



Initial Application Date: _____

Application # _____

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: Rodean Anderson Mailing Address: 5319 Taber Ct
City: Fayetteville State: N.C Zip: _____ Contact No: (910) 867-5271 Email: _____

APPLICANT: Shelby McLean + Fredrick Sparks Mailing Address: 472 Sanderfer Rd
City: Bunnlevel State: N.C Zip: 28323 Contact No: (910) 600-4460 Email: _____
*Please fill out applicant information if different than landowner (336) 253-8940

ADDRESS: _____ PIN: 0556-589947-000

Zoning: R200m Flood: X Watershed: IV Deed Book / Page: _____

Setbacks - Front: 17 Back: _____ Side: 28 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)
- 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 28 x 36) # Bedrooms: 4 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

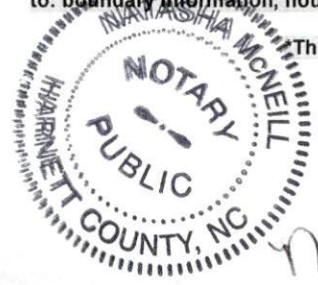
Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

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.

Rodean Anderson Signature of Owner or Owner's Agent Date 3-2-2019

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



3/2/2019 strong roots • new growth

Natasha McNeill
Commission Expires: 11/20/2021

****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 GIS

NOT FOR LEGAL USE



GIS/E-911 Addressing
March 5, 2019

- Recycle Center
- Landfills
- Surrounding County Boundaries
- Federal Property

- City Limits
- Address Numbers
- Airport
- Major Roads**
- Interstate

- NC Roads
- US Roads
- Mile Markers
- Railroad

SITE PLAN APPROVAL

DISTRICT Bazom Dumit

#BEDROOMS 4

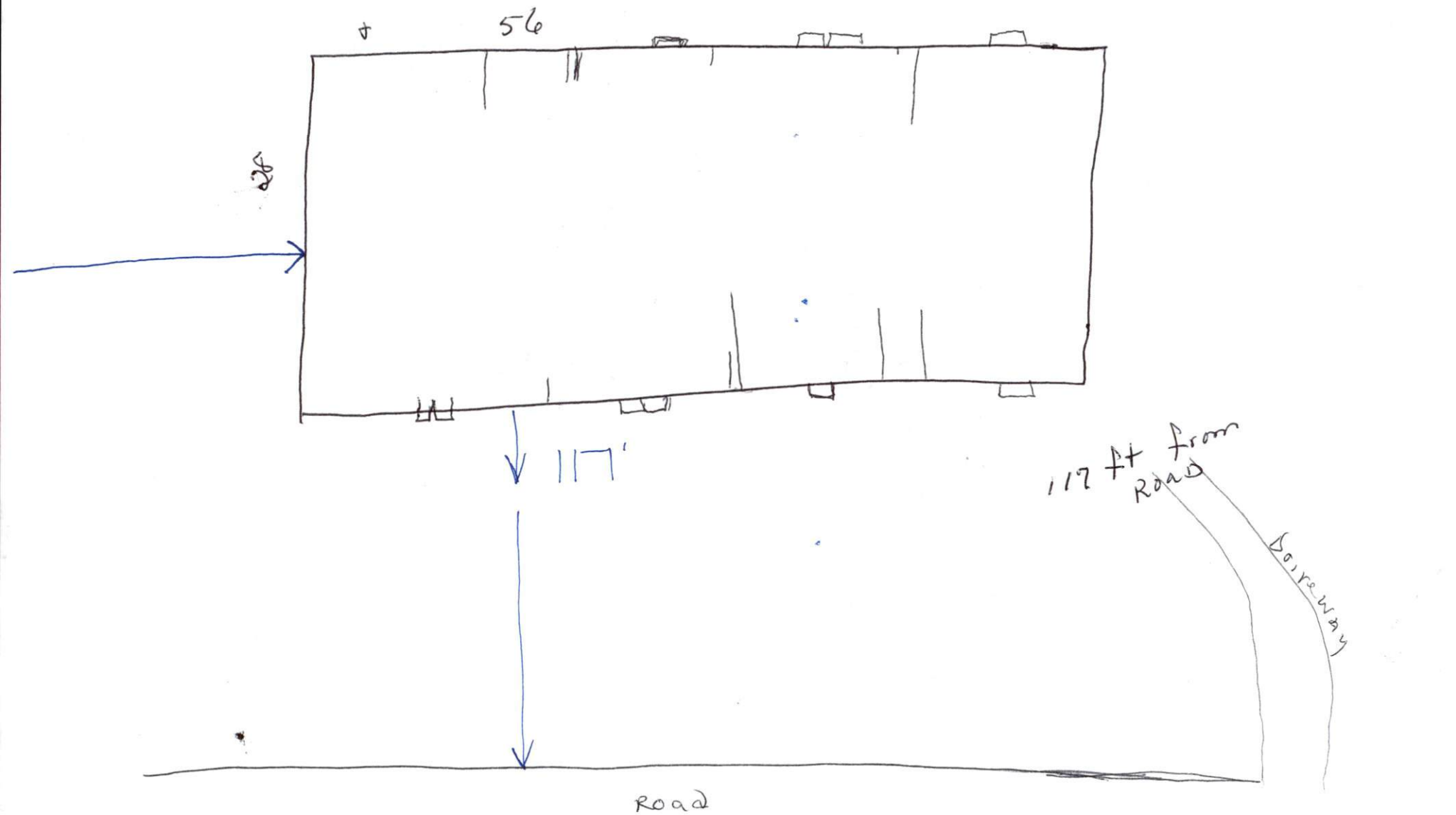
Date 3/5/19

1 inch = 94 feet

Scale: 0 40 80 160 Feet

Scale: NOT to scale

972 Sanderfer Rd
Bunaveral W.C.



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: Shelby McKeown + Fredrick Sparks Address: 972 Sanderfer Rd

City: BUNNLEVEL State: N.C Zip: 28323 Daytime Phone: () (910) - 600-4460 (336) 253-8940

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

Name: Rodwan Anderson Address: 5319 Taber Ct

City: Fayetteville State: N.C Zip: 28323 Daytime Phone: (910) 867-5271

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: Dugie Locklear MH movers

Phone: 910-740-2030 Address: 4 Velcord Dr

City: Lumberton State: N.C Zip: 28358

State Lic# 3660 Email:

B. Electrical Contractor Company Name: Joey Hardin

Phone: 910-740-6691 Address: 2252 Tobasco Rd

City: Fairmont State: N.C Zip: 28340

State Lic# 19728 Email:

C. Mechanical Contractor Company Name: Spells Mechanical

Phone: 910-525-5976 Address: 123 W Vinson Ave

