



Initial Application Date: 1/7/19

Application # BRES1901-0014

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: PHYLLIS BYRON Mailing Address: 362 TOM MYERS RD

City: LILLINGTON State: NC Zip: 27546 Contact No: 910 514 3010 Email: PHYLLISBYRON123@GMAIL.COM

APPLICANT*: Same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: Rhuggy28@hotmail.com
*Please fill out applicant information if different than landowner

ADDRESS: Tom Myers Rd PIN: 0507-40-1187.000

Zoning: RA-20R Flood: X Watershed: NO Deed Book / Page: 2019/3

Setbacks - Front: 30' Back: 38' Side: 32' Corner: _____

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) Monolithic

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 15 x 76) # Bedrooms: 3 Garage: _____ (site built? _____) Deck: _____ (site built? _____) 2bth

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**
(Need to Complete New Well Application at the same time as New Tank)

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 SWMT 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.

Phyllis Byron
Signature of Owner or Owner's Agent

1-7-2019
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*

APPLICATION CONTINUES ON BACK

****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 Septic System

- **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.**

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

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.

'S RD

Fire Hydrant

N 79°56'59"W
NOT TO SCALE
TIE LINE

S89°43'31"W
46.06'

FENCE

S76°15'01"E
189.59'

SUMMED 60 FT R/W

S76°14'57"E
49.98'

S76°15'00"E
81.01'

SR 2160

APPROXIMATE LOCATION WATER

S76°20'00"E
237.44'
NOT SURVEYED

THOMAS & LEONA SWIST

N14°28'34"E
288.20'

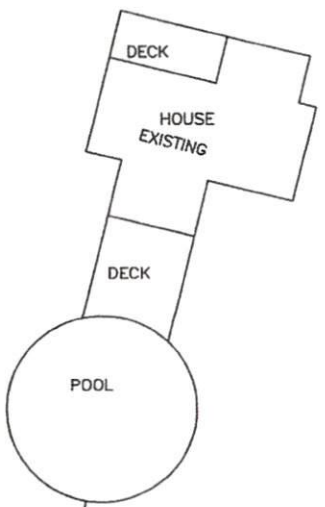
1.31 ACRES

1.83 ACRES

2.0 ACRES

2.0 ACRES
+1.83 ACRES

3.83 ACRES TOTAL



ACCESS ROAD

S07°56'23"W
270.43'

50' EASEMENT FOR INGRESS, EGRESS, AND UTILITIES

EASEMENT LINE

S07°54'08"W
389.27'

S07°50'06"W
380.92'

EXISTING MOBILE HOME

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surveyor
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Planning,
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below.

KIMLEE A PORRAZZO
ANTHONY PORRAZZO

DEED BOOK 1375 927-928
NC PIN 0507-40-3166.000

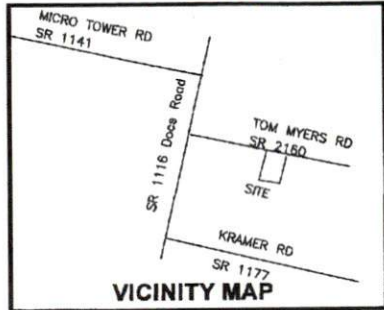
SITE PLAN APPROVAL
DISTRICT RA-20R USE SWM

#BEDROOMS 3

1/7/19

LL
Zoning Adminis

X Shyllis By



North Carolina, Johnston County
 I, W. R. Lambert, certify that this plan was drawn under my supervision from an actual survey made under my supervision (Good description recorded in Book 1375 Page 927 etc.) (other) that the boundaries are already indicated on a plan or map of record in Book 1375 Page 927 that the nature of previous or potential surveying as indicated in 1375 that this plan was prepared in accordance with G.S. 47-35 as amended.

