

City of Sanford/Lee County Zoning Certification

(To be completed by planning staff)

City of Sanford Planning Jurisdiction

Lee County Planning Jurisdiction

Town of Broadway Planning Jurisdiction

Location of Property: ROUND FISH

Zoning: R2 Tax Map No.: 0604 Parcel No. 0604-13-0474 Acreage: 5.11

Name of Subdivision or MHP: FALL CREEK Lot # 22 Plat Cabinet 7 Slide 3415
RFC 2

Proposed Land Use/Description of Project: PRIVATE WELL AND PRIVATE SEPTIC

Required Minimum Building Setbacks:

Principal Building: FRONT: 30' FT. REAR: FT. LEFT SIDE: FT. RIGHT SIDE: FT.

Accessory Building: FRONT: 30' FT. REAR: 5' FT. LEFT SIDE: 5' FT. RIGHT SIDE: 5' FT.

Proposed Minor Subdivision: # of lots < 10 acres # of lots ≥ 10 acres

Comments:

Floodplain: YES NO If yes, FEMA Map # and Date of Map 37200604 001 0604

Comments: SURVEY SHOWS DWELLING OUT OF FLOOD ZONE 04-26-13

Watershed: YES NO If yes, Watershed Area:

Comments:

DEVELOPMENT REQUIREMENTS			
Site Plan Required:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Comments:	<u>OK AS PROPOSED</u>
Parking:	#Spaces Required: <u> </u> #Spaces Provided: <u> </u>	Comments:	<u> </u>
Floodplain Certificate Required:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Comments:	<u> </u>
Sedimentation and Erosion Control Plan Required:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Comments:	<u> </u>
Driveway Permit Required:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Comments:	<u>PRIVATE</u>
Is site within an overlay zoning district?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which district(s):	<u> </u>
Buffers Required?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Comments:	<u> </u>
421 By-Pass Corridor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Comments:	<u> </u>

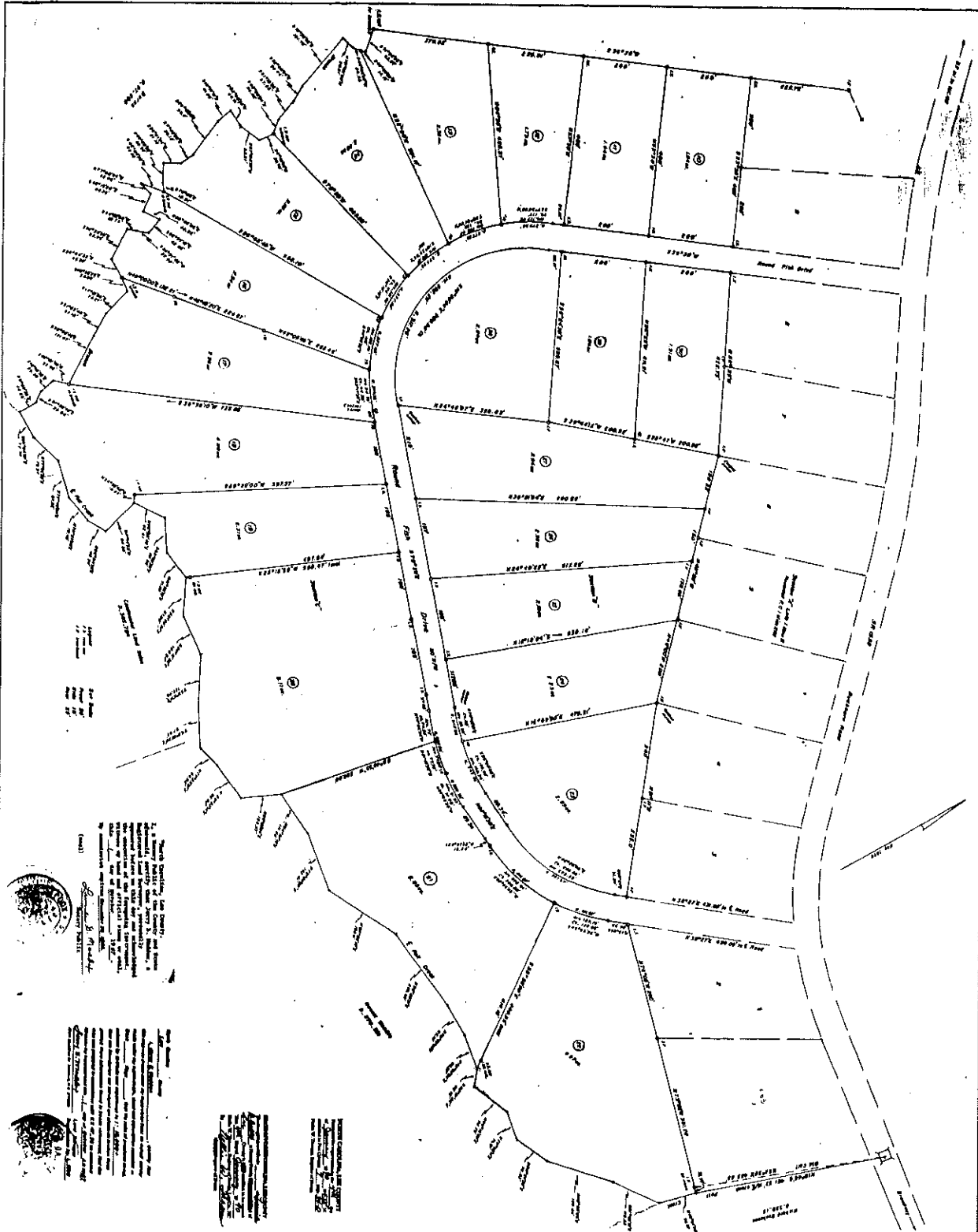
Note: SIGNAGE requires a separate permit!

