



Initial Application Date: BW-1-15-19

Application # BRES1901-0031

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: Beatrice Thomas Mailing Address: P.O. Box 33  
City: Bunnlevet State: NC Zip: 28323 Contact No: N/A Email: N/A

APPLICANT: Bridgitte Williams Mailing Address: P.O. Box 752 Lillington  
City: Lillington State: NC Zip: 27546 Contact No: 910-658-5096 Email: Bridgitte.williams@outlook  
\*Please fill out applicant information if different than landowner

ADDRESS: \_\_\_\_\_ PIN: 0546-95-9866.000

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: 01120 / 10200

Setbacks - Front: 50' Back: 26' Side: 30' Corner: \_\_\_\_\_

**PROPOSED USE:**

- SFD: (Size \_\_\_\_\_ # 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)
- Mod: (Size 20' x 14' # 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 30 x 76) # Bedrooms: 5 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: Harnett 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: X 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.

Bridgitte Williams \_\_\_\_\_ 1-15-19  
Signature of Owner or Owner's Agent 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.**

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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: Bridgette Williams Address: P.O. Box 752

City: Lillington NC Zip: 27546 Daytime Phone: (A/U) 058-5096

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

Name: Bridgette Williams Address:

City: Lillington State: NC Zip: 27546 Daytime Phone: (A/U) 058-5096

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: Choo choo Homes Transit

Phone: 910-810-5756 Address: 5657 Brass Blvd

City: Fay State: NC Zip: 28303

State Lic# 3532 Email:

B. Electrical Contractor Company Name: Jerry Parker

Phone: 910-627-4727 Address: 4109 Old Mintz Highway

City: Roseboro State: NC Zip: 28328

State Lic# 08393 EL-L Email:

C. Mechanical Contractor Company Name: Reliable Heat & Air

Phone: Reliable Heat Address: 2040 Hairo rd Shannon NC 28386

City: Shannon State: NC Zip: 28386

State Lic# 22270 Email:

D. Plumbing Contractor Company Name: Home Owner

Phone:  Address: PO Box 752

City: Lillington State: NC Zip: 27546

State Lic#  Email:

Part III - Manufactured Home Information

Model Year: 2013 Size: 30 x 76 Complete & follow zoning criteria sheet

Park Name: N/A parcel 12-0546 Lot Number:

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.

Bridgette Williams  
Signature of Home Owner or Agent

1-15-2019  
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.

Date: 1-15-2018<sup>19</sup>

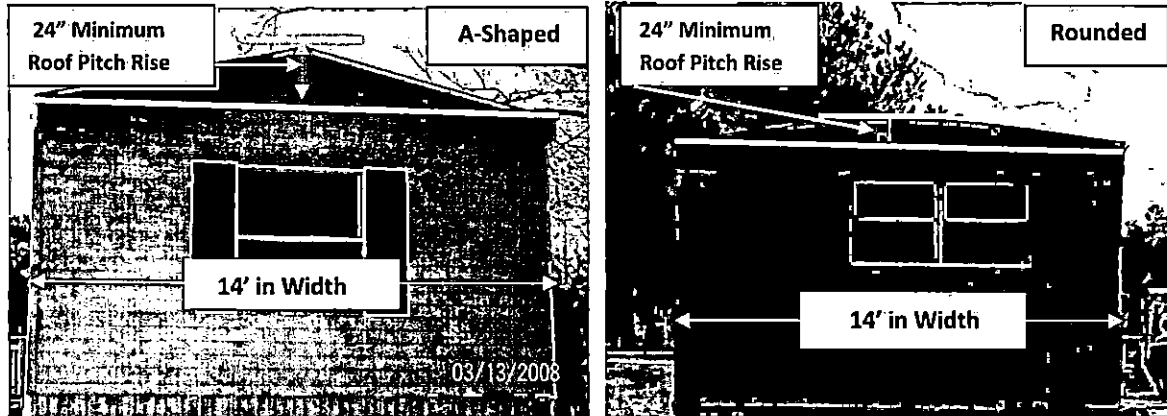
Application# BRES1901-0031

## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

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

I, Bridgette Williams, 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.

