

Initial Application Date: 2/12/08

Application # 0850019392

CU _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

County Permitting 108 E Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Clyde L Patterson Mailing Address: 4271 Leaplet Ch Rd

City: Broadway State: NC Zip: 27505 Home #: 919 258 5538 Contact #: SAME

APPLICANT*: SAME Mailing Address: _____

City _____ State _____ Zip _____ Home #: _____ Contact #: _____

CONTACT NAME APPLYING IN OFFICE: SAME Phone #: _____

PROPERTY LOCATION: Subdivision: LBC Lot #: 3 Lot Size: 1.0 Ac

State Road # 1281 State Road Name: Thomas Farm Rd Map Book & Page: 2008/11

Parcel # 9013 0600 0023 PIN: 90 0600 - 38 - 7569 000

Zoning: RABO Flood Zone: 1A Watershed: IV Deed Book & Page: 1871/65 Power Company: South River

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Old us 421 N Left Thomas Farm Rd Rt on Stacy Ln End of CUL-de-sac

- PROPOSED USE: (Include Bonus room as a bedroom if it has a closet) Circle:
- SFD (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage ___ Deck ___ Crawl Space / Slab
 - Mod (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage ___ Site Built Deck ___ ON Frame / Off
 - Manufactured Home: SW DW TW (Size 40 x 26) # Bedrooms 3 Garage ___ (site built? ___) Deck ___ (site built? ___)
 - Duplex (Size ___ x ___) No. Buildings ___ No. Bedrooms/Unit ___
 - Home Occupation # Rooms ___ Use ___ Hours of Operation: ___ #Employees ___
 - Addition/Accessory/Other (Size ___ x ___) Use ___ Closets in addition (___)yes (___)no

Water Supply: County Well (No. dwellings ___) MUST have operable water before final

Sewage Supply: New Septic Tank (Complete New Tank Checklist) Existing Septic Tank County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO

Structures (existing or proposed): Single family dwellings ___ Manufactured Homes 1 proposed Other (specify) _____

Comments: Dwmtt
Home is already located on property.

Required Residential Property Line Setbacks:

Front	Minimum	Actual
Front	<u>35</u>	<u>105</u>
Side	<u>25</u>	<u>70</u>
Rear	<u>10</u>	<u>15</u>
Closest Side	<u>—</u>	<u>—</u>
Nearest Building to rear lot	<u>—</u>	<u>—</u>

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.

Clyde L Patterson
 Signature of Owner or Owner's Agent

2/12/08
 Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
 Please use Blue or Black Ink ONLY

11/11/11

11/11/11

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11/11/11
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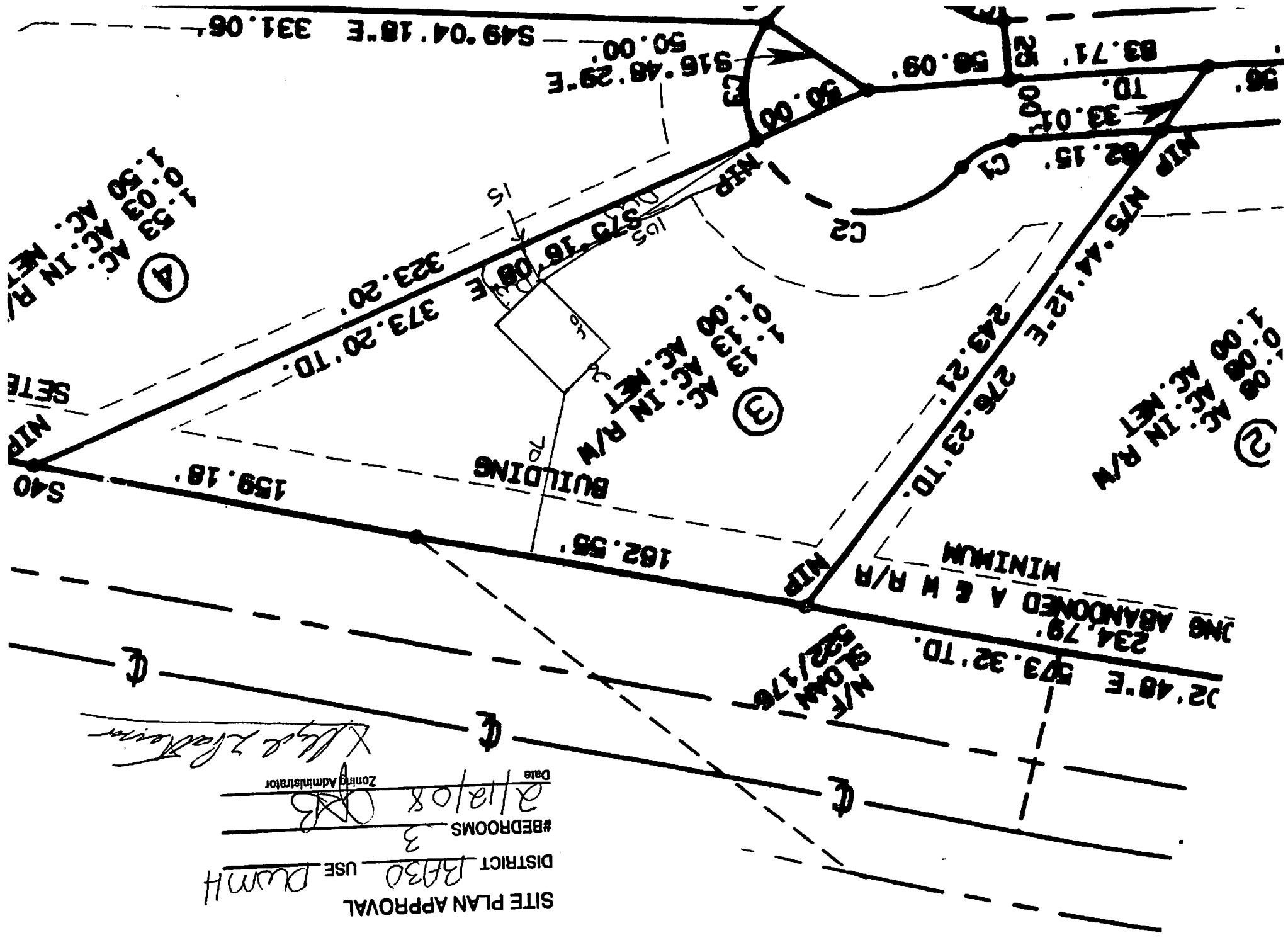
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Handwritten notes at the bottom right, including the date and some illegible text.

