



Initial Application Date: 6.25.19

Application # BRES1906.0056

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: Maria I Gutierrez Mailing Address: 314 Valley Forge Way S.
City: Cameron State: NC Zip: 28326 Contact No: 240 543 4156 Email: miguelbriceno@yahoo.es

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: 9574-79-5243

Zoning: RA20R Flood: _____ Watershed: _____ Deed Book / Page: 3705-0490

Setbacks - Front: 35 Back: 25 Side: 10 Corner: 20

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 26 x 52) # Bedrooms: 3 Garage: NO (site built? NO) Deck: NO (site built? NO)
2 bathroom

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: yes 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] Signature of Owner or Owner's Agent Date 06/25/19

*****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

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)

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.

49 New Jersey

STREET 101'

SITE PLAN APPROVAL

DISTRICT PP2C USE DWUH

#BEDROOMS 3

10.28.19

OLIVIERO
ZONING ADMINISTRATOR

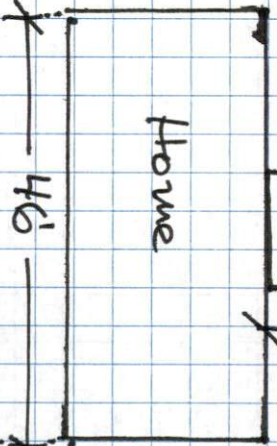
[Signature]



223.54'

43'

13'



House

15'

6'

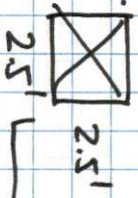
24'

109'

22'

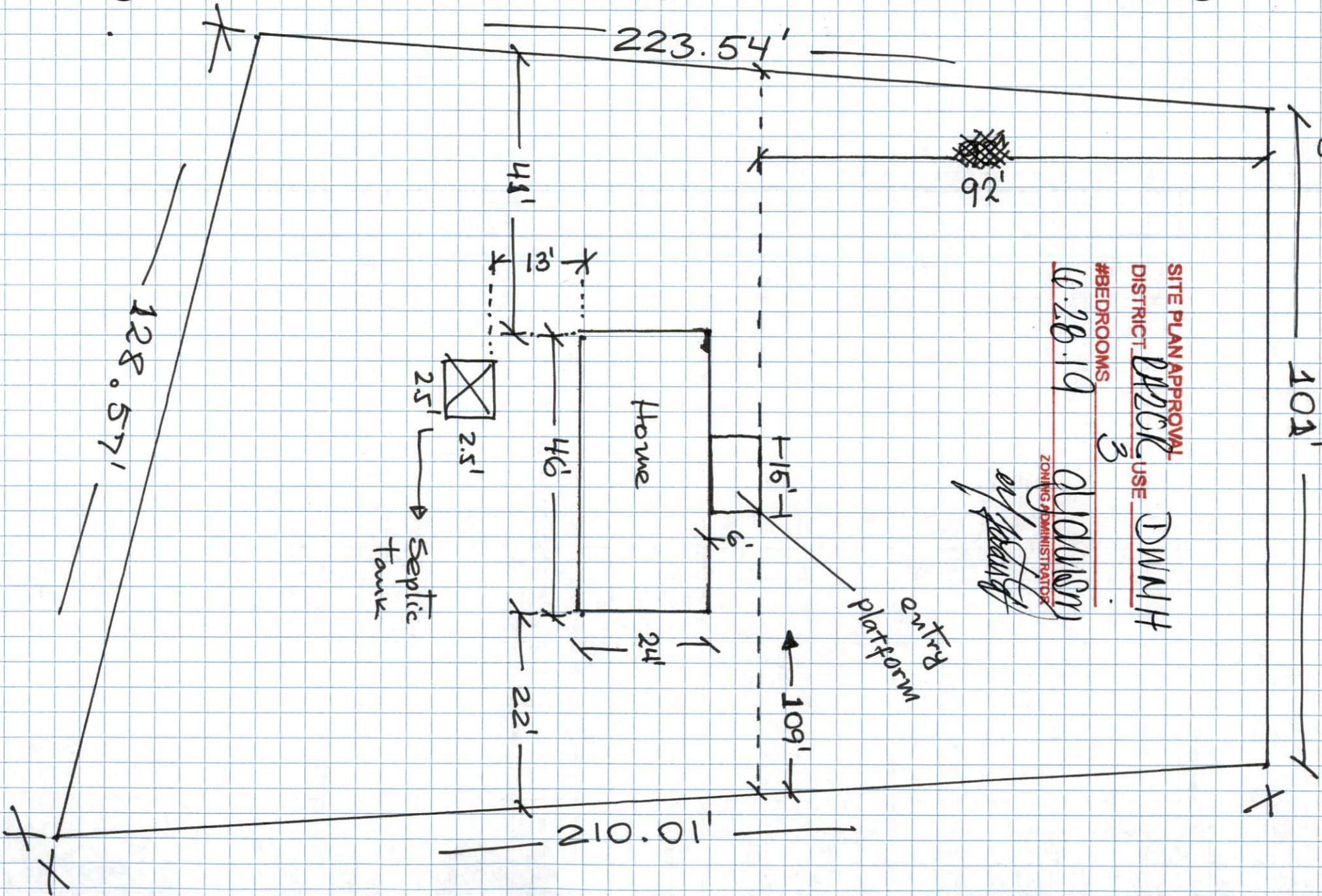
210.01'

