



Initial Application Date: March 30 2019

Application # BRES1903.0038

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: Keith Martin Mailing Address: _____

City: Springlake NC State: NC Zip: 28390 Contact No: 919-353-2351 Email: _____

APPLICANT*: Patrick Wolvin Mailing Address: 54 Willford Ln.

City: Spring Lake, NC State: NC Zip: 28390 Contact No: 910-929-7312 Email: Junior420940@gmail.com

*Please fill out applicant information if different than landowner
ADDRESS: 42 Willford Ln. PIN: 0514-21-9332

Zoning: RA20M Flood: _____ Watershed: _____ Deed Book / Page: lease agreement .46AC

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

PROPOSED USE:

SFD: (Size 14 x 50) # Bedrooms: 2 # Baths: 1 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 14 x 50) # Bedrooms: 2 Garage: 0 site built? () Deck: _____ (site built? _____)
1000

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: 1 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.

Patrick Wolvin
Signature of Owner or Owner's Agent

3-30-2019
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.

Harnett GIS

100% Lease Agreement
 NOT FOR LEGAL USE
 Moving Permit

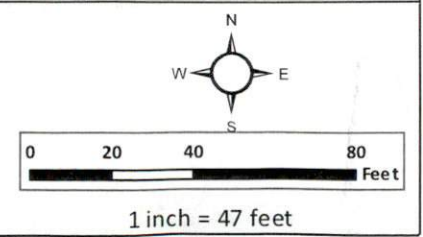


SITE PLAN APPROVAL
 DISTRICT RAZOM USE SNMH
 #BEDROOMS 2
3-20-19 OLYUNSM
 ZONING ADMINISTRATOR
[Signature]
 3-20-19



GIS/E-911 Addressing
 March 19, 2019

- Recycle Center
- City Limits
- NC
- Parcels
- Landfills
- Address Numbers
- US
- Surrounding County Boundaries
- Airport
- Roads
- Federal Property
- Major Roads**
- Interstate
- Mile_Markers
- Railroad

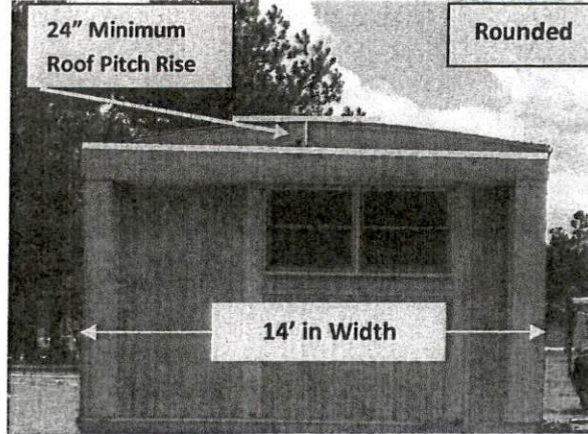
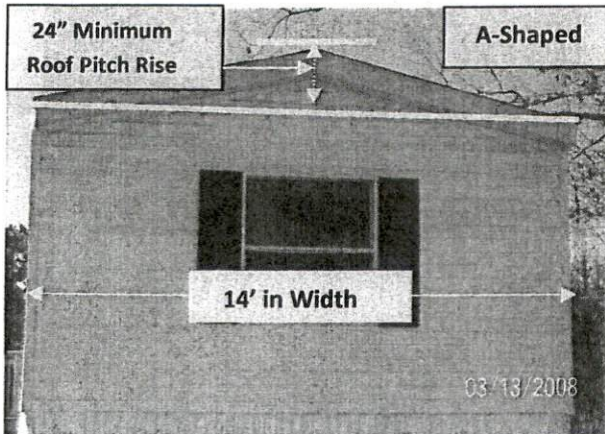


PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Patrick Wobler, 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.)

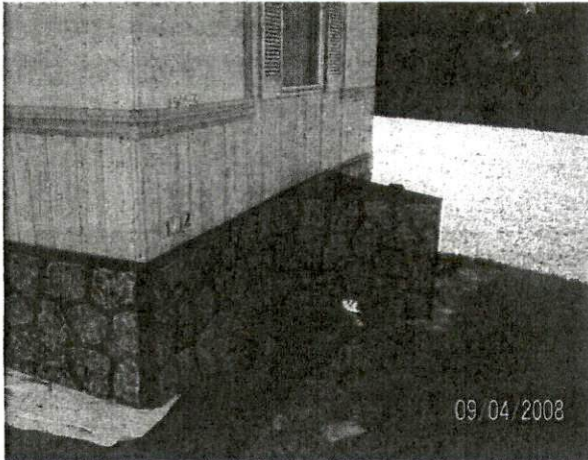


Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



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.



Signature of Property Owner / Agent

3-20-19

Date

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

JOSEPH R. UTLEY, JR.
Tax Administrator



AMY B. KINLAW
Chief of Assessment and Collections

TAMI K. BOTELLO
Chief of Real Estate and Mapping

OFFICE OF THE TAX ADMINISTRATOR

Courthouse • 5th Floor - Suite 530 • P.O. Box 449 • Fayetteville, North Carolina 28302-0449
(910) 678-7507 • Fax: (910) 678-7588

MOBILE HOME MOVING PERMIT

Date: March 20, 2019 Current Listing Owner: SPERENZA, LYDIA K.

