

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

Part I – Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)
Name: Jack Edwards Address: 388 Turklington Rd.
City: Dunn State: NC Zip: 28334 Daytime Phone: 919-798-6153

Landowner Information (To be completed by landowner, if different than above)
Name: Same Address: _____
City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II – Contractor Information (To be completed by Contractors or Homeowner, if applicable.
Name, address, & phone must match information on license)

- A. **Set-Up Contractor** Company Name: Carters mt Movers
Phone: 919-422-0428 Address: 248 Woodruff Rd.
City: Selma State: NC Zip: 27576
State Lic# 002612 Email: r781@claytonhomes.com
- B. **Electrical Contractor** Company Name: Glenns Serv. Co
Phone: 919-779-0849 Address: 6005 Brack Penny Rd.
City: Raleigh State: NC Zip: 27603
State Lic# 12810L Email: r781@claytonhomes.com
- C. **Mechanical Contractor** Company Name: Glenns Serv. Co.
Phone: 919-779-0849 Address: 6005 Brack Penny Rd
City: Raleigh State: NC Zip: 27603
State Lic# 12327H3 Email: r781@claytonhomes.com
- D. **Plumbing Contractor** Company Name: Priority Plumbing
Phone: 919-422-4935 Address: PO Box 264
City: Willow Spring State: NC Zip: 27592
State Lic# 18550 P Email: r781@claytonhomes.com

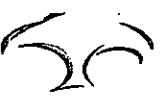
Part III – Manufactured Home Information

Model Year: 2019 Size: 28x68 **Complete & follow zoning criteria sheet**
Park Name: N/A Lot Number: N/A

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Signature of Home Owner or Agent
Date: 12/27/18

**Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.
List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.*



Initial Application Date: 8/23/18

Application # BRES1808-0039

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: Randall Turlington Hairs 268 Cinnamon Way
Mailing Address: 329 Alan St
City: Angier Clemmons State: NC Zip: 27501 Contact No: 919-798-6153 Email: Jgedwards21@gmail.com

APPLICANT: Jack Edwards Mailing Address: 329 Alan St

City: Angier State: NC Zip: 27501 Contact No: 919-798-6153 Email: Jgedwards21@gmail.com

CONTACT NAME APPLYING IN OFFICE: Jack Edwards Phone # 919 798 6153

ADDRESS: Turlington Rd PIN: 1509-21-4459.000

DEED OR OTP:

PROPOSED USE:

- SFD: (Size x) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
Mod: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
Manufactured Home: SW DW TW (Size 28 x 68) # Bedrooms: 4 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 Expansion Relocation Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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: Proposed DW Other (specify):

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.