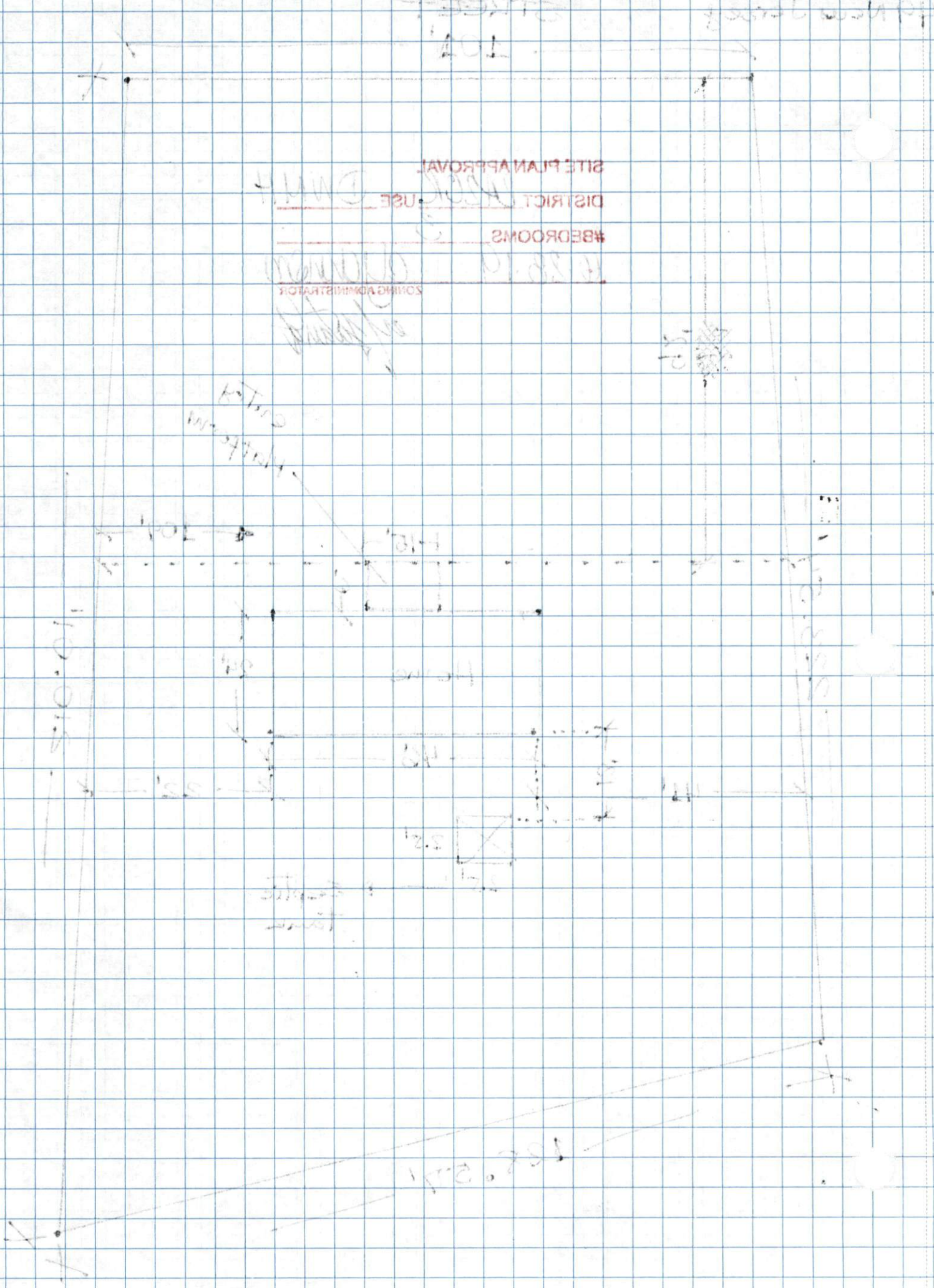
entry platform



Septic tank

128.57'