I certify to use or more of the following:
 A. That the survey creates a subdivision of land within the area of a county or municipality that has authority that regulates parcels of land.
 B. That the survey is located in a portion of a county or municipality that is designated on an ordinance that regulates parcels of land.
 C. Any one of the following: (1) That the survey is of an existing parcel or parcels of land or one or more existing easements and does not create a new street or through an existing street. For the purpose of this subsection, an "existing parcel" or "existing easement" is an area of land described in a single, legal description or legally recorded subdivision that has been or may be legally conveyed to a new owner by deed in its existing configuration. (2) That the survey is of an existing feature, such as a building or other structure, or natural feature, such as a watercourse. (3) That the survey is a preliminary, a control survey, for final, correct to be used to define or convey rights or easements. (4) That the survey is of a proposed easement for a public utility as defined in G.S. 47-35.
 D. That the survey is of another category, such as the approximation of existing parcels, a court-ordered survey, or other exception or exception to the definition of subdivision.
 E. That the information available to the surveyor in such that the surveyor is unable to make a determination to the best of the surveyor's professional ability as to whether contained in (a) through (d) above.

Witness my official signature, license number and seal this 19 day of Dec, A.D. 2019
 W. R. Lambert
 Seal or Stamp
 License Number PLS L-1211



I hereby certify that the development described herein has been granted final approval from Harnett County (2-811 Addressing, Environmental Health, Planning, Public Utilities, and the North Carolina Department of Transportation. This plan is subject to any and all conditions stated herein and is eligible for recording in the Harnett County Register of Deeds within thirty days of the date hereof.

E-911 Addressing - _____
 Public Utilities (Not For Construction) - _____
 NCDOT - _____
 Signature Administrator W. R. Lambert Date 1-4-19

- LEGEND**
- ESR Existing Street Road
 - SRB Set Road Road
 - ECPS Existing Center Piker Splide
 - SCPS Set Center Piker Splide
 - EN Existing Nod
 - EP Existing Iron Pipe
 - SP Set Iron Pipe
 - ES Existing Iron Stake
 - SP Set Iron Stake
 - EPN Existing Fire Nod
 - SPN Set Fire Nod
 - ECM Existing Concrete Manhole
 - SPM Set Manhole
 - EP Existing Water
 - SP Set Water
 - EP Existing Telephone Stake
 - SP Set Telephone Stake
 - EP Existing Power Pole
 - SP Set Power Pole
 - EP Existing Fire Hydrant
 - SP Set Fire Hydrant

CERTIFICATE OF OWNERSHIP, DEDICATION AND JURISDICTION

I (we) hereby certify that I am (we are) the owner(s) or agent of the property herein and described herein and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish the minimum building setback lines, and declare all streets, alleys, walks, parks, and other sites and easements to public or private use as roads, and all of the land shown hereon to be within the subdivision jurisdiction of Harnett County, except:

12-20-19 Phyllis D. Byron, Kim Porrazzo, Anthony Porrazzo

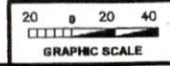
LAMBERT SURVEYING INC.
 C-1280
 W. R. LAMBERT, PLS 1211
 W. ROYCE LAMBERT, JR., PLS 3517
 CAROLYN J. LAMBERT, MANAGER
 509 N. LINCOLN STREET
 919-894-8575 PHONE
 919-207-0873 FAX
 BENSON, NC 27504

STATE OF NORTH CAROLINA, HARNETT COUNTY
Phyllis D. Byron, REVIEW OFFICER OF HARNETT COUNTY, CERTIFY THAT THE MAP OR PLAN TO WHICH THIS CERTIFICATE IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
Phyllis D. Byron
 REVIEW OFFICER
 DATE: 1-4-19