Signature of Owner or Owner's Agent

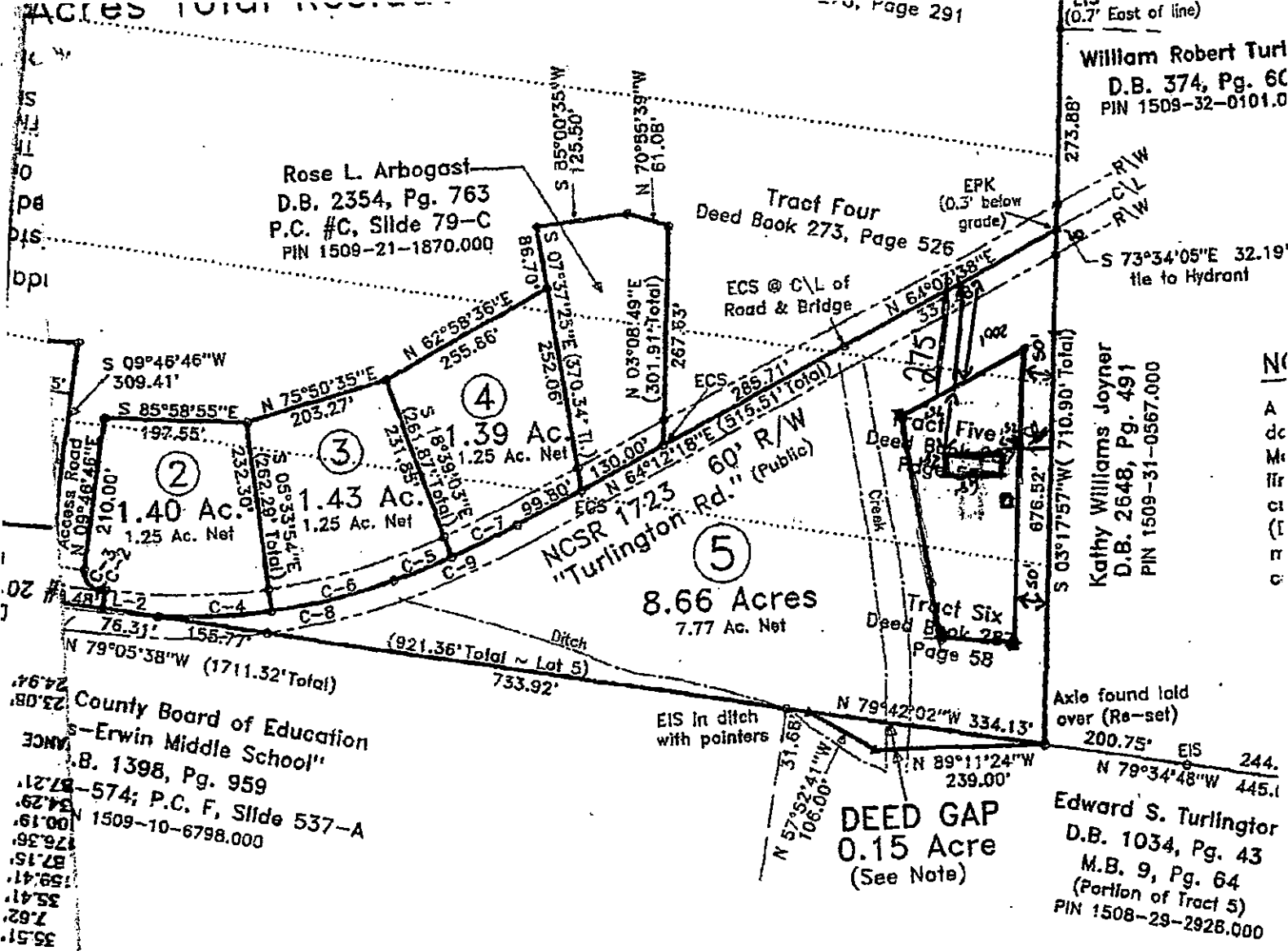
Date 8-23-18

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

APPLICATION CONTINUES ON BACK

strong roots • new growth

strong roots • new growth



County Board of Education
 -Erwin Middle School"
 B. 1398, Pg. 959
 -574; P.C. F, Slide 537-A
 1509-10-6798.000

William Robert Turl
 D.B. 374, Pg. 60
 PIN 1509-32-0101.0

Kathy Williams Joyner
 D.B. 2648, Pg. 491
 PIN 1509-31-0567.000

Edward S. Turlington
 D.B. 1034, Pg. 43
 M.B. 9, Pg. 64
 (Portion of Tract 5)
 PIN 1508-29-2928.000

"Recombination"

Map For:
Randall E. Turlington Estate
 Care of: Donna F. Turlington, Rosa West,
 John H. Turlington and Bette Stephenson

TOWNSHIP: Grove COUNTY: Harnett

STATE: NORTH CAROLINA

ZONE: RA-30 Parcel Number: See Map

STREAMLINE

870 NC 5!
 Phone: 910-89

DATE: 5-24-2016 S

SCALE: 1" = 200' D

FILE: DATA\1509\1E

388 Turlington Rd
 28' X 68' House
 1,813 sq FT
 4 BR 2BA

SITE PLAN APPROVAL
 DISTRICT RA-30 USE DWMH
 #BEDROOMS 4
 8/23/18
 Date

Front- 275'
 Side- 75'
 Rear- 25+'

[Signature]
 Zoning Administrator

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30 Criteria Certification

I, Jack Edwards, landowner/agent of Parcel Identification Number _____, 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 that is covered with material commonly used in standard residential roofing construction. Said material must be installed properly and be consistent in appearance.
4. The structure must have masonry underpinning that is continuous, permanent and unpierced except for ventilation and access.
5. The exterior siding must consist predominantly of vinyl, aluminum, wood, or 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.