County of Cumberland
State of North Carolina

LR No.: 1931827
Permit No.: S-24
Agent: Kimberly Ames

Permission is granted to the following person(s) to move the mobile home identified below.

Name: WOLVIN, PATRICK HENRY Phone: (910) 929-7312
Address: 1610 EASTERLING DR, SPRING LAKE, NC 28390
Are you the current owner of the mobile home? Yes No Purchase Date: 3/14/19

Mobile Home Carrier

Name/Company: DONNIE'S MOBILE HOME SERVICE
Address: 12220 HIGHWAY 211 WEST RED SPRING, NC 28377

Property Description

Manufacturer	Year	Size	VIN
FISHER	1985	14X56	NCFC1457H3K1AA7G7DF

Current Location: 1610 EASTERLING DR, SPRING LAKE NC 28390
County: Cumberland Parcel ID: 9592-94-1210-

Location Moving To: 62 WILLIFORD LN, SPRING LAKE, NC
County: HARNETT Parcel ID: _____

This permit is issued in accordance with the provisions of North Carolina General Statute §105-316.1 through §105-316.8.

This permit shall be conspicuously displayed near the license plate on the rear of the mobile home at all times during transportation.

PERMIT VALID FOR THIS MOVE ONLY!

Joseph R. Utley, Jr.
Cumberland County Tax Administrator

Date: 3-10-19 LOT

Twelve (12) Month Lease of ~~Dwelling~~

Address ~~62~~ WILFORD LANE
Spring Lake, N.C. 28390

1. The undersigned, agree to this lease, and will abide by all the rules established within this lease. Failure to comply with the rules listed below will be grounds for eviction. If occupant is evicted during this lease, the remaining period of this lease will still be paid by occupant.
2. This lease will expire 12 months from the date of this lease. A (30) day notice, prior to expiration of this lease, is required if plans are to move or renew lease. If occupants are military and are alerted to reassignment to another base (PCS) during this lease, the remaining time left on this lease will be cancelled upon departure. However, proof of reassignment has to be provided to landlord.
3. Listed below are additional rules that are to be complied to by occupants of the above cited dwelling:
 - A. A deposit of 0 will be paid at the time of this lease agreement. This deposit is to cover any damages, cleaning overlooked on departure date, and lost keys (If any).
 - B. Rental fees, of the sum of 150.00 monthly, will be paid on or before the 15th of each month. A late charge of \$ 5.00 per day will be charged for payments made after the 15 of the month. At no time will payments be made after the 20 of the month, and if this occurs, tenants are subject to eviction.
 - C. Tenants will pay for any and all damages to the above cited property caused by negligence or lack of normal care.
 - D. Occupants will allow the landlord to enter the above cited premises at any reasonable hour upon a 3 hour notice, to show property to prospective tenants and/or buyers, to inspect the premises, or to display "For Sale/Rent" Signs.
 - E. To take proper care of lawn and shrubbery, including mowing, trimming, weeding, and policing of trash and debris. Tenant shall not remove any shrubbery or articles without the written consent of the landlord.
 - F. There will be no loud noises, music, or parties after 10:00 P.M. Tenants are responsible for the actions of their guest.

G. The tenant will not use above cited premises in any illegal manner. It will be used as a dwelling for the tenant and his family, consisting of 2 adults and 0 children.

H. The tenant will not be allowed to keep pets.

I. There will be a \$30.00 charge on all returned checks.

4. Deposit (or remainder of deposit), will be refunded within 30 days of departure. Trailer, including refrigerator and stove must be cleaned before refund of deposit.

ROBERT K. MARTIN
Name of Landlord

Avis Duffey
Name of Tenant

[Signature]
Signature of Landlord

[Signature]
Signature of Tenant

62

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: Patrick Wolvin Address: 54 Willaford Lane

City: Springlake State: NC Zip: 28390 Daytime Phone: (910) 929-7312

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

Name: Keith Martin Address: _____

City: Springlake State: NC Zip: 28390 Daytime Phone: (919) 353-2351

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: Patrick Wolvin

Phone: 910-929-7312 Address: 54 Willaford Ln

City: Springlake State: NC Zip: 28390

State Lic# _____ Email: SWATOR920940@gmail.com

B. **Electrical Contractor** Company Name: Patrick Wolvin

Phone: 910-929-7312 Address: 54 Willaford Ln

City: Springlake State: NC Zip: 28390

State Lic# _____ Email: 11

C. **Mechanical Contractor** Company Name: Patrick Wolvin

Phone: 910-929-7312 Address: 54 Willaford Ln

City: Springlake State: NC Zip: 28390

State Lic# _____ Email: 11

D. **Plumbing Contractor** Company Name: Patrick Wolvin

Phone: 910-929-7312 Address: 54 Willaford Ln

City: Springlake State: NC Zip: 28390

State Lic# _____ Email: 11

Part III - Manufactured Home Information

Model Year: 1985 Size: 14 X 56 **Complete & follow zoning criteria sheet**

Park Name: _____ Lot Number: 62

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.

Patrick Wolvin
Signature of Home Owner or Agent

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.