

Initial Application Date 3-13-12

Application # 1250028542
BA-CU# 07-12

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E Front Street Lillington NC 27546 Phone (910) 893 7525 Fax (910) 893-2793 www.harnett.org/permits

LANDOWNER DEBOISE MC NEILL Mailing Address 73 NORTHSIDE DR
City LILLINGTON State N.C. Zip 27546 Contact # 910-893 4378 Email DBSMCNII@YAHOO.COM
APPLICANT* Deboise McNeill / Contact Charlotte Pizer Mailing Address Clayton Homes Dunn, NC
City Dunn State NC Zip 28334 Contact # 910-892-0108 Email _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE SAME Phone # _____

PROPERTY LOCATION Subdivision _____ Lot # _____ Lot Size 1.00
State Road # _____ State Road Name Raven Rock Rd Map Book & Page 615, 1
Parcel 13 0621 0039 PIN 0621-58-3101.000
Zoning RA30 Flood Zone X Watershed IV Deed Book & Page Will. Rf 1340-150 Power Company* REA

New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON _____

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 28 x 58) # Bedrooms 3 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
Structures (existing or proposed) Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks			Comments
	Minimum	Actual	
Front	<u>35</u>	<u>125</u>	<u>Existing SFD which is 73 Northside Dr will be Storage Build, New DWMA going on site</u>
Rear	<u>25</u>	<u>96</u>	
Closest Side	<u>10</u>	<u>11</u>	
Sidestreet/corner lot	_____	_____	
Nearest Building on same lot	_____	_____	_____

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

Charlotte Pizer
Signature of Owner or Owner's Agent 3/13/12
Date

Map 2012 - 182

SITE PLAN APPROV L

DISTRICT RA30 USE PWV/H

#BEDROOMS 3

Date 3-13-12

Zoning Administrator

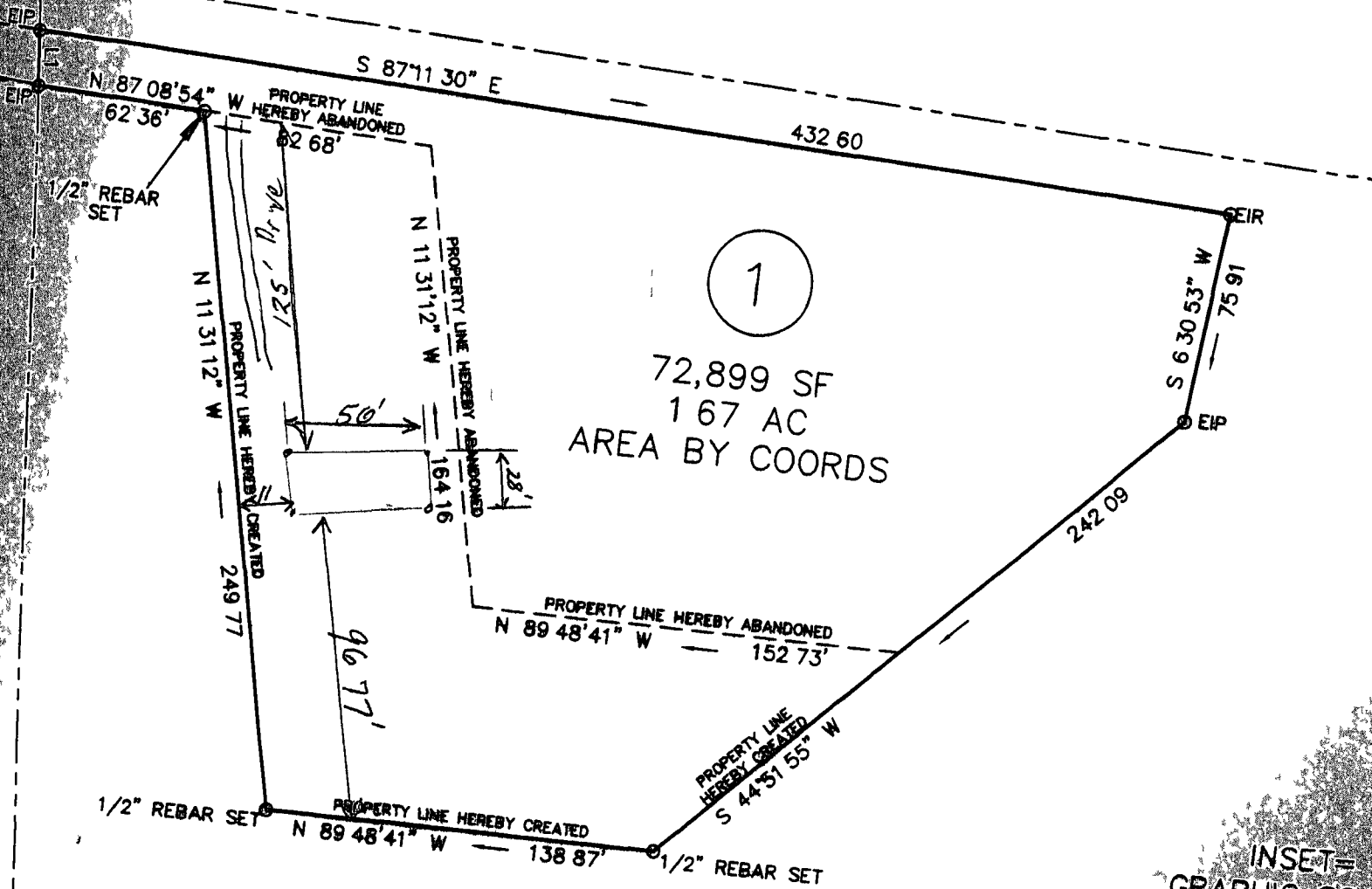
Charles P. [Signature]

