BRES7005-00 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) Address: Zip: 28323 Daytime Phone: (9/9 366-3923) Landowner Information (To be completed by landowner, if different than above) Address: ///3 Zip: 78 373 Daytime Phone: (Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable. Name, address, & phone must match information on license)
Set-Up Contractor Company Name: Mary Wright Home Seles A Address: State: State Lic# 46660 Email: В. Electrical Contractor Company Name: Address: State: Email: C. Mechanical Contractor Company Name: 3 Address: (DULLION State Lic# Email: D. Plumbing Contractor Company Name: State: Email: Part III - Manufactured Home Information Model Year: 2020 Size: 50 x 76 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

Signature of Home Owner or Agent

*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.

central permitting & harmet ong.

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 1141 Fire lane Rd, (SR#2038) ISSUED TO: Lonnie Setzer EXPANSION | REPAIR Site Improvements required prior to Construction Authorization Issuance: Type of Structure: DWMH 32'x76' Proposed Wastewater System Type: 25% Reduction Projected Daily Flow: 480 Number of bedrooms: 4 Number of Occupants: 8 Basement Yes No Pump Required: Yes X No May be required based on final location and elevations of facilities Type of Water Supply: Community | Public | Well Distance from well feet Permit valid for: X Five years Permit conditions: No expiration Authorized State Agent:: _ Date: 5/20/2020 SEE ATTACHED SITE SKETCH The issuance of this permit by the Health Department on way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules 1950, 1952, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. ISSUED TO: Lonnie Setzer PROPERTY LOCATION: 1141 Fire Lane Rd (SR#2038) SUBDIVISION LOT # facility Type: DWMH 32'x76' X New Expansion Basement? Yes X No Basement Fixtures? Yes Type of Wastewater System** 25% Reduction _ (Initial) Wastewater Flow: 480 (See note below, if applicable []) 25% Reduction (Repair) Installation Requirements/Conditions Number of trenches 3 Septic Tank Size 1000 gallons Exact length of each trench 100 feet Trench Spacing: 9 Feet on Center Pump Tank Size _____gallons Trenches shall be installed on contour at a Soil Cover: 6 Maximum Trench Depth of: 18-24 inches (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) Pump Requirements: ft. TDH vs. ____ inches below pipe _____inches above pipe Aggregate Depth: Conditions: inches total WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the progisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH REHS-T Authorized State Agent: Date: 5/20/2020 Construction Authorization Expiration Date: 5/20/2025