Jack Edwards
Signature of Landowner/Agent

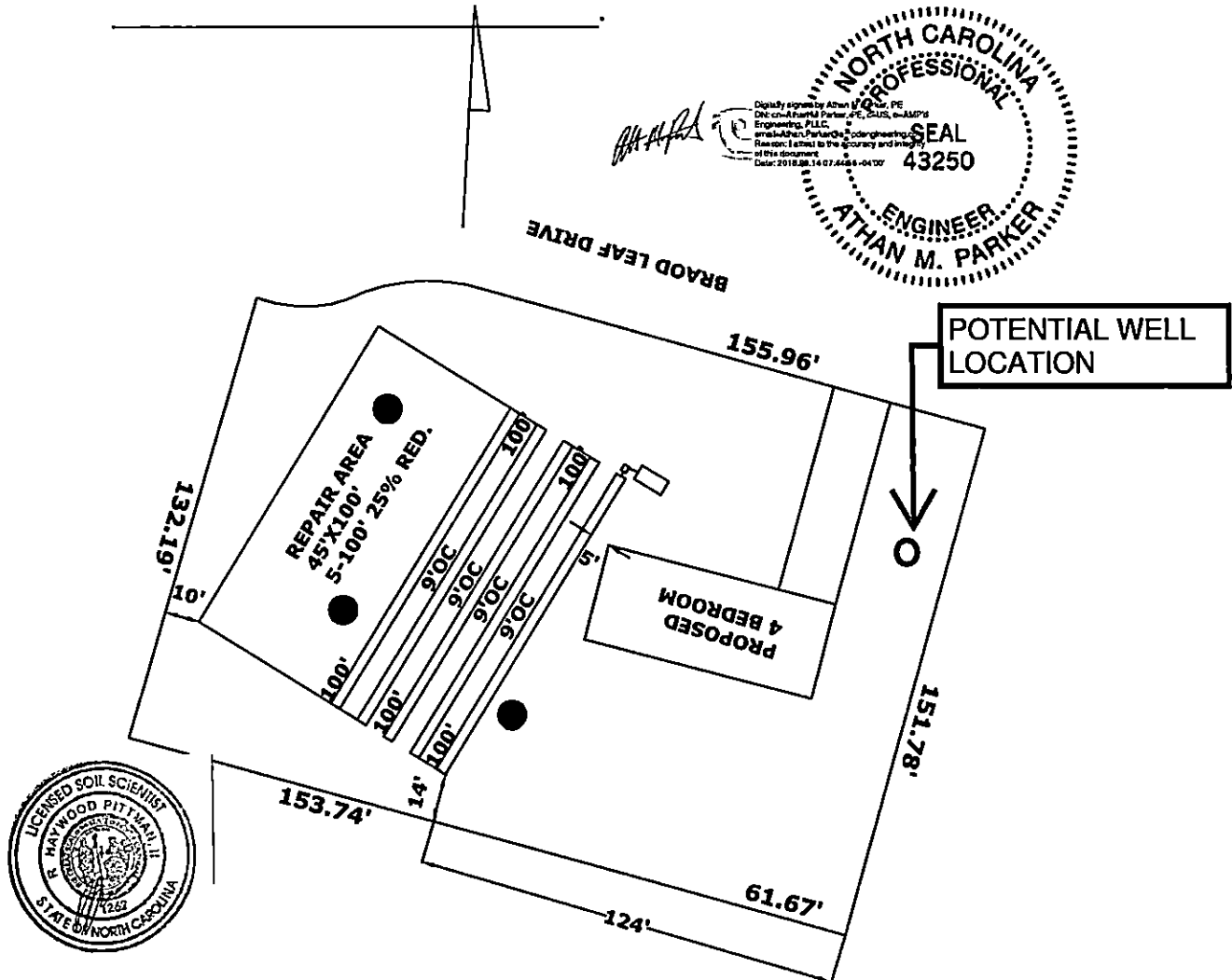
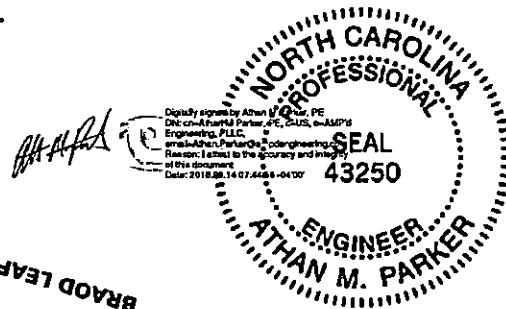
8-23-18
Date