Handwritten notes at the very bottom of the page, including the date and some illegible text.



SITE PLAN APPROVAL
 DISTRICT BH30 USE DUMH
 #BEDROOMS 3
 Date 2/11/08
 Zoning Administrator [Signature]

[Signature]

④
 1.053 AC. IN R/W
 1.50 AC. IN R/W

③
 1.0133 AC. IN R/W

②
 1.00 AC. IN R/W

MINIMUM
 A & W R/R
 234.79'
 573.32' TD.

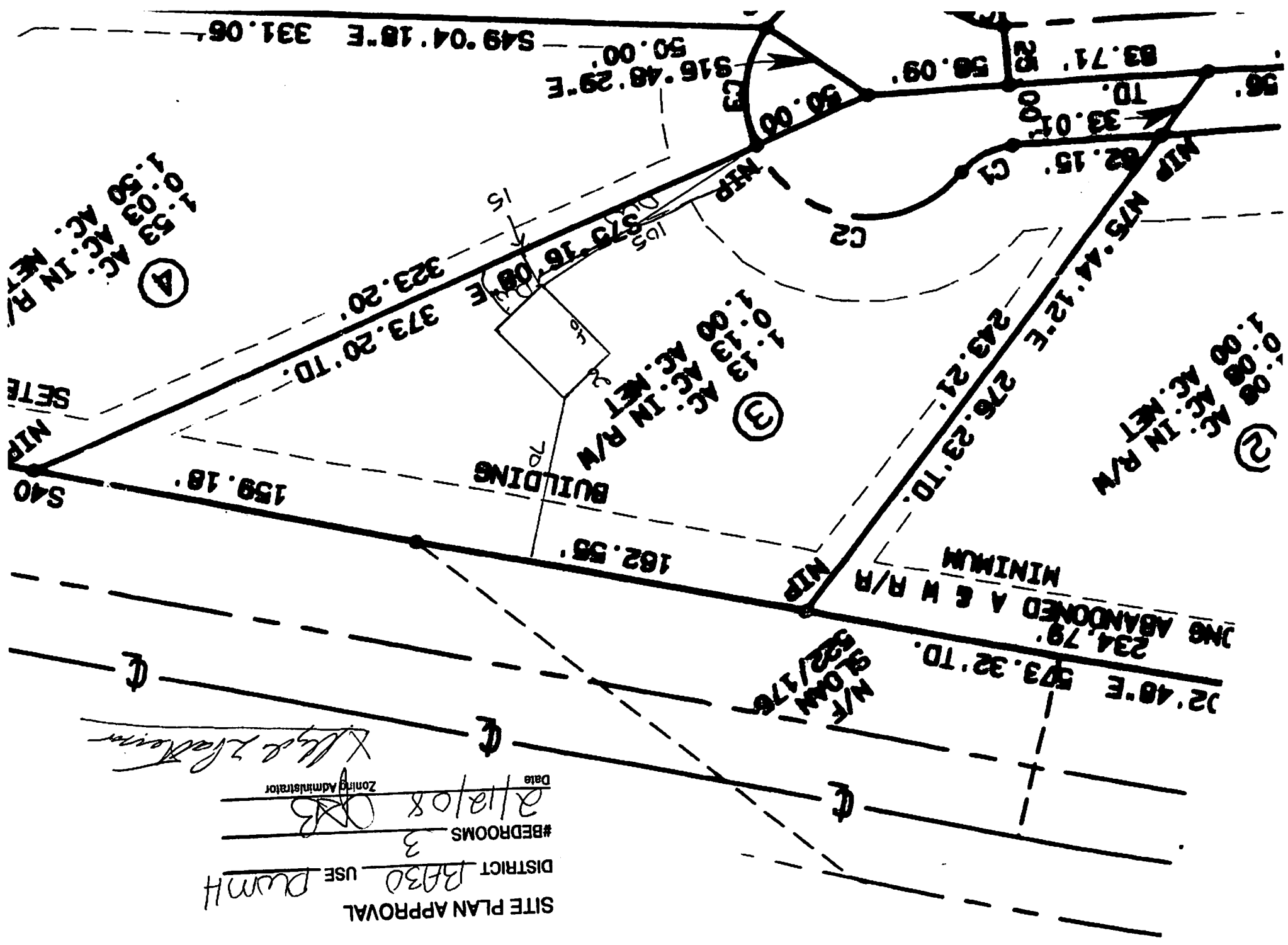
S40
 SETE
 MIB

Q

Q

Q

N/K
 522/176



OWNER NAME: Clyde L Patterson

APPLICATION #: 19392

This application to be filled out only when applying for a new septic system.

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)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes no unknown

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
- Alternative Other _____
- Conventional Any

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 Does the site contain any existing Wastewater Systems?
- 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.

Clyde L Patterson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-12-08
DATE

DUPLICATE



FOR REGISTRATION REGISTER OF DEEDS
KIMBERLY S. HARGROVE
HARNETT COUNTY, NC
2003 DEC 19 02:53:04 PM
BK: 1871 PG: 65-67 FEE: \$17.00
NC REV STAMP: \$166.00
INSTRUMENT # 2003025924

HARNETT COUNTY TAX ID #
12-1000-0023
13-0600-02302
12-19-03 BY: [Signature]

This Deed Prepared by Reginald B. Kelly, Attorney at Law

PARCEL #13 0600 02323
13 0600 02323-02

STATE OF NORTH CAROLINA
COUNTY OF HARNETT

WARRANTY
DEED

Rev. \$ 166.00

This WARRANTY DEED is made the 19th day of December, 2003, by and between LONNIE B. CAMERON, JR., single of P.O. Box 812, Broadway, NC 27505 (hereinafter referred to in the neuter singular as "the Grantor") and CLYDE L. PATTERSON of 4271 Leaflet Church Road, Broadway, NC 27505 (hereinafter referred to in the neuter singular as "the Grantee");

WITNESSETH:

THAT said Grantor, for valuable consideration, receipt of which is hereby acknowledged, has given, granted, bargained, sold and conveyed, and by these presents does hereby give, grant, bargain, sell and convey unto said Grantee, its heirs, successors, administrators and assigns, all of that certain piece, parcel or tract of land situate, lying and being in Upper Little River Township of said County and State, and more particularly described as follows:

Tract I:

Being all of that certain 16.96 acres (1.27 acres in R/W), for a net acreage of 15.69, as shown on that certain survey entitled "LONNIE B. CAMERON, JR." by Dowell G. Eakes, dated December 15, 2003 and recorded in Map 2003-1199, Harnett County Registry.

Tract II:

Being all of that certain 9.02 acres (.016 acres in R/W), for a net acreage of 8.86, as shown on that certain survey entitled "LONNIE BUIE CAMERON, JR." by Dowell G. Eakes, dated December 15, 2003 and recorded in Map 2003-1201, Harnett County Registry.

DUPLICATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-30 Criteria Certification

I, Clyde L. Patterson, landowner of Parcel Identification Number 90 13 0600 0023, located in an RA-30 Zoning District, do hereby certify the following:

The multi-section manufactured home shall meet the following appearance standards, verified by zoning inspection approval, prior to the issuance of a Certificate of Occupancy:

1. The structure must be a multi-section unit built to the HUD code for manufactured homes.
2. When located on the site, the longest axis of the unit must be parallel to the lot frontage.
3. The structure must have a pitched roof which is covered with shingles.
4. The structure must have masonry underpinning that is continuous, permanent and unpierced except for ventilation and access.
5. The exterior siding must be horizontal lap siding consisting predominantly of vinyl, aluminum, wood or hardboard.
6. The minimum lot size must be one (1) acre excluding any street right-of-way and the minimum lot frontage must be 150 feet as measured at the right-of-way line or along an easement whichever applies.
7. The tongue or towing device must be removed.

By signing this form, I acknowledge that I understand and agree to comply with each of the seven (7) appearance criteria listed above for the multi-section manufactured home I propose to place on the above referenced property. I further acknowledge that a Certificate of Occupancy (CO) entitling me to apply for electric service will not be issued until each appearance criteria has been met and approved.

Clyde L. Patterson
*Signature of Landowner/Agent

2-12-08
Date

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

Harnett County, North Carolina

I, _____, Notary Public for said state and county do hereby certify that _____ personally appeared before me and acknowledged the foregoing instrument.

This is the _____ day of _____,

Notary Public

My commission expires _____