

		NORTH CAF		
Înitial Application Date:	<u> </u>		Application #_	BRES 18 12-0004
Central Permitting	COUNTY OF 108 E. Front Street, Lillington	HARNETT RESIDENTIAL I	AND USE APPLICATION 893-7525 ext:2 Fax: (910)	CU#893-2793 www.harnett.org/permits
_		•		MITTING A LAND USE APPLICATION**
_	•	·	•	_
LANDOWNER: C/G	15 14 yior	Mailing Ad	aress: <u>                                   </u>	er Pitman Rd
				^
	6 TAYLOR			
city: BROAD I	State 1 Z	ip <u>2756</u> Contact No:	19-499-7381	CTAYLORCONSTRUCTION DI
CONTACT NAME APPLY	ING IN OFFICE: CHAD	MEINNIS	Phone #	919-499-3903 095.000.
ADDRESS: 144	River Bend	, Pin	9680:51-4	095.000.
DEED OR OTP:				)
PROPOSED USE:		_		<u></u>
SFD: (Size /x_	)# Bedrooms:# Baths:_ (Is the bonus room finished		Garage: Deck: Cr set? ( ) yes ( ) no (if yes a	· <u> </u>
_	(Is the second floor finished	?(☐)yes(☐)no Anyo	her site built additions? (🏻 ) ye	·
☐ Manufactured Home:	SW DW TW (Size	38 x 80)# Bedroon	€3 Garage: site built?	Deck: site built?
, Duplex: (Sizex	No. Buildings:			
_	) No. Buildings:	No. Bedrooms Per	Jnit:	#Employees:
Home Occupation: #	) No. Buildings:	No. Bedrooms Per	Unit: rs of Operation:	
Home Occupation: #	No. Buildings: Use: Use: Use:   Use:	No. Bedrooms Per Hou New Well (# of dwellings a	Unit: rs of Operation: sing well) *Must ha	#Employees: Closets in addition? (☐) yes (☐) no ve operable water before final
Home Occupation: #  Addition/Accessory/O  Water Supply: Cou	No. Buildings:	No. Bedrooms Per Hou New Well (# of dwellings to (Need to Complete New Wellow Wellow) Relocation Existing	Jnit: rs of Operation:  sing well) *Must ha ell Application at the same time g Septic Tank County Se	#Employees: Closets in addition? ( ) yes ( ) no  ve operable water before final as New Tank)
Home Occupation: #  Addition/Accessory/O  Water Supply: Ne (Complete	Rooms:Use:Use:Use:	No. Bedrooms Per Hou  New Well (# of dwellings to the Complete New Well (Bedroom Sexisting on other side of application)	Jnit: rs of Operation:  sing well) *Must ha ell Application at the same time g Septic Tank County Se if Septic)	#Employees: Closets in addition? ( ) yes ( ) no ve operable water before final as New Tank)
Home Occupation: #  Addition/Accessory/O  Water Supply: Cou  Sewage Supply: Ne	Rooms:	No. Bedrooms Per  Hou  New Well (# of dwellings I  (Need to Complete New W  Relocation Existing to nother side of application manufactured home within the	Sing well / *Must hat ell Application at the same time g Septic Tank / County Self Septic)  fe hundred feet (500') of tract lie	#Employees: Closets in addition? ( ) yes ( ) no ve operable water before final as New Tank)
Home Occupation: #  Addition/Accessory/O  Water Supply: Cou  Sewage Supply: Ne     (Complete  Does owner of this tract of  Does the property contain	Rooms: Use: Use: Use: Use: Use: Use: Use: Us	No. Bedrooms Per  Hou  New Well (# of dwellings to the complete New Well of the complete New Yell of the Complete New Yel	Jnit: rs of Operation:  sing well) *Must ha ell Application at the same time g Septic Tank County Se if Septic) fe hundred feet (500') of tract list () no	#Employees: Closets in addition? ( ) yes ( ) no ve operable water before final as New Tank)
Home Occupation: #  Addition/Accessory/O  Water Supply: Cou  Sewage Supply: Ne     (Complete  Does owner of this tract of  Does the property contain  Structures (existing or prop  If permits are granted 1 agil	Rooms:	No. Bedrooms Per  New Well (# of dwellings of the New Well of the New Yell of	sing well	#Employees: Closets in addition? ( ) yes ( ) no  ve operable water before final as New Tank) wer  sted above? ( ) yes ( ) no  Other (specify): WELL House k and the specifications of plans submitted. cation if false information is provided.
Home Occupation: #  Addition/Accessory/O  Water Supply: Cou  Sewage Supply: Ne	Rooms:	No. Bedrooms Per  Hou  New Well (# of dwellings to (Need to Complete New Well of Existing to nother side of application manufactured home within for the count of the best of my known and laws of the State of No correct to the best of my known and the county with any application or overhead easeming information that is contest 6 months from the initial LICATION CONTINUES	sing well) *Must ha ell Application at the same time g Septic Tank County Se if Septic) fe hundred feet (500') of tract lie	#Employees: Closets in addition? ( ) yes ( ) no  ve operable water before final as New Tank) wer  sted above? ( ) yes ( ) no  Other (specify): WELL House k and the specifications of plans submitted cation if false information is provided.  bject property, including but not limited uployees are not responsible for any is.***
Home Occupation: #  Addition/Accessory/O  Water Supply: Cou  Sewage Supply: Ne	Rooms:	No. Bedrooms Per  Hou  New Well (# of dwellings to (Need to Complete New Well of Existing to nother side of application manufactured home within for the count of the best of my known and laws of the State of No correct to the best of my known and the county with any application or overhead easeming information that is contest 6 months from the initial LICATION CONTINUES	sing well) *Must ha ell Application at the same time g Septic Tank County Se if Septic) fe hundred feet (500') of tract lie	#Employees: Closets in addition? ( ) yes ( ) no  ve operable water before final as New Tank) wer  sted above? ( ) yes ( ) no  Other (specify): WELL House k and the specifications of plans submitted cation if false information is provided.  bject property, including but not limited uployees are not responsible for any is.***