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

PITTMAN SOIL CONSULTING EOP PERMIT PLOT PLAN

Owner: MACK FARM
 Address: LOT 2
 Location: BROAD LEAF DRIVE

PROPERTY BOUNDARY INFORMATION
 OBTAINED VIA PLAT DB 38 PG 187
 WITH NASH COUNTY REGISTER OF DEEDS



SOIL BORE (TYP)
 0-2 SL, GR, VFR, NEXP, 2.5Y 4/3
 2-6 C, ABK, FI, SS, SP, 2.5Y 5/4 (ROCKS)
 6-34 C, ABK, FI, SS, SP, 5YR 5/8
 34-48 C, ABK, FI, SS, SP, 5YR 5/8, 2.5Y 6/1

SOIL BORE (TYP)
 0-2 SL, GR, VFR, NEXP, 2.5Y 4/3
 2-6 C, ABK, FI, SS, SP, 2.5Y 5/4
 6-36 C, ABK, FI, SS, SP, 5YR 5/8
 36-48 C, ABK, FI, SS, SP, 5YR 5/8, 2.5Y 6/1

INSTALL ON CONTOUR

INITIAL
 4 BEDROOM
 LTAR .24
 5-100' 25% REDUCTION LINES
 SERIAL DISTRIBUTION
 22" TRENCH BOTTOMS
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM
 INSTALL ON CONTOUR
REPAIR AREA
 4 BEDROOM
 LTAR .24
 5-100' 25% REDUCTION LINES
 SERIAL DISTRIBUTION
 22" TRENCH BOTTOMS
 >6" SOIL COVER REQUIRED OVER
 SYSTEM AND 5' BEYOND SYSTEM
 INSTALL ON CONTOUR
SCALE 1"=50'

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Jack & Ashley Edwards PROPERTY LOCATION: 388 Turlington Rd. (SL 1722)
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # 5
 Type of Structure: 402 28'x68' DWMH Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% reduction sys
 Projected Daily Flow: 480 GPD
 Number of bedrooms: 4 Number of Occupants: 8 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well NA feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 12/17/2018 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Jack & Ashley Edwards PROPERTY LOCATION: 388 Turlington Rd. (SL 1722)
 SUBDIVISION _____ LOT # 5
 Facility Type: 402 28'x68' DWMH New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% reduction system (Initial) Wastewater Flow: 480 GPD
 (See note below, if applicable)
Pump to 25% red. sys. (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 5
 Pump Tank Size _____ gallons Exact length of each trench 60 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 12-16 inches
 Maximum Trench Depth of: 24-18 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +1/14" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: NA inches below pipe
 Conditions: D-Box Equal Distribution Required NA inches above pipe
NA inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
 NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

****If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.**

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] Date: 12/17/2018
ANDREW CURRIN Construction Authorization Expiration Date: 12/17/2023