I hereby certify that the information above is accurate to the best of my knowledge as of the date of my signature and approval of this certification, however; the Zoning, Subdivision, Watershed, and other Ordinances may change at the discretion of the respective governing Board. The interpretation of these Ordinances may also change periodically.

B. J. [Signature]
Planning Authorization

04-12-13
Date

Comments:

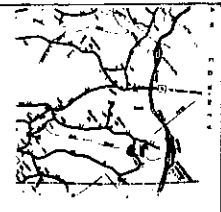


The State of Michigan, County of Cass, City of East Lansing, Michigan, do hereby certify that the above is a true and correct copy of the original plat of the same, as the same appears in the files of the County Clerk of said County, at the City of East Lansing, Michigan, this 14th day of August, 1907.

County Clerk of Cass County, Michigan.

This plat is subject to the same conditions and restrictions as the original plat, and the same shall be subject to the same conditions and restrictions as the original plat, and the same shall be subject to the same conditions and restrictions as the original plat.

Fall Creek Estates Etc
 Cass Farm Township
 Lee Camp, Michigan
 State of Michigan
 No. 1234



DEPARTMENT OF TRANSPORTATION
 DIVISION OF HIGHWAYS
 CONSTRUCTION DISTRICT CENTER
 ANN ARBOR, MICHIGAN
 No. 7-0-00

This plat is subject to the same conditions and restrictions as the original plat, and the same shall be subject to the same conditions and restrictions as the original plat, and the same shall be subject to the same conditions and restrictions as the original plat.

The State of Michigan, County of Cass, City of East Lansing, Michigan, do hereby certify that the above is a true and correct copy of the original plat of the same, as the same appears in the files of the County Clerk of said County, at the City of East Lansing, Michigan, this 14th day of August, 1907.

County Clerk of Cass County, Michigan.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

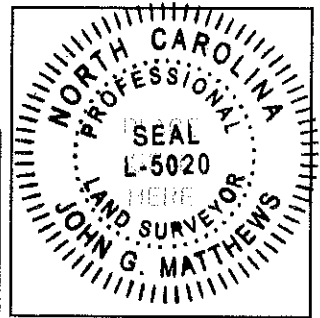
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name <u>George Rogers</u>		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>Round Fish Drive</u>		Company NAIC Number:
City <u>Sanford</u>	State <u>NC</u>	ZIP Code <u>27330</u>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 22, Fall Creek Estates; PIN: 0604-13-0474-00</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>35 31 6.29296 (m)</u> Long. <u>78 59 50.93229 (m)</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>Lee County 370331</u>		B2. County Name <u>Lee</u>		B3. State <u>NC</u>	
B4. Map/Panel Number <u>3720060400/0604</u>	B5. Suffix <u>L</u>	B6. FIRM Index Date <u>Sept. 6, 2006</u>	B7. FIRM Panel Effective/Revised Date <u>Feb. 2, 2007</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>201'</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>GPS Point, Rapid Static</u> Vertical Datum: <u>NAVD 1988</u> Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) <u>205.50'</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) <u>208.50'</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<input type="checkbox"/> feet <input type="checkbox"/> meters

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
<input type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name <u>John G. Matthews</u>	License Number <u>L-5020</u>		
Title <u>Professional Land Surveyor</u>	Company Name <u>Matthews Land Surveying</u>		
Address <u>P.O. Box 353</u>	City <u>Carthage</u>	State <u>NC</u>	ZIP Code <u>28327</u>
Signature <u>John G. Matthews</u>	Date <u>4-12-13</u>	Telephone <u>910-947-2671</u>	



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. Round Fish Drive	Policy Number:
City Sanford State NC ZIP Code 27330	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

Signature

Date

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ . _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ . _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
City	State	ZIP Code	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
City	State	ZIP Code	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

CITY OF SANFORD/ LEE COUNTY / TOWN OF BROADWAY
900 Woodland Avenue, Sanford, NC 27330
TELEPHONE: (919) 718-4654 FAX: (919) 718-4637
ACCESSORY BUILDING CERTIFICATION

I, Bonita Rogers, hereby state that I understand that the property located at Roundfish Lot 22, identified as Lee County Tax Parcel _____, is currently zoned _____ district and that this zoning classification does not allow the operation of any type of commercial establishment without prior approval by the appropriate Boards where permitted. I hereby state that the accessory building that I am applying for a permit to construct will be used solely for my personal storage or for my other personal use and will not be used for any commercial purpose whatsoever. I understand that the use of this building for any commercial purpose will constitute a violation of the Unified Development Ordinance and I will be subject to the penalties and fines referenced in Article 1, General Provisions, Section 1.6 Violations of the Ordinance of the Unified Development Ordinance.

Bonita Rogers
Owners Signature

4-12-13
Date

I, _____, a Notary Public of _____ County, North Carolina, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this the _____ day of _____, _____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

(SEAL)