#BEDROOMS
 DISTRICT USE
 SITE PLAN APPROVAL

PLATFORM
 STREET

HOME

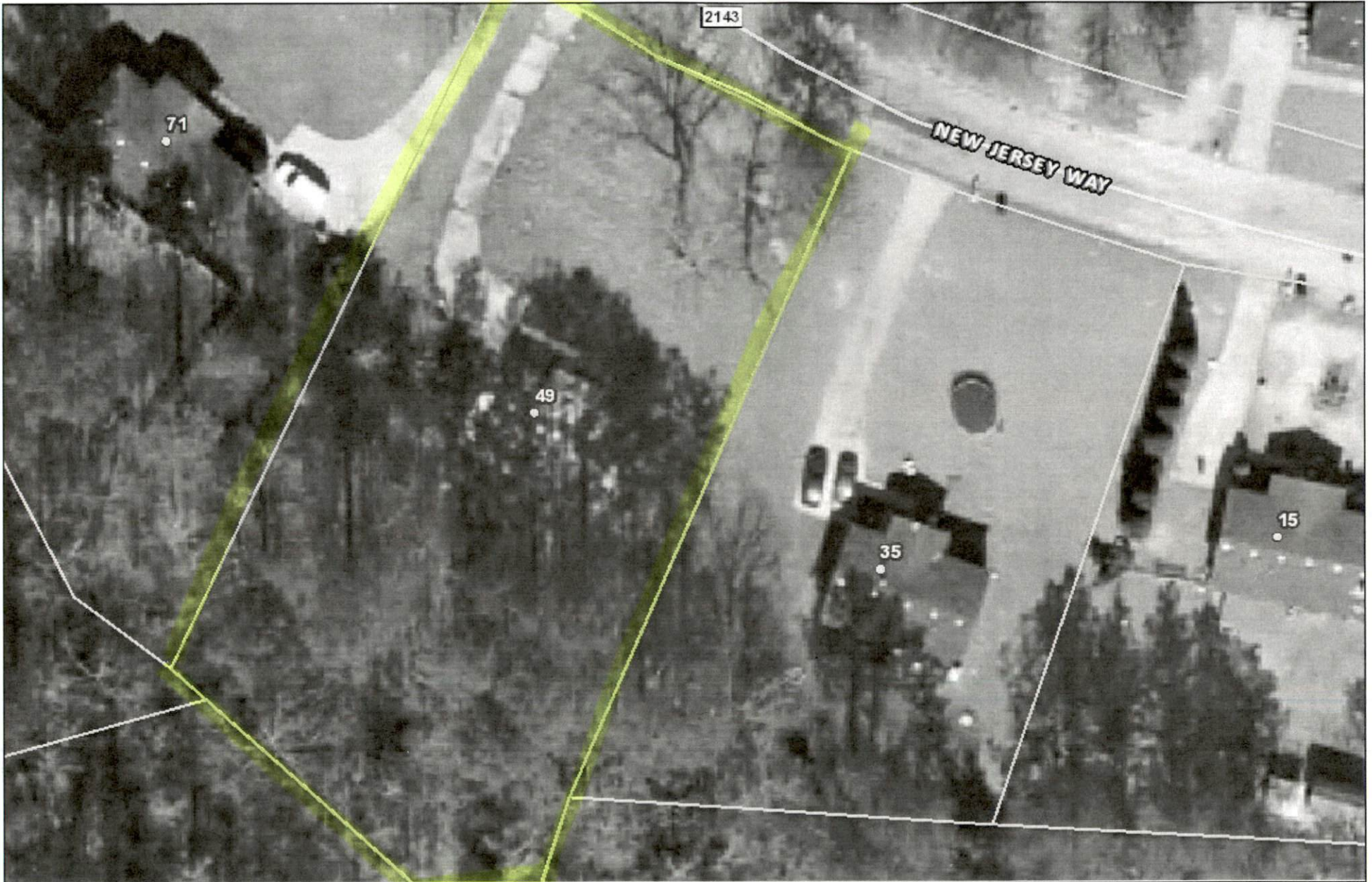
5.21

156.241

10.015

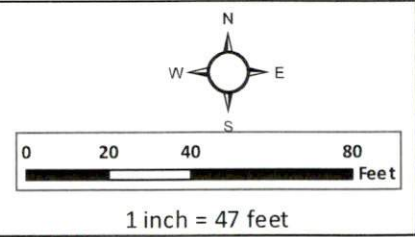
DIP

Harnett GIS



GIS/E-911 Addressing
June 25, 2019

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



Date: 0.25.19

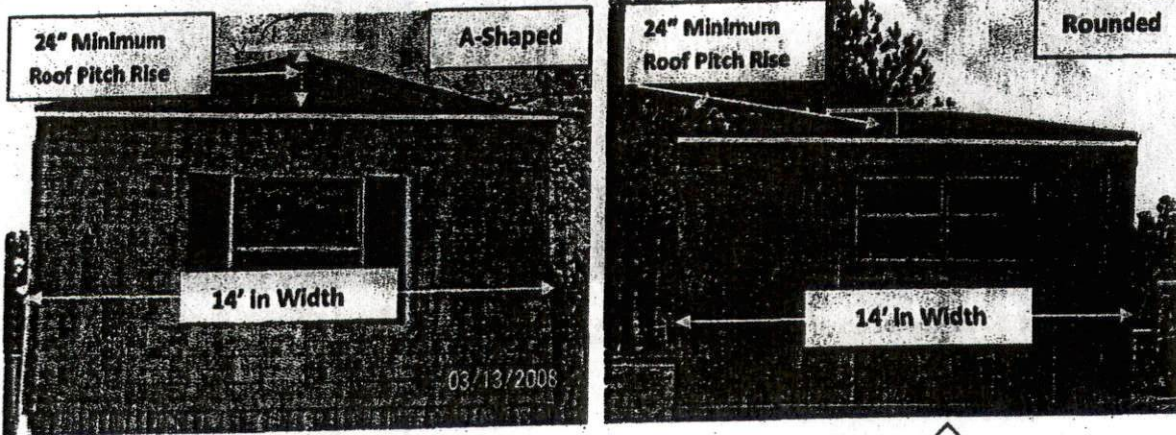
