

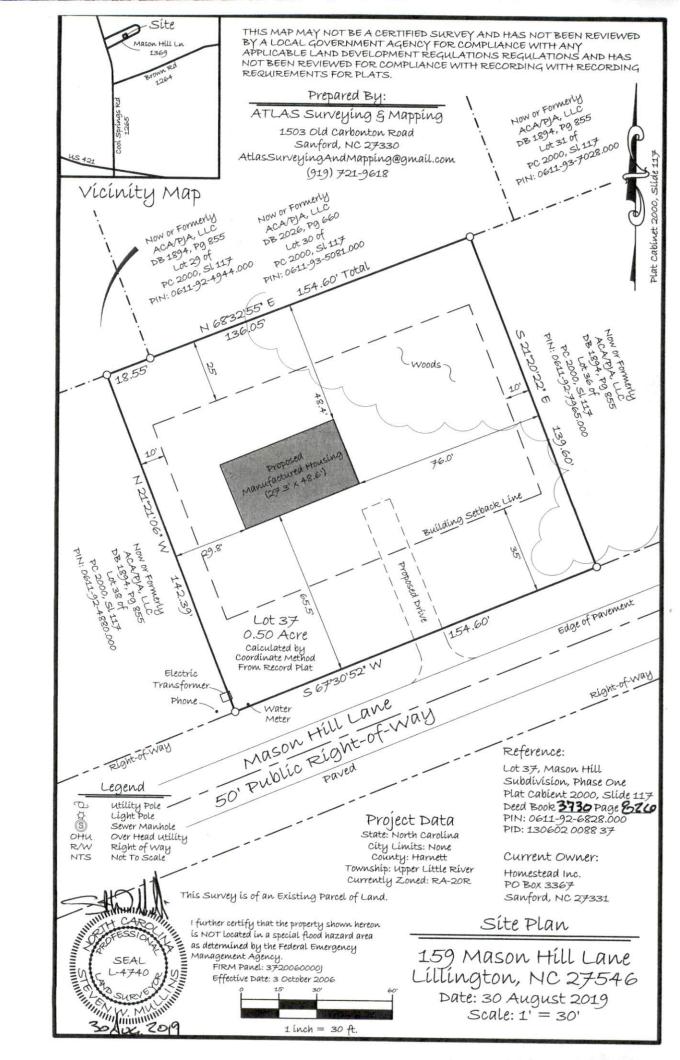
Initial Application Date:

Application # <u>BLES1909.0052</u>

CU#_

Central Permitting	COUNTY OF HARNE 108 E. Front Street, Lillington, NC 275	TT RESIDENTIAL LAND USE APPLI 46 Phone: (910) 893-7525 ext:2		www.harnett.org/permits
A RECORPED SU	JRVEY MAP, RECORDED DEED (OR OFFER TO	O PURCHASE) & SITE PLAN ARE REQUIRE	D WHEN SUBMITTING A LA	ND USE APPLICATION
LANDOWNER: HOM	ESTEAD, INC.	Mailing Address: P.o.Bo	x 3367	
City: SANFORD	State: NC zip: 273	3 Contact No: CFL25	Email: adcoc	Kco @amail.com
APPLICANT*: ATLA	S & MAPPLNG Mailing	Address: 1503 000	CARROWTON	25
City: SANFORD	StateNC Zip 273	3 Contact No: STEVEN	Email: ATLAS	Surveying AND
*Please fill out applicant inform	StateNC Zip 273 nation if different than landowner MASON HILL	ANE DIN: 01018	7-10878	TOUG @ gmail.com
Zoning: RA - 20 Floor	d: No Watershed: AR	Deed Book / Page: 3730 /	8210	
	35 Back: 25 Side:			
PROPOSED USE:				
☐ SFD: (Sizex) # Bedrooms: 3 # Baths 2 Base (Is the bonus room finished? () ye	ment(w/wo bath): Garage: Des () no w/ a closet? () yes (
) # Bedrooms # Baths Basel (Is the second floor finished? () ye			
Manufactured Home:	(Is the second floor finished? () ye ZB 7 ZWXDWTW (Sizex	274)# Bedrooms: 3 Garage:	(site built?) Deck:	(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:		
☐ Home Occupation: # F	Rooms:Use:	Hours of Operation:		#Employees:
☐ Addition/Accessory/Ot	ther: (Sizex) Use:		Closets in a	ddition? () yes () no
(Complete I	ntyExisting WellNew W. (Need to septic TankExpansionRelocation	side of application if Septic)	_ County Gewen	\ #
Does the property contain a	any easements whether underground or	overhead () yes X) no		/ -
	osed) Single family dwellings:	Manufactured Homes:	Other (spec	
f permits are granted I agre hereby state that foregoing	get to conform to all ordinances and laws g statements and accurate and correct to Signature of Owner of Owner's	the best of my knowledge. Permit su	ing such work and the sp bject to revocation if fals	ecifications of plans submitted. e information is provided.
It is the owner/applicar to: boundary informa	nts responsibility to provide the count tion, house location, underground or incorrect or missing inform	ty with any applicable information a	nty or its employees are applications.	rty, including but not limited e not responsible for any

APPLICATION CONTINUES ON BACK

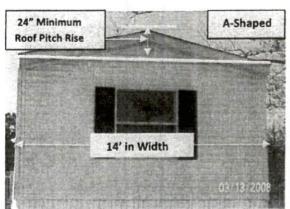


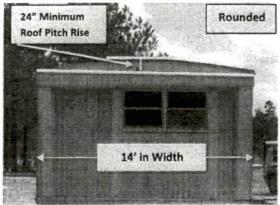
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Social Tohnson, understand that because I'm located in a RA-20R of 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.)

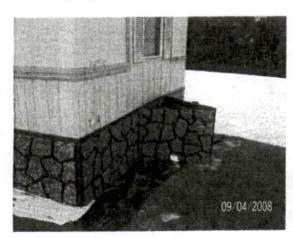




Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

- 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

Date

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



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 <u>undergrowth</u> 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 authorizatio	in 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 <u>irrigation system</u> now or in the future?			
{ }YES NO	Does or will the building contain any drains? Please explain.			
{ }YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{ }YES {XNO	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.