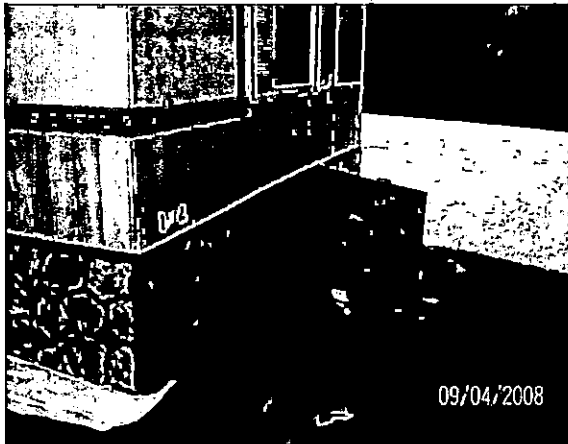
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty 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 1<sup>st</sup> 1976.

Bridgett Williams

Signature of Property Owner / Agent

1-15-2019

Date

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

THOMAS BEATRICE W MCLEAN CHAPEL CHURCH RD NC 1201796000										Return/Appeal Notes: Parcel: 12-0546- - - 0071 PLAT: / UNIQ ID 267595 ID NO: 0546-95-9866.000												
COUNTY WIDE ADVALOREM TAX (100), FLATBRANCH FIRE ADVALOREM TAX (100)										CARD NO. 1 of 1												
Reval Year: 2017 Tax Year: 2019										4.18 ACRES SMITH												
Appraised by 14 on 01/01/2017 01200 STEWART'S CREEK										4.180 AC SRC= TW-12 CI-FR-EX- AT- LAST ACTION 20170302												
<b>CONSTRUCTION DETAIL</b>			<b>MARKET VALUE</b>				<b>DEPRECIATION</b>				<b>CORRELATION OF VALUE</b>											
<b>TOTAL POINT VALUE</b>			USE	MOD	Eff. Area	BASE RATE	RCN	EYB	AYB													
<b>BUILDING ADJUSTMENTS</b>			50	00						% GOOD												
<b>TOTAL ADJUSTMENT FACTOR</b>			TYPE: RURAL HOME SITE																			
<b>TOTAL QUALITY INDEX</b>			STYLE:																			
													CREDENCE TO									
													DEPR. BUILDING VALUE - CARD									
													DEPR. OB/XF VALUE - CARD									
													MARKET LAND VALUE - CARD									
													TOTAL MARKET VALUE - CARD									
													TOTAL APPRAISED VALUE - CARD									
													TOTAL APPRAISED VALUE - PARCEL									
													TOTAL PRESENT USE VALUE - PARCEL									
													TOTAL VALUE DEFERRED - PARCEL									
													TOTAL TAXABLE VALUE - PARCEL \$									
													PRIOR									
													BUILDING VALUE									
													OBXF VALUE									
													LAND VALUE									
													PRESENT USE VALUE									
													DEFERRED VALUE									
													TOTAL VALUE									
													30,720									
													PERMIT									
													CODE	DATE	NOTE	NUMBER	AMOUNT					
													ROUT: WTRSHD:									
													SALES DATA									
													OFF. RECORD	DATE	DEED			INDICATE SALES				
													BOOK	PAGE	MO/YR	TYPE	Q/UV/I	PRICE				
													01126	0206	12/1995	WD	Q	V	10000			
													00837	0087	7/1987	WD	X	V	0			
													00684	0192	1/1900	WD	X	V	0			
													00684	0190	1/1900	WD	X	V	0			
													HEATED AREA									
													NOTES									
													088003									
<b>SUBAREA</b>			CODE	QUALITY	DESCRIPTION	COUNT	LT	HW	TH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	SIZE FACT	AYB	EYB	ANN DEP RATE	% OVR	COND	OB/XF DEPR. VALUE		
<b>TOTAL OB/XF VALUE</b>																						
<b>FIREPLACE</b>																						
<b>SUBAREA TOTALS</b>																						
<b>BUILDING DIMENSIONS</b>																						
<b>LAND INFORMATION</b>																						
HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRONTAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES RF AC LC TO OT				ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJST	ADJUSTED UNIT PRICE	LAND VALUE	VERRIDE VALUE	LAND NOTES		
HOME PAVD	5010	RA-20M	0	0	1.0000	0	1.0000	TOPO LEVEL					18,000.00	1.000	AC	1.000	18,000.00	18000		0		
AGRI I PV	5111	RA-20M	0	0	1.0000	0	1.0000						3,500.00	2.000	AC	1.000	3,500.00	7000		0		
FRST I PV	6111	RA-20M	0	0	1.0000	0	1.0000						3,000.00	1.180	AC	1.000	3,000.00	3540		0		
<b>TOTAL MARKET LAND DATA</b>													4.180								28,540	
<b>TOTAL PRESENT USE DATA</b>																						