

Initial Application Date: 7-11-19

AMPI
Replacement

Application # BRES1907-0024
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: John D Stanley and Amanda C Stanley Mailing Address: 1060 Womack Rd
City: Broadway State: NC Zip: 27505 Contact No: 919-524-1608 Email: johnstanley80@gmail.com

APPLICANT*: John Stanley Mailing Address: 1060 Womack Rd
City: Broadway State: NC Zip: 27505 Contact No: 919-524-1608 Email: johnstanley80@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: John Stanley Phone # 919-524-1608

PROPERTY LOCATION: Subdivision: N/A Lot #: N/A Lot Size: 18.91 ac
State Road # 1060 State Road Name: Womack Rd Map Book & Page: 99, 473
Parcel: 130602 0134 01 PIN: 0612-27-3283.000
Zoning: RA-30 Flood Zone: _____ Watershed: IV Deed Book & Page: 3712, 0907 Power Company*: SREMC

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

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) Monolithic
- 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 30'4" x 58') # Bedrooms: 3 Garage: _____ (site built? _____) Deck: _____ (site built? _____)
2 bathrooms lvl 6 landings w/ steps
- 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 ¹ _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

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: SW Other (specify): DW MH
being removed being added

Required Residential Property Line Setbacks:

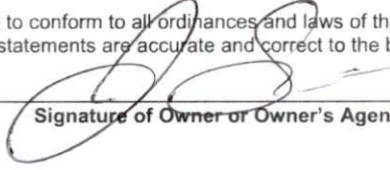
	Minimum	Actual
Front	35'	115'
Rear	25'	87'
Closest Side	10'	96'3"
Sidestreet/corner lot	20'	*
Nearest Building on same lot	6'	28'5"

Comments: _____

*Nearest "street" is driveway shared with neighbor. East side of house is 62' away from edge of driveway.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From central permitting office: Head west on 421 N toward
Broadway. In approx. 7 miles, turn right onto Cool Springs Rd (at Boone Trail EMS station in Mamers). In approx. 3 miles, at
Cool Springs Church, the road will curve to the left and become Holly Springs Church Rd. Stay straight across at the curve to stay
on Cool Springs Rd. In approx. 1.5 miles, you will come to a T-intersection/Stop sign. Turn right onto Womack Rd. Go approx.
1 mile until asphalt ends. Once on the gravel road, take the second fork to the right, go about 600', and the property will be
to your right (first fork is Campground Ln. and has a street sign up).

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.



