

Initial Application Date: 0110119

Application # BRES1901-0023

CU#\_

Central Permitting	COUNTY OF 1	HARNETT RESIDENT NC 27546 Phone:	IAL LAND USE APPLI (910) 893-7525 ext:2	CATION Fax: (910) 893-2793	www.harnett.org/permits
**A RECORDED SU	JRVEY MAP, RECORDED DEED (OR	OFFER TO PURCHASE) &	SITE PLAN ARE REQUIRE	D WHEN SUBMITTING A LAN	ID USE APPLICATION**
	eth · Connie Div				
, ~	State: OC Zi				o rockno Hilo L
	th Consid Richer				
	Lake state: U.C-zi				
ADDRESS:/4//	Valley rd. Spi	ng Lake	PIN:		yavaa,
	d: Watershed:			•	
	<u>20′ 5 "</u> Back: <u>∐ 8′ 2"</u> :	Side: <u>62                                   </u>	orner:	-	
PROPOSED USE: 35	2, 32,	10'			
□ SFD: (Size <u>x</u>	) # Bedrooms:# Baths:_				
	(Is the bonus 1 om fir hed?	'() yes () no w/	: :loset' () yes (	) no (if yes add in with # b	edrooms)
□ Mod: (Sizex_	) # Bedrooms# Pnths_			<u> </u>	Frame Off Frame
/	(Is the second floor finished)	? ( yes ( no A	other site bolt add	ons? () yes () no	
Manufactured:Home:	SW DW TW (Size	68 x 28)#Bed	lrooms; 4 Garage; <u>-</u>	(site built?) Deck:_	(site built?)
☐ Duplex: (Sizex	() No. Buildings:	No. Bedrooms	Per Unit:		
☐ Home Occupation: #	Rooms:Use:		Hours of Operation:		#Employees:
☐ Addition/Accessory/O	other: (Sizex) Use:_	<del>.</del>		Closets in ac	ddition? () yes () no
Water Supply:Cou	nty Existing Well	New Well (# of dwelli	ngs using well	_) *Must have operable	water before final
	w Septic TankExpansion	RelocationE	xisting Septic Tank	he same time as New Tar County Sewer	<u>ik)</u>
Does owner of this tract of	Environmental Health Checklist land, own land that contains a r	on other side of applic nanufactured home wit	ation if Septic) hin five hundred feet (5	00') of tract listed above?	() yes ( <b>_X</b> ) no
Does the property contain	any easements whether underg	round or overhead (	)yes (火火)no ·		
Structures (existing or prop	posed): Single family dwellings:_	Man	ufactured Homes:	Other (spec	;ify):
If permits are granted I ago I hereby state that foregoin	ree to conform to all ordinances ng statements are accurate and	and laws of the State of correct to the best of m	f North Carolina regula y knowledge: Permit si	ting such work and the spublic to revocation if false	ecifications of plans submitted.
Com	isto Richardson 0)	KNIZ	elle.	1-7-19	·
***It is the owner/applica	Signature of Owner of Counts responsibility to provide t	he county with any a	oplicable information	Date about the subject prope	rty, including but not limited
to. Dodinary imorni	ation, house location, undergr incorrect or missin This application expire	g information that is	contained within thes	e applications.***	nor responsible for any

**APPLICATION CONTINUES ON BACK** 

strong roots · new growth



## \*\*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)

	adon sapimerou.	complete site plan – oo mo	ituis, compiete piatzi withou	ir expitation),		•	
<u>√Em</u>	🗸 onmental He	ealth New Septic Syst	em ' /e win	er e e			• •
	<u>ון property in</u> רe clearly flagg	ons must be made viged approximately ever	i <u>sible</u> . Place "pink prop ry 50 feet between corn	erty flags" on e ers.	ach corner i	ron of lot. All pro	perty lines must
•	Dlace "orange	house corner flags" at	t each corner of the pro	posed structu	re. Also flag	g driveways, gara	iges, decks, out
			e flags per site plan dëv				r ti a
•			ard in location that is ea				
•			nental Health requires th				e soil evaluation
	•	-	e able to walk freely are business days after o			• •	he incurred for
•			nouse corners and pro				
						*, *	_
		l Health Existing Tan				,	
•			flags and ard on prope		s indicatos	and lift lid atraigh(	tun (if nasaihla)
•			oil over <b>outlet end</b> of t ess inspection is for a se				. up (ii possible)
	DO NOT LEAVE	LIDS OFF OF SEPTIC	TANK	optio talik ili a i	nobile nonic	parky	
4		WORE WEO	RMATION MAY BE REQUI	DENTA COMBLE	TE ANV INCOI	CTION	
SEPTIC	•	MORE INFO	KMATION MAY BE REQUI	RED TO COMPLE	I E ANT INSEI	CHON 1	i.
		on to construct please indi	cate desired system type(s)	: can be ranked i	n order of pref	ìerence, must choosε	one.
{}} A	ccepted	{}} Innovative	{\( \) Conventional	- {}} Any		🗶 x	والأغر يجد والع
{}} A	lternative	{}} Other					
The appl question	icant shall notify. If the answer is	the local health department of the thick the t	ent upon submittal of this ATTACH SUPPORTING	application if an IG DOCUMEN	ny of the follo TATION:	wing apply to the p	roperty in
{}}YE	ON 🔀 8	Does the site contain ar	ny Jurisdictional Wetlands	<b>;</b> ?			
{}}YE	ои 🖄 в	Do you plan to have an	irrigation system now or	in the future?			
{}}YE	s ⟨ <u>√</u> {} no	Does or will the building	ng contain any <u>drains</u> ? Ple	ase explain			<del></del> ,
{}}YE	S { <b>X</b> } NO	Are there any existing	wells, springs, waterlines	or Wastewater S	ystems on thi	s property?	••
{}}YE	S 🔀 NO	Is any wastewater goin	g to be generated on the si	ite other than do	mestic sewage	<b>∂</b> ?	

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!

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.

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?

}YES

}YES

{**X**} NO

{**∑**} №

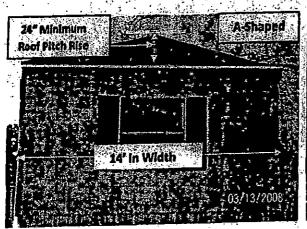
•	•	
	Application#	
Date:	Application m	
Pale:		

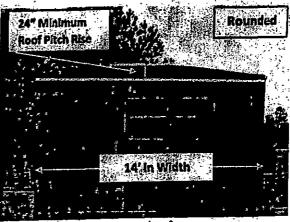
## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

## RA-20R & RA- 20M Certification Criteria

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.)



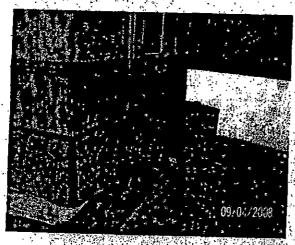


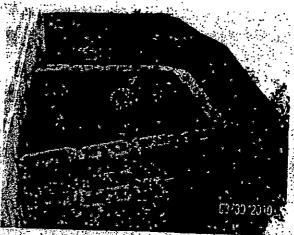
Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

記えないのはは少

- 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.
- The homes moving apparatus must be removed, underplaned, or landscaped. (See examples below.)





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

Signature of Property Owner / Agent-

Date

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

## Harnett GIS