NOTE DASHED PROPERTY LINES SHOWN SURVEYED BY ECLS INC BOUNDARY TAI 2 PAGE 132 AND DEED BOOK 761, PAG

LOT	ORIGINAL		
1	43,560 SF	1 AC	72,899
4	2,853,180 SF	65.5 AC	2,824,100

LINE	LENGTH	BEAR
L11	131.80	N 87° 8' 30"
L12	144.02	N 87° 8' 30"
L13	21.97	N 28° 30' 00"

off of SR # 1314 Raven Rock Rd



INSET = GRAPHIC SCALE
 60 30 0
 1 INCH = 60 FEET

NAME DEBOISE MC NEILL

APPLICATION # _____

***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 # 122276

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

Deboise mc neill jr
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-13-17
DATE

1250028542

BA-CU-07-12

Conditional Use Certification

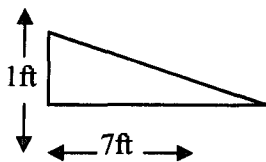
I, DEBOISE MC NEILL, understand that because I have obtained a Conditional Use Permit from the Harnett County Board of Adjustment for the use of a

located in a RA30 Zoning District, I am required to meet the following Special Conditions before a final Certificate of Occupancy will be issued for the home/business

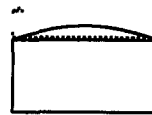
Conditions Cond Use for Road Frontage, Follow RA30 requirements

*Note If you have obtained a Conditional Use Permit for a manufactured home and are required to meet any of the following conditions (Pitched Roof, Masonry Foundation, Underpinning, Removal or Landscaping of the Towing Apparatus) then please be aware of the minimum standards below

Pitched Roof The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise of twelve (12) inches for every seven (7) feet of width (See diagram)



A-Shaped



Rounded

Note Most Rounded roofs will not meet this requirement! Some raised/boxed round roofs will pass

Masonry Foundation The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following brick, cinder block, or stone masonry

Standard Underpinning The home must be underpinned, the underpinning must be designed for a manufactured home & installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following metal with a baked-on finish of uniform color, a uniform design and color vinyl, or brick, cinder block, and stone masonry as well as artificial stone masonry

Towing Device The homes moving apparatus must be removed, underpinned or landscaped

Deboise Mc Neill

Signature of Property Owner

3-13-12

Date



Harnett
C O U N T Y
NORTH CAROLINA

Planning Department

www.harnett.org

PO Box 65
108 E Front St
Lillington, NC 27546

Ph 910 893 7525
Fax 910 814 6459

March 13, 2012

Deboise McNeill Jr
73 Northside Dr
Lillington NC, 27546

RE BA-CU-07-12 Double Wide Mobile Home
Pin # 0621-58-3101

Dear Mr McNeill

On March 12, 2012, the Harnett County Board of Adjustment approved a conditional use permit for the above referenced request

Please be aware that a conditional use permit is valid for a period of one year from the date of approval. If no further action is taken before that period expires, the conditional use permit will become invalid. The next step will be to complete a land use application with Harnett County Central Permitting and submit it with a site plan.