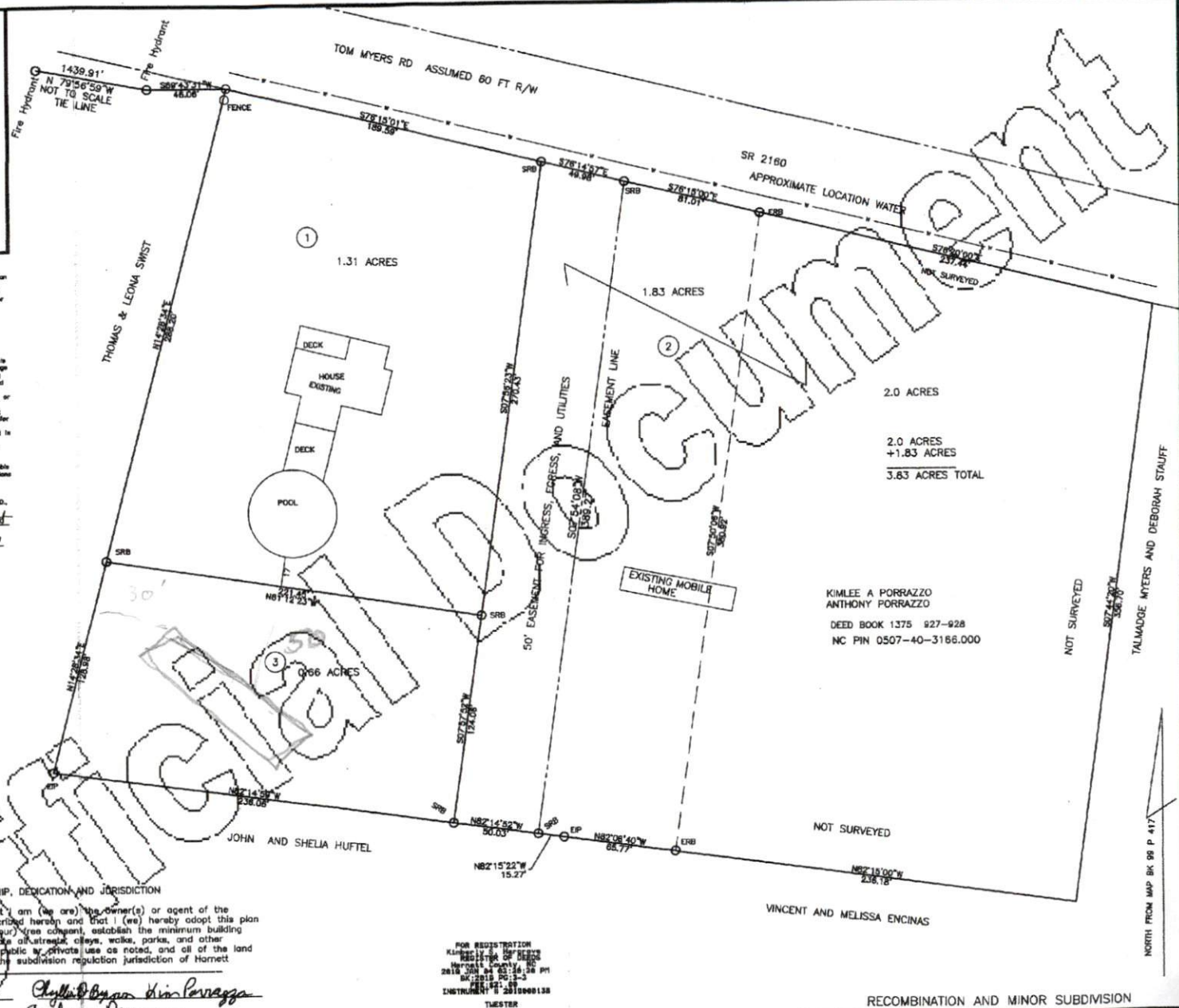
STATE OF NORTH CAROLINA, HARNETT COUNTY
 FILED FOR REGISTRATION AT 3:30 P. M. January 4, 2019 IN THE REGISTER
 OF DEEDS OFFICE
Kimberly S. Hargrove
 REGISTER OF DEEDS
 BY: Phyllis D. Byron, County Supv.