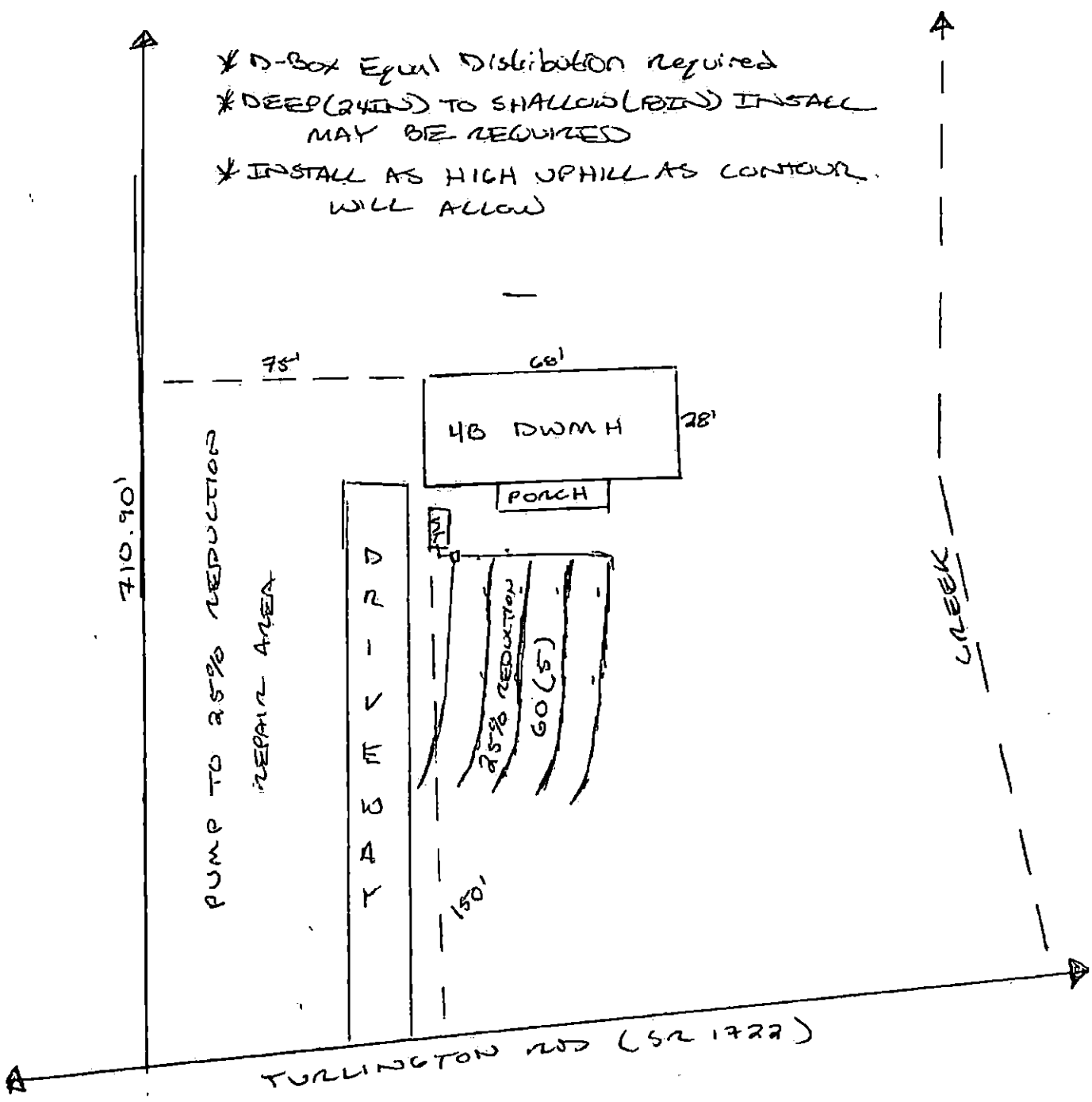
HTE# BRES1808-0039

Permit # 30299

Harnett County Department of Public Health Site Sketch

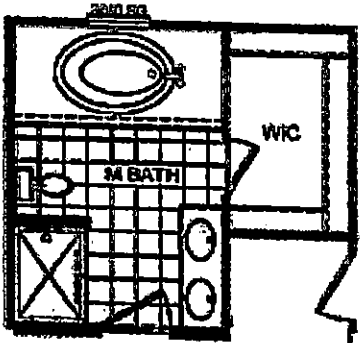
ISSUED TO: Jack Edwards PROPERTY LOCATOR: 388 Turlington Rd. (SR 1722)
SUBDIVISION _____ LOT # 5