City: Aulryville State: N.C Zip: 28318

State Lic# 10754 Email:

D. Plumbing Contractor Company Name: James Monroe

Phone: 910-740-6694 Address: 630 Monroe Rd St. Pauls

City: Fairmont State: N.C Zip: 28340

State Lic# 22007 Email:

Part III - Manufactured Home Information

Model Year: 2019 Size: 28 X 56 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 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: Shelby McKeown + Fredrick Sparks

Date: 3-1-2019

*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.

SALES AGREEMENT

DATE: 02/09/2019

BUYER(S): Shelby Mclean

Fredrick Sparks

ADDRESS: 5721 Chalmers Crt Fayetteville NC 28311

DELIVERY ADDRESS: TBD Sanderfer Rd Bunnlevel NC 28323

TELEPHONE: 910-600-4460

SALES PERSON FULL NAME: Christopher Jacobs

BASE PRICE: 74,355.00

State Tax: 1,765.94

Local Tax: _____

1. CASH PRICE 76,120.94

2. TOTAL PACKAGE PRICE 76,120.94

Trade Allowance _____

Less Amount Owed _____

Trade Equity _____

Cash Down Payment 15,000.00

3. LESS ALL CREDITS 61,120.94

4. REMAINING BALANCE 61,120.94

Location	Type of Insulation	Thickness	R-Value
Floors	Fiberglass	R-22	7
Exterior	Fiberglass	R-11	4
Ceilings	Fiberglass	R-33	8

This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, SECTION 460.16.

Make: Tru Model: Marvel
 Year: 2019 Length: 56 Width: 28 Stock#: RSO
 Serial No.: RSO New Used

TRADE: Make: NA Model: _____
 Year: _____ Length: _____ Width: _____ Title #: _____
 Serial No.: _____

Amount owed will be paid by: Buyer Seller
 Owed to: _____

OPTIONS:
 Range, refrigerator, hot water heater, and split system heat pump.

SELLER RESPONSIBILITIES:
 Deliver and set home, interior trim, plumbing and electrical tie ins to existing improvements, two steps to county code, and vinyl skirt.

BUYER RESPONSIBILITIES:
 Clear and easy access to home site, health and zoning permits.

May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.

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 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. ESTIMATED RATE OF FINANCING % NUMBER OF YEARS ESTIMATED MONTHLY PAYMENTS

Buyer(s) agree: (1) that the terms and conditions on page two are part of this agreement; (2) to purchase the above home including the options; (3) that they acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) that there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

SELLER:

Fredrick Sparks
 CMH Homes, Inc. d/b/a

BUYER:

Shelby Mclean
 Signature of:

Signature of: _____

Signature of: _____

Signature of: _____