Application# BRES1906.0056

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Maria J Gutierrez 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.)

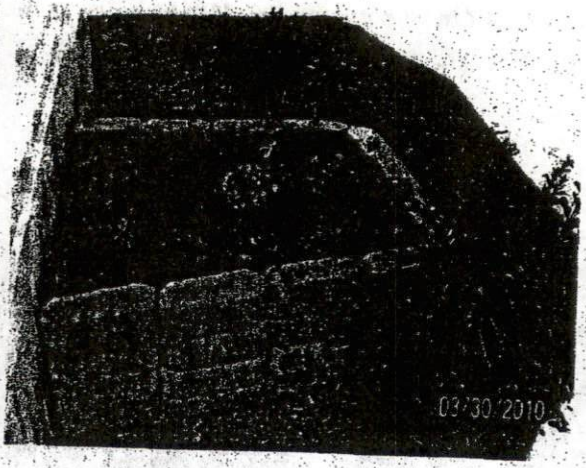
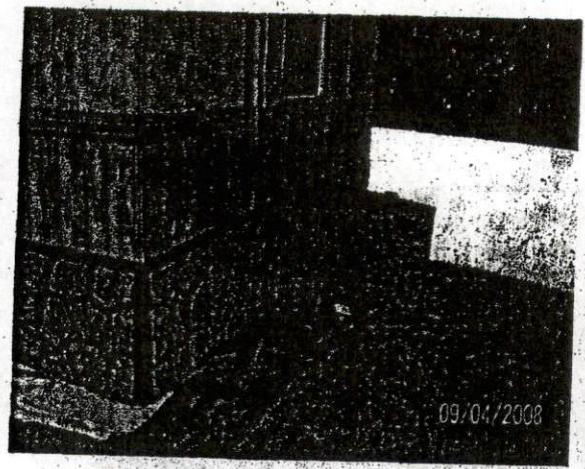


Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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.