With further questions or concerns, the Harnett County Planning Department can be reached at (910)893-7525, option 4.

Thank you,

Matt Talbott
Planner I

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

File No

10E651

FILED

In The General Court Of Justice
Superior Court Division
Before The Clerk

HARNETT

County

2010 DEC -6 PM 4 30

IN THE MATTER OF THE ESTATE OF

Name Street Address City State And Zip Code Of Decedent

RUTH A MC NEILL
73 NORTHSIDE DR
LILLINGTON N.C. 27546

BY

[Signature]

SC

APPLICATION

FOR PROBATE AND LETTERS

TESTAMENTARY OF ADMINISTRATION CTA

G S 28A-6-1 28A 12-4 31 16 105 22

Social Security No (Last Four Digits)

3976

County Of Domicile At Time Of Death

HARNETT

Date Of Death

OCTOBER 25, 2010

Date Of Will And Codicil(s) If Any

MAY 7, 1998

Place Of Death (If Different From County Of Domicile)

Name Street Address PO Box City State And Zip Code Of Applicant

DEBOISE MC NEILL JR
73 NORTHSIDE DR
LILLINGTON N.C. 27546

Telephone No

919-478-9045

Name Street Address PO Box City State And Zip Code Of Co-Applicant

Telephone No

Legal Residence (County State)

HARNETT

N.C.

Legal Residence (County State)

Name Street Address PO Box City State And Zip Code Of Attorney

Attorney Bar No

Telephone No

I, the undersigned, applying for probate and for letters in the above estate, being first duly sworn, say that

- The decedent was domiciled in this county at the time of the decedent's death, or left property or assets in this county, or was a nonresident motorist who died in North Carolina, no other proceeding for probate or for administration is pending in any jurisdiction
- The decedent left the paper-writing(s) purporting to be the decedent's Last Will and Testament and codicil(s), dated as shown above
- a I am an executor, devisee or legatee named in the will, or a next-of-kin or creditor of the decedent
 b I am the person entitled to apply for letters or am applying after all persons having prior right to apply have renounced
 c I am applying subject to G S 28A-6-2(1) and move that all necessary citations be issued
 d I am the public administrator appointed by the Court
- I am not disqualified pursuant to G S 28A-4-2 to administer the estate and have not renounced my right to do so
- Following the execution of the will there were no children born to or adopted by the decedent, and the decedent did not thereafter marry or obtain a divorce (if the facts are otherwise state them on an attachment)
- After diligent inquiry, I have determined that the persons listed below are all the persons entitled to share in the decedent's estate (if there is a court appointed guardian for any such person(s) list the guardian's name and address on an attachment)

NAME	AGE	RELATIONSHIP	MAILING ADDRESS
WAYNE C PRINCE	72	SON	58 Northside Dr
RUTH D RICHMOND	61	DAUGHTER	75 NORTHSIDE DR
DEBOISE MC NEILL JR	49	SON	73 NORTHSIDE DR Lillington, NC 27546

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA FILED

File No

10E651

In The General Court Of Justice Superior Court Division Before The Clerk

County

IN THE MATTER OF THE ESTATE OF -5 PM 3 02

Name

RUTH A MC NEILL

ACCOUNT

ANNUAL FINAL

G S 28A 21 1 21 2 21 3 35A 126 4 35A 1266

Deceased Minor Incompetent

HARNETT COUNTY, N.C.

I the undersigned representative being first duly sworn say that the following is a complete and accurate account of my receipts disbursements and other transactions as representative of this estate or trust

Accounting Period From

11-2-10

Extending To

12-5-11

PART I SUMMARY

Table with 2 columns: Description and Amount. Rows include Subtotal Personal Property, Minus Loss from Sale, SUBTOTAL, Plus Total Receipts, TOTAL ASSETS, Minus Disbursements, SUBTOTAL, Minus Distributions, and BALANCE AT END OF ACCOUNTING PERIOD.