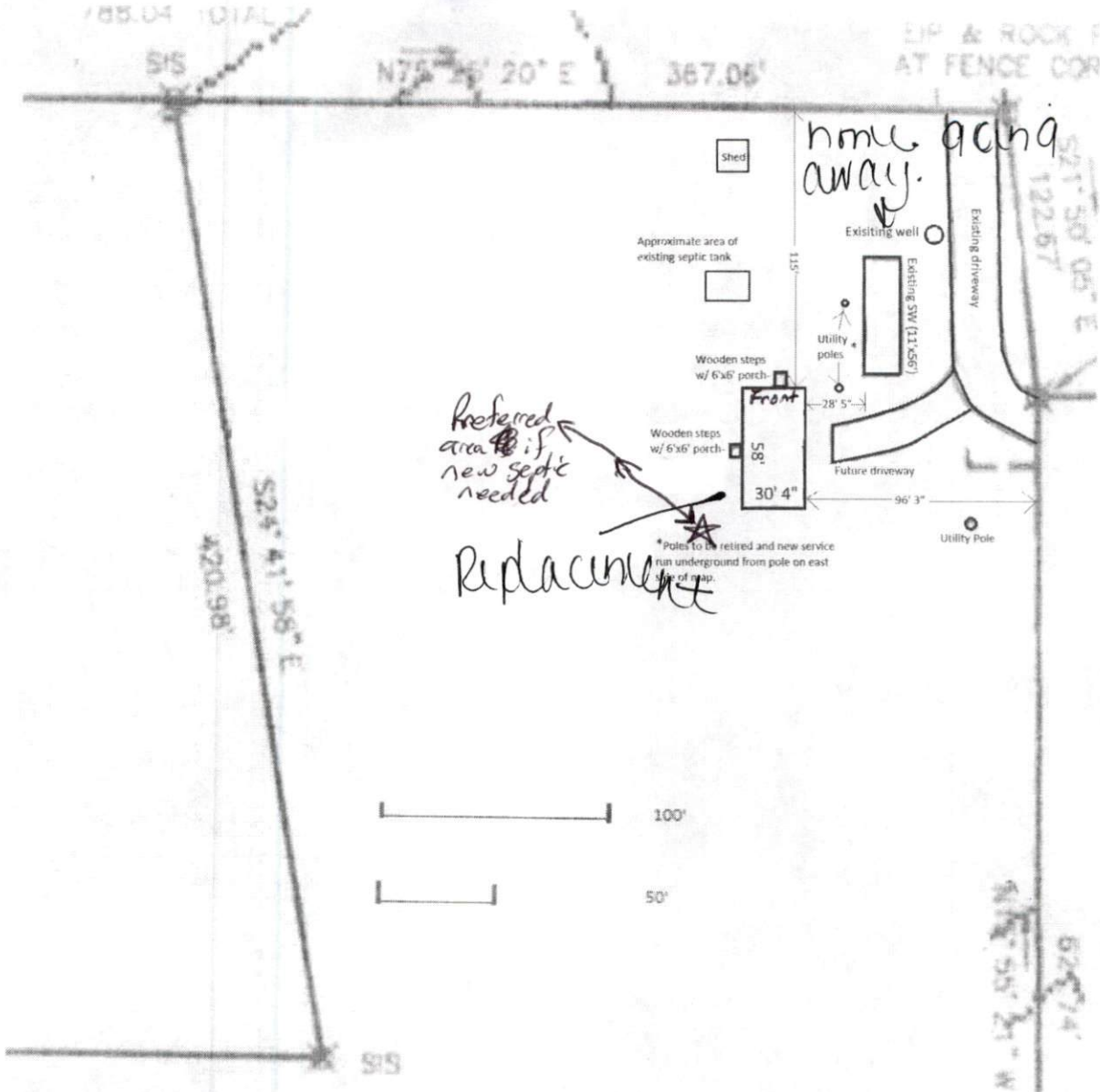
Signature of Owner or Owner's Agent

7/11/19

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****



Anup App.
SITE PLAN APPROVAL
 DISTRICT RA30 USE DWNIH
 #BEDROOMS 3
 7.11.19 dychowski
ZONING ADMINISTRATOR
 Replacement

****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.



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****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: _____

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

Setbacks – Front: _____ Back: _____ Side: _____ 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) Monolithic

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 _____ x _____) # Bedrooms: _____ 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/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

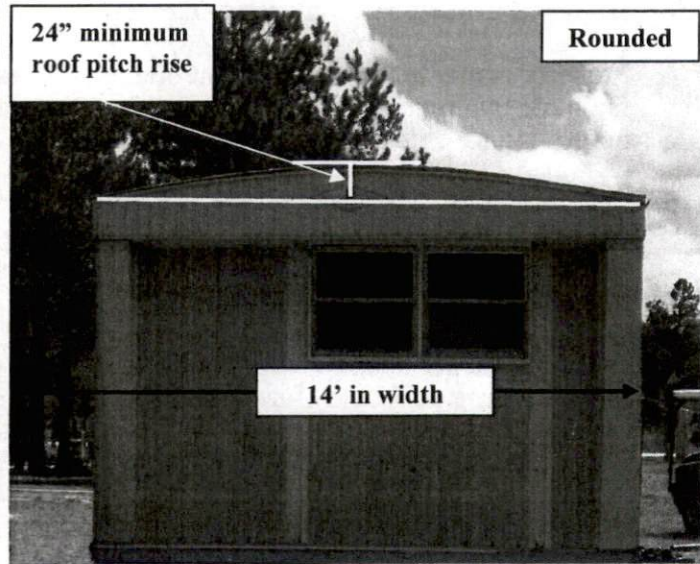
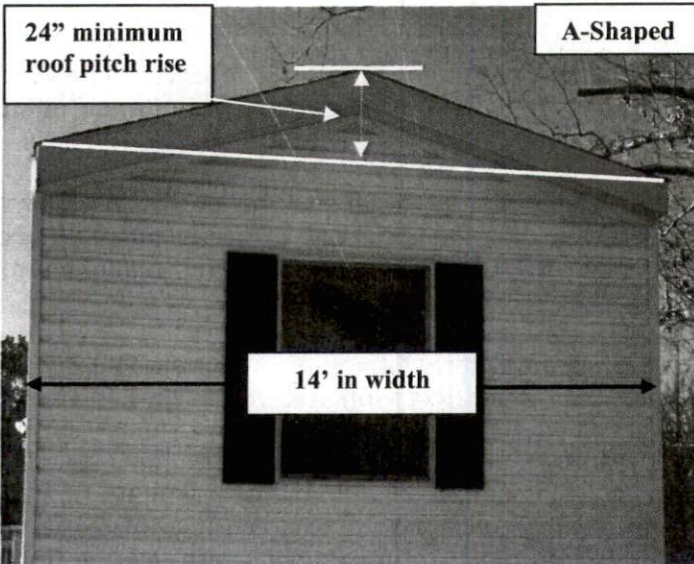
Date: 7.11.19

Application #: _____

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES
Replacement & Removal Criteria and Certification

I, John Stanley, do hereby certify the following:
(Print Name)