# \*\*This application expires 6 months from the initial date if permits have not been issued\*\*

\*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)

Environmental	Health	New Sec	itic S	vstem
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TICH OCK		

- 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 <u>undergrowth</u> 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.

## **Environmental Health Existing Tank Inspections**

- 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

### "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC						
	or authorizatio	on to construct please indicate desired system type(s): can	be ranked in ord	er of preference, n	nust choose one.	
{}} Accep	ted	{}} Innovative {}} Conventional	{}} Any	A.,		ž.
{}} Alternative		{}} Other				
		the local health department upon submittal of this appli "yes", applicant MUST ATTACH SUPPORTING DO			oly to the proper	rty in
{}}YES	{}} NO	Does the site contain any Jurisdictional Wetlands?				
{}}YES	{}} NO	Do you plan to have an <u>irrigation system</u> 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 Wa	stewater Syster	ns on this propert	y?	
{}}YES	{} NO	Is any wastewater going to be generated on the site of	er than domest	ic sewage?		
{}}YES	{}} NO	Is the site subject to approval by any other Public Age	ncy?			
{}}YES	{}} NO	Are there any Easements or Right of Ways on this pro	perty?			
{}}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	he lines. This is	a free service.		
I Have Read	Chie Applicati	ion And Cartify That The Information Provided Herein Is	True Complete	And Correct Au	thorized County	And State

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!

strong roots • new growth

Application # BRES 1812-0004

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910 999 6766

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## 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: Address:	_
City: Staté: Zip: Daytime Phone: ( )	_
Landowner Information (To be completed by landowner, if different than above)	•
Name: 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:	
Phone: 919-777-4379 Address 3335 Huy 87 Sanfold	_
City: Sactord State: N. C Zip: 27332	_
State Lic# 3400 Emil: Country Egir hone Ogmail con	<del>-</del>
B. Electrical Contractor Company Name: Da	
Phone: 910-723-6319 Address: 100 HIDDEN CREEK LN.	_
City: LILLINGTON State: N.C Zip: 275.05	_
State Lic# 24311-L Email: DAELECTRICOHOT MALLCON	n
C. Mechanical Contractor Company Name: CENTER HEAT & PIR	<del></del>
Phone: 919-775-2500 Address: 511 E Main St. Santord	
City: Sanford State: NC zip: 27332	
State Lic# <u>4627</u> Email:	
D. Plumbing Contractor Company Name: WARE HARDIN PLUMBING	<del>.</del>
Phone: 910-486-6334 Address: 2520 Gillespic St Fayettevi	<u>[[</u> C
City: Faceffeville State: VC Zip: 18306	<del>.</del> ,
State Lic# 1320 Email: Felicial Wilson @ Waddlavdin Plumb	inglac.com
Part III – Manufactured Home Information	
Model Year:Size:X Complete & follow zoning criteria sheet	
Park Name:Lot Number:	_
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contrinformation and have obtained their permission to purchase these permits on their behalf, and that the construction installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zourier or false information has been provided that this permit courrevoked.	ion or Ioning
Signature of Horse Owner or Agent  12-3-18  Date	

\*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.