DEED BOOK 919 P 982-983
 BOOK 1375 P 927-928



RECOMBINATION AND MINOR SUBDIVISION
 MAP FOR
 PHYLLIS D BYRON KIMLEE A PORRAZZO
 ANTHONY PORRAZZO
 TOWNSHIP BARBECUE COUNTY HARNETT
 STATE: NORTH CAROLINA DATE: 12-17-18 SCALE: 1" = 40'
 ZONE: RA 20 R TAX PARCEL: NC PIN 0507-40-1187.000



KIMLEE A PORRAZZO
 ANTHONY PORRAZZO
 DEED BOOK 1375 927-928
 NC PIN 0507-40-3186.000

NORTH FROM MAP BK 96 P 417

Date: 1/7/19

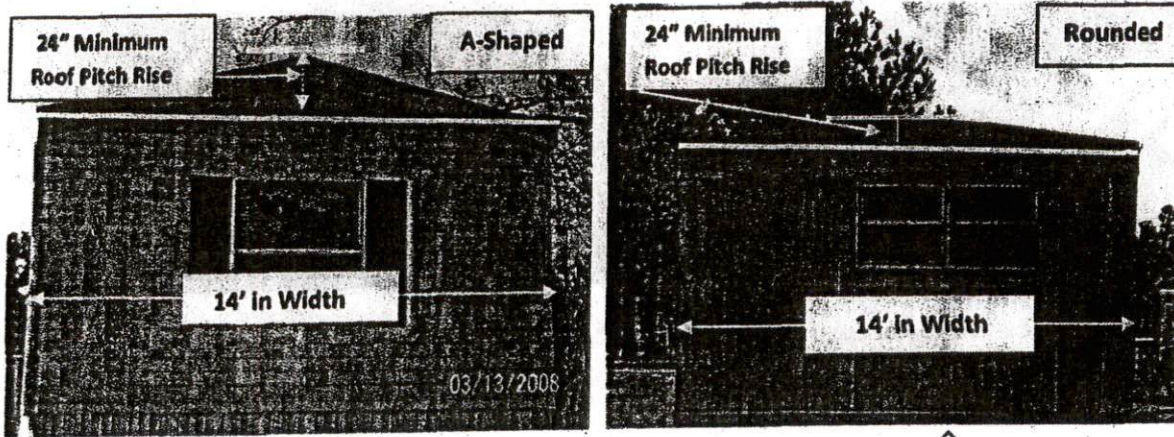
Application# _____

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Phyllis Byron understand that because I'm located in a RA-20R or RA-20M Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

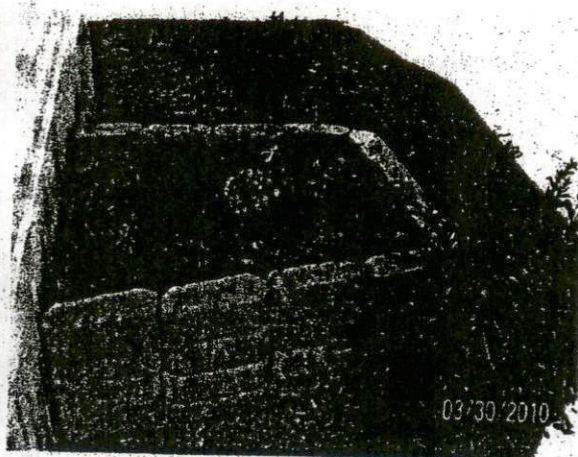
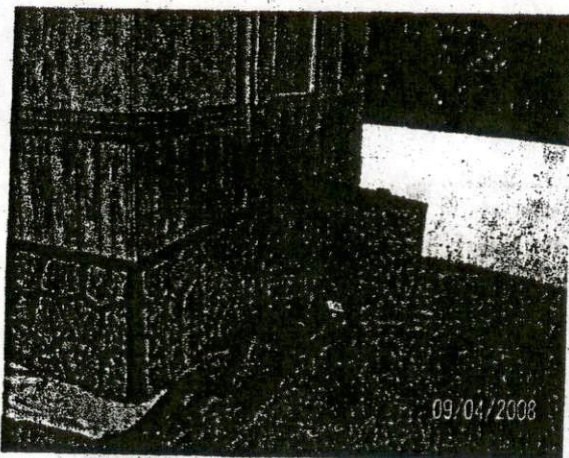
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See illustrations Below.)



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. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



4. The home must have been constructed after July 1st 1976.

Chyllis Byson

Signature of Property Owner / Agent

1-7-2019

Date

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