PART II BALANCE HELD OR INVESTED

(Complete ONLY when filing an Annual Account with assets remaining in the Estate)

1 On Deposit in Banks etc

Table with 2 columns: Account No and Balance. Rows for On Deposit in Banks etc.

2 Invested in Securities etc

3 Tangible Personal Property

4 SUBTOTAL PERSONAL PROPERTY

5 Real Estate Willed to the Estate And Not Sold (fair market value at date of death)

Table with 2 columns: Description and Amount. Row for Real Estate Willed to the Estate.

6 Real Estate Acquired by the Estate Under G S 28A-15 1

Table with 2 columns: Description and Amount. Row for Real Estate Acquired by the Estate.

7 Other

Table with 2 columns: Description and Amount. Row for Other.

TOTAL BALANCE HELD OR INVESTED (Must equal Balance shown in Part I above)

Name And Address Of Fiduciary Change Of Address

Name And Address Of Co fiduciary Change Of Address

Signature Of Fiduciary Title

Signature Of Co fiduciary Title

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date Signature Of Person Authorized To Administer Oaths

Date Signature Of Person Authorized To Administer Oaths

Deputy CSC Assistant CSC Clerk Of Superior Court

Deputy CSC Assistant CSC Clerk Of Superior Court

Notary Date My Commission Expires

Notary Date My Commission Expires

SEAL

County Where Notarized

County Where Notarized

SEAL

The above account has been audited by me and the vouchers or verified proofs submitted in support were examined The account is approved disapproved

As this is the final account the personal representative is discharged in accordance with G S 28A 23 1

Date Signature

Assistant CSC Clerk Of Superior Court

PRELIMINARY INVENTORY

Give values as of date of decedent's death Continue on separate attachment if necessary

PART I PROPERTY OF THE ESTATE

		Est Market Value
1	Accounts in sole name of decedent (List bank etc each account no and balance)	\$
2	Joint accounts <u>without</u> right of survivorship (List bank etc each account no balance and joint owners)	
		% Owned By Dec
		% Owned By Dec
		% Owned By Dec
		% Owned By Dec
3	Stocks/bonds/securities in sole name of decedent or jointly owned <u>without</u> right of survivorship	% Owned By Dec
4	Cash and undeposited checks on hand	688.53
5	Household furnishings	1000.00
6	Farm products, livestock, equipment and tools	0
7	Vehicles	0
8	Interest in partnership or sole propnetor businesses	0
9	Insurance, Retirement Plan, I R A , etc payable to Estate	0
10	Notes judgments, and other debts due decedent <i>SREMIC</i>	388 88 7-
11	Miscellaneous personal property	
12	Real estate willed to the Estate	\$
13	Estimated annual income of Estate	

(Base bond on this amount, if applicable) **TOTAL PART I** ▶ \$ *2077.41*

PART II PROPERTY WHICH CAN BE ADDED TO ESTATE IF NEEDED TO PAY CLAIMS

1	Joint accounts <u>with</u> right of survivorship (List bank etc each account no balance & joint owners)	\$
	<i>BBT</i>	<i>661.00</i>
2	Stocks/bonds/securities registered in beneficiary form and immediately transferred on death or jointly owned with right of survivorship	
3	Other personal property recoverable (G S 28A-15-10)	<i>33,215</i>
4	Real estate owned by decedent and not listed elsewhere <i>1 Acre 40 ACRES</i>	<i>53,416.-</i>

TOTAL PART II ▶ \$ *87,292.02*

PART III OTHER PROPERTY

1	There <input type="checkbox"/> is <input type="checkbox"/> is not entreties real estate owned by decedent and spouse
2	There <input type="checkbox"/> are <input type="checkbox"/> are not Insurance Retirement Plan I R A accounts annuities etc payable to named beneficiaries
3	There <input type="checkbox"/> is <input type="checkbox"/> is not a potential claim for wrongful death ansing under G S 28A-18 2

Signature Of Applicant <i>Debra me mill jr</i>	Signature Of Co Applicant
---	---------------------------

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE	
Date <i>12/6/10</i>	Signature Of Person Authorized To Administer Oaths <i>[Signature]</i>	Date	Signature Of Person Authorized To Administer Oaths
<input type="checkbox"/> Deputy CSC <input checked="" type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date Commission Expires	Date Commission Expires	<input type="checkbox"/> Notary
SEAL	County Where Notarized	County Where Notarized	SEAL