  
 27. **Cheryl Smith, Dep. Reg.** 28. **10-31-03** 26d. **Dorrea Brock Weidner** 26e. **1439**

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

043-217079

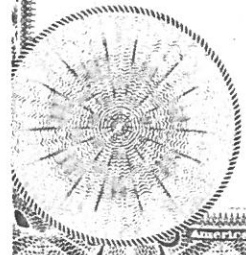
Witness my hand and official seal this the 31st day of Oct. 20 03

Kimberly S. Hargrove  
Register of Deeds  
Harnett County  
By: Nettie J. Cameron  
Deputy/Assistant Register of Deeds

DHHS 3914 (REVISED 10-02) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Vital Records seal clearly embossed in left corner.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



NAME: Brandy Bowles Morrison

APPLICATION #: 44103

**\*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 # 027870-LL

5/24/18

**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?

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.**

Brandy Bowles Morrison  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/23/18  
DATE