Authorized State Agent: [Signature] Date: 12/17/2018

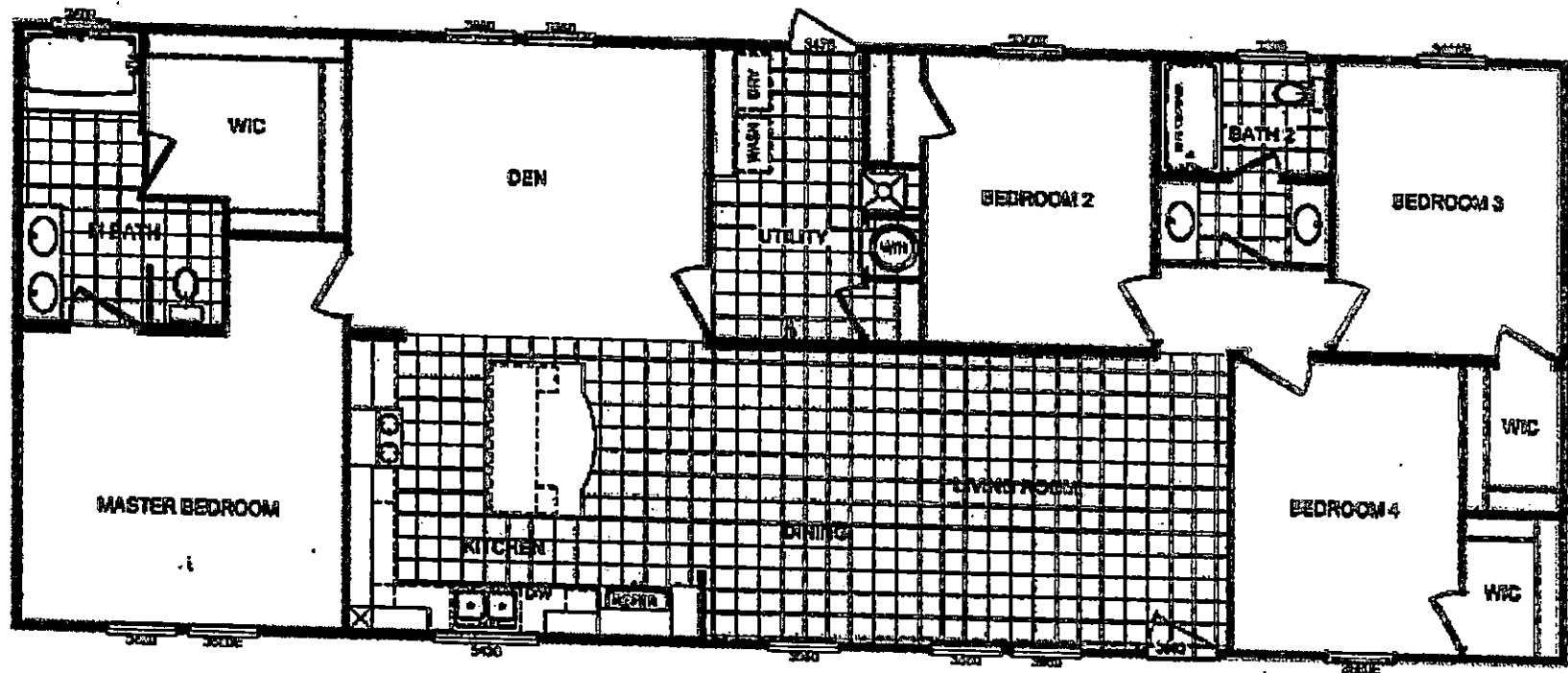


76VIR28683B | M606 | 28X68 | 1,813 SQ FT. | 4 BED 2 BATH

4 BEDROOM FULL DRYWALL !!!



GLAMOUR BATH OPT.



DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 969749

Filed on: 12/27/2018

Initially filed by: raleighclayton781

Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com (http://www.liensnc.com)

Address: 19 W. Hargett St., Suite 507 /
Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (mailto:support@liensnc.com)

Project Property

388 Turlington Rd
Dunn, NC 28334
HArnett County

Property Type

1-2 Family Dwelling

Print & Post



Contractors:
Please post this notice on the Job Site.

Suppliers and Subcontractors:
Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Jack Edwards
388 Turlington Rd
Dunn, NC 28334
United States
Email: r781@claytonhomes.com
Phone: 919-772-5013

Date of First Furnishing

12/27/2018

View Comments (0)

Technical Support Hotline: (888) 690-7384