[Handwritten Signature] 06/25/19
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.

49 New Jersey Way - Mobile home, Manufactured Year

Miguel Briceño <miguelbriceno@yahoo.es>

Mon 6/24/2019 10:18 AM

To: Juana Gutierrez <corijane72@hotmail.com>

BRES1906.0056

CONNER HOMES
P. O. DRAWER 10
28

Mobile Home Model: GHC-NC 5024N3DWC LZE
Serial Number: 11328 ULI 006012-006013
Date Manufactured: 7/28/76

The mobile home is designed to comply with the Federal Mobile Home Construction and Safety Standard in force at the time of manufacture.

FACTORY INSTALLED EQUIPMENT INCLUDES:

	Manufacturer	Model Number
Heating	<u>Coleman</u>	<u>8866A701</u>
Range	<u>GE</u>	<u>JBS16</u>
Water Heater	<u>Gen Proc.</u>	<u>1-30-2-C</u>
Clothes Washer	<u>Kenmore</u>	<u>71420600</u>
Clothes Dryer	<u>Kenmore</u>	<u>76420610</u>
Refrigerator	<u>GE</u>	<u>TBF14STC</u>
Other	<u>None</u>	
Smoke Detector	<u>Honeywell</u>	<u>TC49</u>

This mobile home is designed for structural zone and wind zone 2 and roof load zone south (see maps).

Local inspector to examine field interconnections, including supply service, outdoor lighting, etc, also interconnections of two halves of double-wide homes. This includes crossover heat duct connections, drain hook-up connections to convert a mobile home with

Mobile Home Model: CHG-WC 5021N13DWC 128
 Serial Number: 11328 ULI 006012-006013
 Date Manufactured: 7/28/76

The mobile home is designed to comply with the Federal Mobile Home Construction and Safety Standard in force at the time of manufacture.

FACTORY INSTALLED EQUIPMENT INCLUDES:

	MANUFACTURER	MODEL NUMBER
Heating	<u>Columbia</u>	<u>8866A701</u>
Range	<u>GE</u>	<u>JRS16</u>
Water Heater	<u>Gen. Pro.</u>	<u>1-30-2-0</u>
Clothes Washer	<u>Kenmore</u>	<u>71420600</u>
Clothes Dryer	<u>Kenmore</u>	<u>76420610</u>
Refrigerator	<u>GE</u>	<u>TBF1LSTC</u>
Other	<u>None</u>	
Smoke Detector	<u>Honeywell</u>	<u>TC19</u>

This mobile home is designed for structural peak and wind zone 3 and roof load zone WCH3C (see page).

Local inspector to examine field interconnections, including supply service, outdoor lighting, etc. also interconnection of two halves of doublewide homes. This includes overhead heat duct connections, drain hook-up connections to convert a mobile home with two drains to a single hook-up.

Fire Warning Equipment to be tested for proper operation - see equipment instructions.

Flue Sparing Information and Instructions for stabilizing devices are included with the home installation instructions package.

Instructions for installation of cross-bray heat ducts and drain waste piping hook-up to convert a mobile home with two drains to a single drain hook-up included with the home installation instructions.

WIND ZONE PEAK WIND	
Zone 1	45 MPH (Zone)
Zone 2	55 MPH (Zone)
Zone 3	65 MPH (Zone)

