Application #BRES2104-00051

Harnett County Central Permitting
PO Box 65 Lillington No Communication

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)

Home Owner Information:  Home Owner Information (To be completed by owner of the manufactured home)
Name: Mirandia Margan Bonique Ellis Address: 225 Ellis Land
City: Linden State: NC Zip: 28356 Daytime Phone: (910) 658-7704
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 Co.
A. Set-Up Contractor Company Name: 5 to the Model Information on license)
Filone: 1173/14/Address: 1085 A Harrillo Posso
City: Denson State: V. C zin: 27504
State Lic# 2859 Email: b0bbybw+@9mail.com
B. Electrical Contractor Company Name: BITT CUMP
Phone: 919 779-0849 Address: 6005 Brack Penny Pol
City: Raleigh State: AC Zip: 27603
State Lic# 128/01 Email: Glennsinc(9) NC VY CONO
C. Mechanical Contractor Company Name: BILL GUM
Phone: 919 779 0349 Address: 10055 Brack Penny Da
City: Kalligh State: NC Zip: 27403
State Lic# Laborate Email: GONSINC (a) NC. RVI (OV)
D. Plumbing Contractor Company Name: Steven Jeffenes Private Dinaprio
Phone: 919 U39 9509 Address: ROBOX 2124
City: Willowspring State: W Zip: 21592
State Lic+_L 18550 Email: NO & Mail.
Part III – Manufactured Home Information
Model Year: 2022size: 16 x 60 Complete & follow zoning criteria short
Park Name: 504 or 1660-03 by Champion Lot Number:
hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning evoked.
Muandra Illis 8/210/21
Signature of Home Owner or Agent

\*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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 List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

SETUP

## Harnett County Department of Public Health

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 225 Ellis Ln (SR2031) ISSUED TO: Mirandia Ellis SUBDIVISION REPAIR 🗌 EXPANSION 🔲 NEW 🔀 Site Improvements required prior to Construction Authorization Issuance: Type of Structure: 16' x 60' SWMH Proposed Wastewater System Type: 25% reduction Projected Daily Flow: 240 GPD Number of bedrooms: 2 Number of Occupants: 4 Basement Yes Pump Required: Yes ⊠ No May be required based on final location and elevations of facilities Type of Water Supply: Community X Public Well Distance from well \_\_\_\_\_\_\_\_ feet Permit valid for: **⊠** Five years Permit conditions: ☐ No expiration Authorized State Agent:: US-17-61

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site it subject to revocation of 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: Mirandia Ellis PROPERTY LOCATION: 225 Ellis Ln (SR2031) SUBDIVISION \_\_\_ Facility Type: 16' x 60' SWMH Repair Expansion Basement? Yes **⋈** No Basement Fixtures? | Yes Type of Wastewater System\*\* 25% reduction (Initial) Wastewater Flow: 240 GPD (See note below, if applicable ) 25% reduction Installation Requirements/Conditions Number of trenches 2 Septic Tank Size 1000 gallons Exact length of each trench 60 Trench Spacing: 9 Feet on Center Pump Tank Size \_\_\_\_\_gallons Trenches shall be installed on contour at a Soil Cover: 6 inches Haximum 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. \_\_\_\_ GPM \_\_\_\_\_ inches below pipe Aggregate Depth: \_\_\_\_\_\_ inches above pipe \_\_\_\_\_inches total