1. That I own a tract of land located on SR 12.67 in an **RA-30** / RA-40 or RA-20R / RA-20M zoning district which has a functional septic tank;
2. That the existing **single**/double-wide manufactured home is to be removed or was removed on AMPL. (date)
3. That I am replacing an existing (circle one) **single wide**/double wide manufactured home with a (circle one) **single wide**/**double wide** manufactured home or other residential structure, and;
4. That the replacement of this manufactured home creates 1 residence(s) on this single tract of land, and;
5. That there will be 1 manufactured home(s) on this single tract of land and I (circle one) **do/do not** own property within 500 feet of this tract that contains a manufactured home.
6. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise of twelve (12) inches for every seven (7) feet of width. (See diagram)



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. (Example: 14' wide home = 24" roof rise)

Continued...

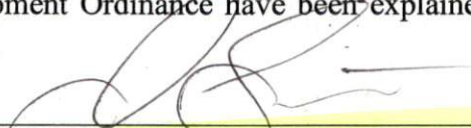
7. The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked-on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
8. The home must have been constructed after July 1, 1976.
9. The homes moving apparatus must be removed, underpinned or landscaped.
10. Select One of the Following Options Below
 - The current manufactured home will be removed prior to the Zoning Inspection.
 - A valid moving permit or demolition permit shall be submitted and approved prior to issuance of permit for the new structure.
 - The current manufactured home will be removed after the final inspection has been performed and the certificate of occupancy has been issued. ***Additional Fees and Requirements shall apply, see below for additional information.)**

under ADPT application

***Additional Information for Option B: Temporary approval for replacement of a manufactured home is allowed only under the procedures and limitations stated below.**

Please initial next to each item to indicate that you understand and have or will comply with as necessary.

1. A valid manufactured home moving permit must be submitted for the removal of the existing home located on the property to Harnett County Planning Services. _____
2. A copy of a Bill of Sale or a Title Transfer of the existing home must be submitted to Harnett County Development Services. _____
3. Items 1 & 2 must be submitted to Central Permitting prior to your permit issuance. _____
4. Property owner acknowledges that due to the fact that a second zoning inspection is required, in order to facilitate this request, a re-inspection fee in the amount of fifty (\$50.00) dollars shall be paid during the permitting process. _____
5. Once the home has met all other zoning requirements, a temporary approval shall be granted in order to proceed with obtaining a certificate of occupancy. From the date the certificate of occupancy is issued, the property owner shall have five (5) business days to remove the pre-existing manufactured home. _____
6. Property owner acknowledges that if the pre-existing manufactured home is not removed by the specified time of five (5) business days that he / or she shall be in direct violation of the Harnett County Unified Development Ordinance. And by creating a violation of the Harnett County Unified Development Ordinance shall subject themselves to enforcement actions, penalties, and fines specified within Article XV, (Administration, Enforcement, and Penalties) of the Harnett County Unified Development Ordinance. Each day the violation continues is a separate offense and is a misdemeanor punishable by a fine not to exceed one hundred (\$100.00) dollars or imprisonment not to exceed thirty (30) days. _____
7. Property owner acknowledges and affirms that the guidelines, procedures, and requirements associated with the replacement of a manufactured home and the penalties for creating a violation of the Harnett County Unified Development Ordinance have been explained and accepts this document as an initial *Notice of Violation*. _____



 Signature of Property Owner

7/11/19

 Date

***By signing this form the owner is stating that they have read and understand the information stated above and should consider this as their initial *Notice of Violation* if any of the above requirements/regulations are not adhered to.**

Application # _____
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: John Stanley Address: 1060 Womack Rd.
City: Broadway State: NC Zip: 27505 Daytime Phone: (919) 524-1608

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

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II – Contractor Information (To be completed by Contractors or Homeowner, if applicable.
Name, address, & phone must match information on license)

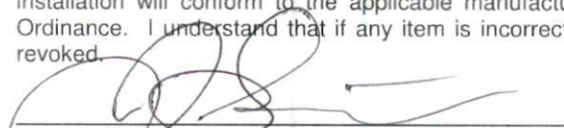
- A. **Set-Up Contractor** Company Name: Rodney Brown
Phone: 919-356-4773 Address: 28 Polly Ln.
City: Sanford State: NC Zip: 27330
State Lic# 3550 Email: _____
- B. **Electrical Contractor** Company Name: Electro-Climate Inc.
Phone: 919 770 4615 Address: 6390 South Plank Rd.
City: Cameron State: NC Zip: 28326
State Lic# 6329-U Email: Rodneymarsh@electroclimateinc.com
- C. **Mechanical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: James Cockerham Plumbing
Phone: 919-499-7919 Address: 750 Womack Rd.
City: Broadway State: NC Zip: 27505
State Lic# 30962 Email: _____

Part III – Manufactured Home Information

Model Year: 2019 Size: 30'4" X 58' **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

7/11/19

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.