nitial Application	Date: 4 Nov	11
ntuai Application	Date.	

Application # _	115002	782	7
	0118		

## COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

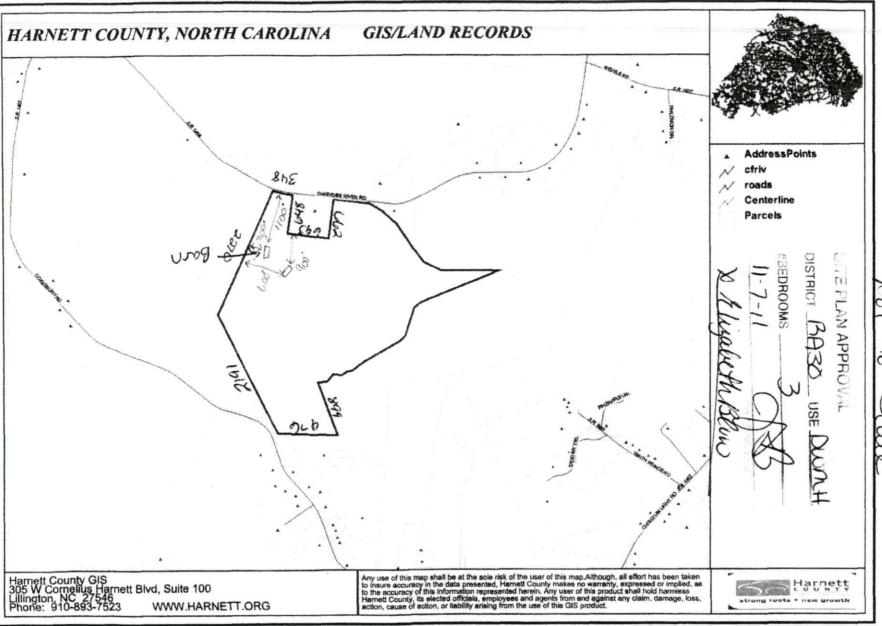
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" Mailing Address: 730 Oakridge River Road LANDOWNER: Elizabeth Blow Email: liz2health@gmail.com State: NC Zip: 27526 Contact No: 919-524-9703 Fuguay Varina Mailing Address: 730 Oakridge River Road APPLICANT\*: Elizabeth Blow Email: liz2health@gmail.com City: Fuquay Varina CONTACT NAME APPLYING IN OFFICE; Elizabeth Blow PROPERTY LOCATION: Subdivision: Judd Oakridge River Road State Road Name: PIN: 0634.11.8109,000 Parcel: 05.0624.0051 Deed Book & Page: 2465 / 770 Power Company\*: Progress Energy \*New structures with Progress Energy as service provider need to supply premise number 38335755 PROPOSED USE: Monolithic \_\_) # Bedrooms: \_\_\_ # Baths: \_\_\_ Basement(w/wo bath): \_\_\_ Garage: \_\_\_ Deck: \_\_\_ Crawl Space: \_\_\_ Slab: SFD: (Size\_ (Is the bonus room finished? (\_\_) yes (\_\_) no w/ a closet? (\_\_) yes (\_\_) no (if yes add in with # bedrooms) \_\_) # 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 60 \_ ) # Bedrooms: 3 \_ Garage: \_\_(site built?\_\_\_) Deck: \_\_(site built?\_\_\_) x ) No. Buildings: No. Bedrooms Per Unit:\_ Hours of Operation:\_\_\_ Home Occupation: # Rooms: Closets in addition? (\_\_\_) yes (\_\_\_) no Addition/Accessory/Other: (Size \_\_\_\_x\_\_\_) Use:\_\_\_ 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 ( < v ) no Does the property contain any easements whether underground or overhead (\_\_) yes (\_\frac{\frac{1}{2}}{2}) no Structures (existing or proposed): Single family dwellings: Required Residential Property Line Setbacks: Actual 100+ Minimum 35' Front 100+ 25 Rear 10" 600+ Closest Side Sidestreet/corner lot 400+ 10' Nearest Building

APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	401north, turn left onto Christian Light, turn left onto Cokesbury, turn right			
onto Oakridge River Road, Property on right. Long drive with	ge River Road, Property on right. Long drive with horse pastures on both sides			
	*			
If permits are granted I agree to conform to all ordinances and laws of I hereby state that foregoing statements are accurate and correct to the	f the State of North Carolina regulating such work and the specifications of plans submitted ne best of my knowledge. Permit subject to revocation if false information is provided.			
A Elizabeth Blow	4 Nov 11			
Signature of Owner or Owner's Ag	ent 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\*\*



Not to Scale

*					
NAMI	: Elizabet	h Blow		APPLICATION #:	1150027827
		This application to be fi	lled out when applying fo	r a septic system inspecti	ion.*
Co	unty Health De	partment Application	on for Improvement I	Permit and/or Autho	rization to Construct
IF THE	INFORMATION IN	THIS APPLICATION IS F	ALSIFIED, CHANGED, OR	THE SITE IS ALTERED, TH	HEN THE IMPROVEMENT
PERMI	T OR AUTHORIZAT	TION TO CONSTRUCT SH	ALL BECOME INVALID. T	he permit is valid for either	60 months or without expiration
depend			e plan = 60 months; Complete	confirmation #	
A -	910-893-7525 c	•	Od- 000	CONFIRMATION #	
4) !!		alth New Septic Syste		uty flore" on each corr	ner iron of lot. All property
			ately every 50 feet between		ier non or lot. All property
					driveways, garages, decks
_			ace flags per site plan de		
					assist in locating property.
•					dergrowth to allow the soi
			s should be able to walk to		
•					n trip fee may be incurred
			k house corners and pr		
•					1 to schedule and use code
			cording for proof of requi		Ith inspection. Please note
			Once approved, procee		for permits
D E		aith Existing Tank Ins		a to contrain continuing	ioi perinta.
•			ags and card on property	L.	
•					es, and lift lid straight up (i
	possible) and th	nen put lid back in plac	ce. (Unless inspection is		
•		LIDS OFF OF SEPTIC T			
•	After uncovering	g outlet end call the vo	oice permitting system at	910-893-7525 option 1	& select notification permi
	if multiple pern	nits, then use code 80	o for Environmental He	alth inspection. Please	note confirmation number
_		recording for proof of re	equesi. Once approved, proceed	to Control Dormitting fo	or romaining pormits
SEPT		or IVH to near results.	Once approved, proceed	to Gentral Permitting it	or remaining permits.
If appl	ying for authorization	on to construct please indica	ate desired system type(s): c	an be ranked in order of pre	eference, must choose one.
			(O) Conventional		
()	Alternative	{}} Other		MARIN.	
The ap	plicant shall notify on. If the answer is	the local health department "yes", applicant MUST	nt upon submittal of this ap	plication if any of the foll DOCUMENTATION:	owing apply to the property in
{}}Y	ES (L) NO	Does the site contain any	y Jurisdictional Wetlands?		

FF-7 B			, ,,,	•	2
{}} Accept	ted	{}} Innovative	(O) Conventional	{}} Any	
() Alterna	ative	{}} Other			
The applicant question. If t	t shall notify he answer is	the local health departme "yes", applicant MUST	ent upon submittal of this ap ATTACH SUPPORTING	plication if any of the following <b>DOCUMENTATION</b> :	apply to the property in
{}}YES {	(L) NO	Does the site contain any Jurisdictional Wetlands?			
{_}}YES {	P) NO	Do you plan to have an <u>irrigation system</u> now or in the future?			
{_}}YES {	(X) NO	Does or will the building contain any drains? Please explain			
{}}YES	ON (M)	Are there any existing v	wells, springs, waterlines or	Wastewater Systems on this prop	perty?
{_}}YES {	NO (A)	Is any wastewater going to be generated on the site other than domestic sewage?			
{_}}YES	NO NO	Is the site subject to approval by any other Public Agency?			
(_)YES	(D) NO	Are there any Easements or Right of Ways on this property?			
YES	YES {_} NO Does the site contain any existing water, cable, phone or underground electric lines?				
		If yes please call No C	uts at 800-632-4949 to locat	te the lines. This is a free service	
I Have Read 7	This Applicat	ion And Certify That The	Information Provided Herei	n Is True, Complete And Correct.	<b>Authorized County And</b>
				Determine Compliance With App	
I Understand	That I Am S	olely Responsible For The	Proper Identification And La	abeling Of All Property Lines And	Corners And Making
	Rle	A Complete Site Evaluate	)		7 Nov 11
PROPERTY	OWNERS	PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE			DATE

## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

## **RA-30 Criteria Certification**

1, Elizabeth Blow, landowner/agent of Parcel Identification Number 050624 COSI, located in an RA-30 Zoning District, do hereby certify the
osocay cos , located in an RA-30 Zoning District, do hereby certify th 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:
<ol> <li>The structure must be a multi-section unit built to the HUD code for manufacture homes.</li> </ol>
<ol><li>When located on the site, the longest axis of the unit must be parallel to the loft frontage.</li></ol>
<ol> <li>The structure must have a pitched roof that is covered with material commonly used in standard residential roofing construction. Said material must be installed properly and be consistent in appearance.</li> </ol>
<ol> <li>The structure must have masonry underpinning that is continuous, permanent and unpierced except for ventilation and access.</li> </ol>
5. The exterior siding must consist predominantly of vinyl, aluminum, wood, of hardboard; and must be comparable in composition, appearance, and durability to the exterior siding commonly used in standard residential construction. Said exterior siding shall be in good condition, complete, and not damaged or loose.
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.
*Signature of Landowner/Agent Date
- Grand Company Gorn

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

HARNETT COUNTY TAX ION

05-0124-0051

17-13-08 KHO



FOR REGISTRATION REGISTER OF DEEDS HARRISTY COUNTY NO. 2008 JAN 15 11:22:36 AM BK:2465 PG:776-778 FEE:\$17.00

INSTRUMENT # 2008000728

Recording requested by: Cape May Trust	
When recorded, mail to:	
Name: Cape Mry Trust	Space above reserved for use by Recorder's Office
Address: 130 Dakridge River Road	Document prepared by:
City: Euguay Waring	Name Robert Fuller
State/Zip: NC 27926	Address 5300 Castlebrook Dr.
	City/State/Zip Roleigh, NC
Property Tax Parcel/Account Number: Out	of pin# 0013831
Legal description	
Lot 1 - 198 acres (QUI	ÇÇLAÎM DEED
Book of maps 2007, page 7/84	
This Quitclaim Deed is made on 25 Coto	between , between
Robert Fuller	Grantor, of \$300 Castlebrook Drive .
City of Raleigh,	. State of NC , and
Cape May Trust/Flizabeth Blow G	rante, of 450 Sakridge River Road .
City of Fuguay Varina	State of NS
For valuable consideration, the Grantur hereby,	quitclaims and transfers all right, title, and interest held by the
	nd improvements to the drantee, and his or her heirs and assigns, to
have and hold forever, located at 730 Oak	ridge Kiver Kord
City of Fuguay Varina	, State of UE;
• •	
grand the state of	
- 4-1	

Subject to all easements, rights of way, protective covenants, and mineral reservations of record if any. Taxes for the tax year of 2007 shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

· ·
lular .
Dated: 10/19/07
TX1.4 601.
Signature of Granco
Robert William
Name of Crantor
Elizabeth Blow
Signature of Witness #1 Printed Name of Witness #1
anne ME Casta Anne MC ARty
Signature of Witness #2 Printed Name of Witness #2
State of North Carolina Country of Watte
On 10 19 107 , the Grantor, SOBERT W. FULLER.
personally came before me and, being duly sworn, did state and prove that he/she is the person described in the above document and that he/she signed the above document in my presence.
document and that desire signed the above document in my present.
Dille Christ
Notary Signature
Notary Public, In and for the County of Walke State of North County
Notary Public, In and for the County of
Send all tax statements to Grantee.
Send an tax statements to grantee.