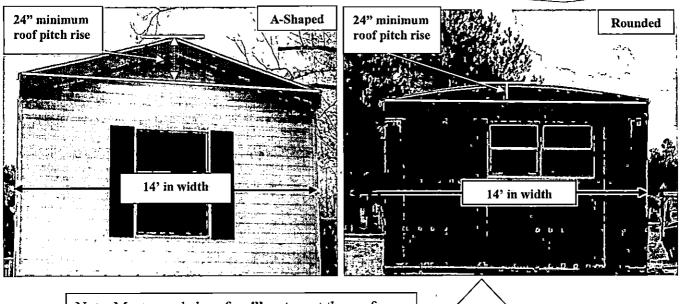
List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

**SETUP** 

Date: 12/3/18 Application #: BRE \$1812-0004

# PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES Replacement & Removal Criteria and Certification

		Acquired to Nome and Continuation
I	, _	And MEInnis, do hereby certify the following: (Print Name)
	1.	That I own a tract of land located on SR ———————————————————————————————————
•	2.	That the existing <b>single/double-wide</b> manufactured home is to be removed or was removed on  (date)
	3.	That I am replacing an existing (circle one) single wide/double wide manufactured home with a (circle one) single wide/double wide manufactured home or other residential structure, and;
	4.	That the replacement of this manufactured home creates residence(s) on this single tract of land, and;
	5.	That there will be manufactured home(s) on this single tract of land and I (circle one) do/do not own property within 500 feet of this tract that contains a manufactured home.
	6.	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)
		nimum A-Shaped 24" minimum roof pitch rise Rounded



Note: Most rounded roofs will not meet the roof pitch requirement as illustrated. The measurement from the peak of the roof to the base line of the roof must be 12" for every 7" of total width of the home. (Example: 14' wide home = 24" roof rise)

- 7. 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: 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.
- 8. The home must have been constructed after July 1, 1976.
- 9. The homes moving apparatus must be removed, underpinned or landscaped.
- 10. Select One of the Following Options Below
  - ☐ The current manufactured home will be removed prior to the Zoning Inspection.
    - A valid moving permit or demolition permit shall be submitted and approved prior to issuance of permit for the new structure.
  - ☐ The current manufactured home will be removed after the final inspection has been performed and the certificate of occupancy has been issued. \*Additional Fees and Requirements shall apply, see below for additional information.)

## \*Additional Information for Option B: Temporary approval for replacement of a manufactured home is allowed only under the procedures and limitations stated below.

Please initial next to each item to indicate that you understand and have or will comply with as necessary.

- 1. A valid manufactured home moving permit must be submitted for the removal of the existing home located on the property to Harnett County Planning Services.
- 2. A copy of a Bill of Sale or a Title Transfer of the existing home must be submitted to Harnett County Development Services.
- 3. Items 1 & 2 must be submitted to Central Permitting prior to your permit issuance.
- 4. Property owner acknowledges that due to the fact that a second zoning inspection is required, in order to facilitate this request, a re-inspection fee in the amount of fifty (\$50.00) dollars shall be paid during the permitting process.
- 5. Once the home has met all other zoning requirements, a temporary approval shall be granted in order to proceed with obtaining a certificate of occupancy. From the date the certificate of occupancy is issued, the property owner shall have five (5) business days to remove the pre-existing manufactured home.
- 6. Property owner acknowledges that if the pre-existing manufactured home is not removed by the specified time of five (5) business days that he / or she shall be in direct violation of the Harnett County Unified Development Ordinance. And by creating a violation of the Harnett County Unified Development Ordinance shall subject themselves to enforcement actions, penalties, and fines specified within Article XV, (Administration, Enforcement, and Penalties) of the Harnett County Unified Development Ordinance. Each day the violation continues is a separate offense and is a misdemeanor punishable by a fine not to exceed one hundred (\$100.00) dollars or imprisonment not to exceed thirty (30) days.
- 7. Property owner acknowledges and affirms that the guidelines, procedures, and requirements associated with the replacement of a manufactured home and the penalties for creating a violation of the Harnett County Unified Development Ordinance have been explained and accepts this document as an initial Notice of Violation.

Signature of Property Owner

\*By signing this form the owner is stating that they have read and understand the information stated above and should consider this as their initial Notice of Violation if any of the above

requirements/regulations are not adhered to.