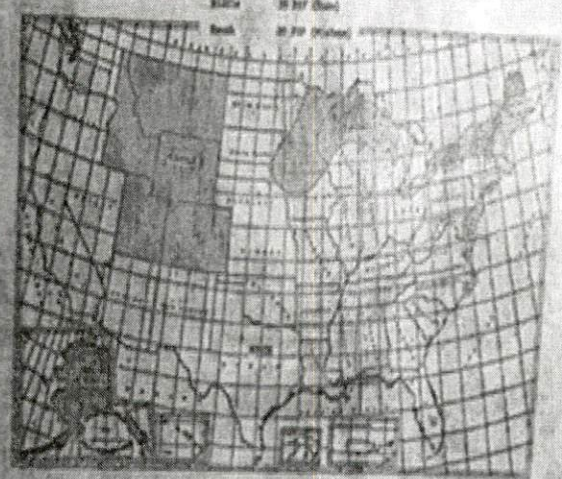


FIGURE 1

FIGURE 2

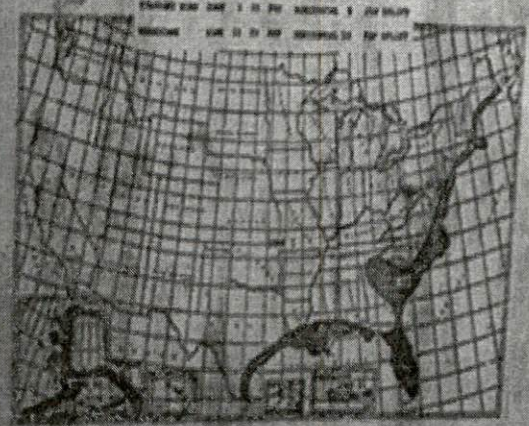


FIGURE 3

GONNER HOMES CORPORATION
P. O. DRAWER 10, NEWPORT, NC 28570

HEATING CERTIFICATE

Home Manufacturer Gonner Industries

Plant Location Newport, NC

Home Model CHC-NC 502LN3DNC 1ZE

This mobile home has been thermally insulated to conform with the requirements of the Federal Mobile Home Construction and Safety Standards for all locations within climatic zone 1.

Heating Equipment Manufacturer Coleman Co.

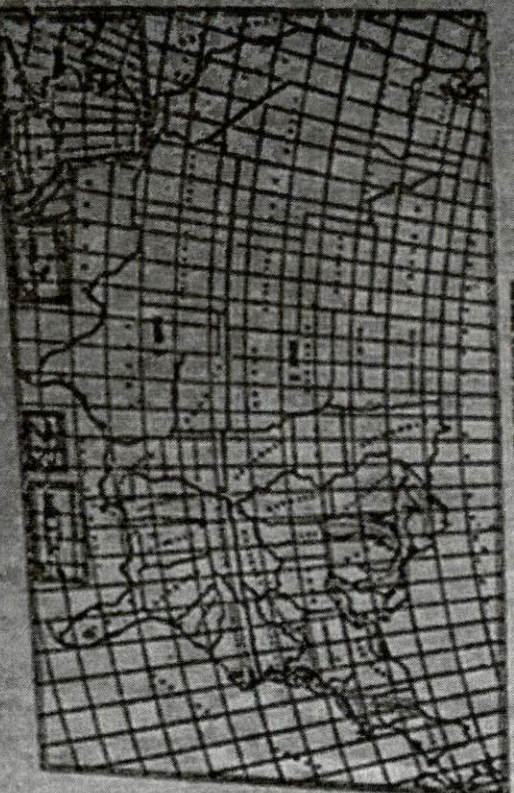
Heating Equipment Model 8866A701

The above heating equipment has the capacity to maintain an average 70°F temperature in this home at outdoor temperatures of -52 F.

To maximize furnace operating economy and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97½%) is not higher than +10 degrees Fahrenheit.

The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure.

STANDARD WINTER DESIGN TEMPERATURES



CONNER HOMES CORPORATION
P. O. DRAWER 10, NEWPORT, NC 28570

COMFORT COOLING CERTIFICATE

Home Manufacturer Conner Industries
Plant Location Newport, NC
Home Model CHC-NC 5021N3DWC LZE

This air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for Mobile Home Central Air Conditioning System of up to 63,000 B.T.U./HR. rated capacity which are certified in accordance with the appropriate Air Conditioning and Refrigeration Institute Standards. When the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the mobile home supply air duct system.

COMFORT COOLING INFORMATION:

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent upon the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbooks of Fundamentals, once the location and orientation are known.

INFORMATION NECESSARY TO CALCULATE SENSIBLE HEAT GAIN IS AS FOLLOWS:

Walls (without windows and doors)	"U" <u>.097</u>
Ceilings and roofs of light color	"U" <u>.067</u>
Ceilings and roofs of dark color	"U" <u>.067</u>
Floors	"U" <u>.097</u>
Air ducts in floor	"U" <u>.087</u>
Air ducts in ceiling	"U" <u>N/A</u>
Air ducts installed outside the home	"U" <u>.230</u>

Duct size installed is length 76'6" width 15"
and depth 4"

COMFORT COOLING CERTIFICATE

Home Manufacturer Conner Industries
Plant Location Newport, NC
Home Model CHC-NC 5024N3DWC LZE

This air distribution system of this home is suitable for the installation of central air conditioning.

