

Initial Application Date: 0110119

Application # BRES1901-0024

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: D&S EAST, LLC Mailing Address: 14 APOTHECARY CT.
City: GARNER State: NC Zip: 27529 Contact No: 919-291-3301 Email: Stonardwms@gmail.com

APPLICANT: D&S EAST, LLC Mailing Address: 14 APOTHECARY CT
City: GARNER State: NC Zip: 27529 Contact No: 919-291-3301 Email: Stonardwms@gmail.com
*Please fill out applicant information, if different than landowner

ADDRESS: 71 S. LOGANS BLUFF PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____) # Bedrooms _____ Baths _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab: _____
(Is the bonus room finished? () yes () no w/ closet () yes () no (if yes add in with # bedrooms))

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath): _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no A / other site built additions? () yes () no)

Manufactured Home: SW DW TW (Size 15 x 66) # Bedrooms: 3 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
(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: _____ 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

It is the owner/applicant's 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.



SITE PLAN APPROVAL

DISTRICT RA-30 USE SW

#BEDROOMS 3 bed / 2 bath

Okaszewski 0110119

* [Signature] ADMINISTRATOR

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: D&S EAST, LLC Address: 14 APOTHECARY CT
City: GARNER State: NC Zip: 27529 Daytime Phone: (919) 291-3301

Landowner Information (To be completed by landowner, if different than above)

SAME Name: D&S EAST, LLC Address: 14 APOTHECARY CT
City: GARNER State: NC Zip: 27529 Daytime Phone: (919) 291-3301

Part II – Contractor Information (To be completed by Contractors or Homeowner, if applicable.)

Name, address, & phone must match information on license

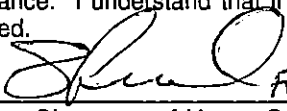
- A. **Set-Up Contractor** Company Name: JMB SERVICES MIKE BARBOUR
Phone: 919-669-7043 Address: 105 ASPEN CIR.
City: CLAYTON State: NC Zip: 27520
State Lic# 32512 Email: _____
- B. **Electrical Contractor** Company Name: DAVID TEASLEY ELECTRIC
Phone: 919-632-9776 Address: _____
City: _____ State: _____ Zip: _____
State Lic# 9585-U Email: _____
- C. **Mechanical Contractor** Company Name: J&M HEATING & AIR
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# 17164 Email: _____
- D. **Plumbing Contractor** Company Name: WATER & WASTE SYSTEMS
Phone: 919-661-8602 Address: 14 APOTHECARY CT
City: GARNER State: NC Zip: 27529
State Lic# 35745 Email: Sleonardows@gmail.com

Part III – Manufactured Home Information

Model Year: 2018 Size: 15 x 66 **Complete & follow zoning criteria sheet**

Park Name: KIRBY ESTATES Lot Number: 2

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

1/9/19
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.

McGee Investments
DBA GREENFIELD HOUSING CENTER

2117 Highway 70 East
 Gamer, North Carolina 27529
 (919) 772-2220

BUYER(S) D&S East, LLC (Scott Leonard, Managing member)	PHONE (919) 291-3301	DATE 12/26/18
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ADDRESS
14 Apothecary Court, Gamer, NC 27529

DELIVERY ADDRESS
3574 NC Hwy 55, Lot B, Angier, NC 27501

MAKE Fleetwood	MODEL Economy/ 1663Z	YEAR 2019	BEDROOMS 3	BATHS 2	FLOOR SIZE L 66 W 16	SQUARE FEET 1056
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SERIAL NUMBER FLE270VA74286A	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> PREOWNED <input checked="" type="checkbox"/> MFD <input type="checkbox"/> MOD	SALESPERSON Ken McGee
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I have received a copy of Form NC/NC. INITIAL(S)	BASE PRICE OF UNIT	\$ 29,554.00
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OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	SALES TAX	701.91
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Price includes delivery only to above address.	DMV Title Fee	52.00
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Home as specified per Factory Quote, exhibits A & B.	SUB-TOTAL	\$ 30,307.91
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	CASH PURCHASE PRICE	\$ 30,307.91
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	NET TRADE ALLOWANCE	\$
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	CASH DOWN PAYMENT	\$
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	LESS TOTAL CREDITS	\$ 0.00
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	SUB-TOTAL	\$ 30,307.91
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	Unpaid Balance of Cash Sale Price	\$ 30,307.91
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Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.

Cash sale proceeds due day of delivery.	ESTIMATED RATE OF FINANCING	0.00 %
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Estimated shipping 3rd week of January, 2019.	NUMBER OF YEARS	_____
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Wheels and axles recycled back to factory after setup.	ESTIMATED MONTHLY PAYMENTS \$	0.00
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THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.

TOTAL OPTIONAL EQUIPMENT, LABOR & ACCESSORIES	\$	0.00
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NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.

DESCRIPTION OF TRADE-IN Non-applicable	YEAR	SIZE	x BEDROOMS
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MAKE	MODEL	COLOR
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TITLE NO.	SERIAL NO.	COLOR
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AMOUNT OWING TO WHOM

ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER

McGee Investments DBA GREENFIELD HOUSING CENTER <small>Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent</small>	DEALER	SIGNED X	 FOR D&S EAST, LLC	BUYER
By <small>Approved</small>		SIGNED X		BUYER