The supply air distribution system installed in this home is sized for Mobile Home Central Air Conditioning System of up to 63,000 B.T.U./HR. rated capacity which are certified in accordance with the appropriate Air Conditioning and Refrigeration Institute Standards. When the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the mobile home supply air duct system.

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Duct size installed is length 76'6", width 15"
and depth 4"

STATE OF NORTH CAROLINA

MVR-191 (Rev. 01/2017)

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
CHCNC5024N3DWCLZE14328
TITLE NUMBER
773607190885015

YEAR MODEL
1976

MAKE
CONN
TITLE ISSUE DATE
05/10/2019

BODY STYLE
MH
PREVIOUS TITLE NUMBER

MAIL TO

MARIA JUANA GUTIERREZ CAMPOS
324 VALLEY FORGE WAY S
CAMERON NC 28326-7074

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

OWNER(S) NAME AND ADDRESS

MARIA JUANA GUTIERREZ CAMPOS
324 VALLEY FORGE WAY S
CAMERON NC 28326-7074



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

[Signature]

COMMISSIONER OF MOTOR VEHICLES

FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:
SIGNATURE _____
TITLE _____ DATE _____

ADDITIONAL LIENS:

103642349

905 TIMOB3B

ANY ALTERATIONS OR ERASURES VOID TITLE

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Providing a false statement or failing to properly complete this form may result in fines and/or imprisonment.

FIRST RE-ASSIGNMENT OF TITLE BY REGISTERED OWNER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: _____

Address of Buyer: _____

"I, seller(s) certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked."



ODOMETER READING (NO TENTHS)

- 1. The mileage stated is in excess of its mechanical limits.
2. The odometer reading is not the actual mileage.

WARNING - ODOMETER DISCREPANCY

To my knowledge the vehicle described herein:

- Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.
Has been a flood vehicle.
Has been a reconstructed or a salvage vehicle.

Seller(s) Signature _____

Seller(s) Hand Printed Name _____

Date _____ County _____ State _____

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

_____ seller(s)/name(s) of principal(s).

Notary Public Signature _____

Notary's Printed or Typed Name _____

My Commission expires _____ (SEAL)

Buyer(s) Signature _____

Buyer(s) Hand Printed Name _____

Date vehicle delivered to purchaser _____

PURCHASER'S APPLICATION FOR NEW CERTIFICATE OF TITLE

The undersigned purchaser of the vehicle described on the face of this certificate, hereby makes application for a new certificate of title and certifies that said vehicle is subject to the following named liens and none other and that the information contained herein is true and accurate to my best knowledge and belief.

CHECK Appropriate Block/s (Application cannot be processed without certification of services)

- Title Only - Vehicle Not in Operation
Title and License Plate Class of License
Inoperable Vehicle - Vehicle substantially disassembled and unfit or unsafe to be operated on the highway
Truck Weight Desired
Plate No. Transferred (List Plate Number and Expiration)
Limited Registration Plate (When property taxes are deferred)
For Hire Vehicle Yes or No

I certify that all the above information is correct. _____ (customer's initials)

OWNER(S)

Owner 1 DL# _____ Full Legal Name of Owner (First, Middle, Last, Suffix) or Company _____

Owner 2 DL# _____ Full Legal Name of Owner (First, Middle, Last, Suffix) or Company _____

Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: Yes No

Residence Address _____ City _____ State _____ Zip Code _____ County _____

Mailing Address (If Different From Above) _____

Vehicle Location Address (If Different from Residence Address Above) _____

FIRST LIEN

Date of Lien _____ Acct # _____ Lien holder ID _____
Lien holder Name _____
Address _____
City _____ State _____ Zip Code _____

SECOND LIEN

Date of Lien _____ Acct # _____ Lien holder ID _____
Lien holder Name _____
Address _____
City _____ State _____ Zip Code _____

I certify for the motor vehicle described herein that I have financial responsibility as required by law.

Insurance Company _____ Policy Number _____

Authorized in NC _____

Signature of Owner(s) _____ Date _____ County _____ State _____

Odometer Reading

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: _____ owner(s)/name(s) of principal(s).

Notary Public Signature _____

Notary's Printed or Typed Name _____

My Commission expires _____ (SEAL)