Application #	
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Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 ext. 1 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) Homes Address: State: Ne Zip: 7834/Daytime Phone: Landowner Information (To be completed by landowner, if different than above) eniamin a Parker Address: 4140 Daytime Phone: (10) City: 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: State Mubile A. 076-5192 Address: 1045 Setup Signature: State Lic# Electrical Contractor Company Name: B. State: NC Electrician's Signature: State Lic# C. Mechanical Contractor Company Name: Address: State: 1 Email: State Lic# D. **Plumbing Contractor Company Name:** Address: State Lic# Plumber's Signature: Part III - Manufactured Home Information Model Year: Size: 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 signatures, 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.

*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 **Form 500** and if available, the serial number.

Signature of Home Owner or Agent

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

SALES AGREEMENT

Home Consultant Name: RODNEY DENT

Wolcomo Home

Buyer(s): BENJAMIN GLENN PARKER					Phone #:		
Address:	223	7 BALTING GLAS	S DR INI	DIAN TRAIL NO	C 28079		
		ess: TBD HWY 5					
Dominion		ne Info		Trade Info	0	Pricing	
Make:	СМН		Make:	N/A		Home Price	\$162,432.60
		RU28563RH24	Model	: N/A		State Tax .	\$3,857.78
	_	050752TNABAC	Serial	#:		Local Tax	\$.00
			Size:		N/A		
Size: Length: N/A Width: N/A		Width: N/A				***********	
	N/A		Year:	N/A		Cash Price	\$166,290.38
Stock #:		750	Title #				
Stock #.		New 🗍 Used	Owed			FILMO FFEO	\$90.00
	IXI	New LIOSed		nt owed will b	e paid by:	FILING FEES	φου.σο
				Buyer (Federal Warranty Service Corporation (Including Sales Tax paid to State:	\$854.93
Locati	on	Type of Insu	lation	Thickness	R-Value	\$55.93) Total Package Price	\$167,235.31
Floors	s:	Fiberglass		7.00	R22	Trade Allowance	N/A
				3.50	R11	Less Amount Owed	N/A
Exterio	-	Fiberglass				Trade Equity	N/A
Ceiling		Blown Fiberglass		11.00	R33	Cash Down Payment	\$1,000.00
This insula	ition in	nformation was furnish pliance with the Fed	hed by the eral Trade	e Manutacturer a e Commission Ru	ana is ule 16CRF,	Less All Credits	\$1,000.00
SECTION						Remaining Balance	\$166,235.31
					Respons	ihilitiae	
Seller Responsi Buyer Responsi	bilitie	zoning and septi s: home, furniture a	980 only pl ic permits (and deco a	only, four corners is seen no warran	of property and	d home staked by surveyor, landscaping if needed, drive	eway with 20ft access f
Options:	foun	dation, backfill to co	de, min la	nd clearing 800 a	allowance only	, water tap 5200 allowance only, backing to bods	
			F 845		Acknowl		
SIGNED THUNDERSTACHANGE TO NUMBER OF Buyer(s) a	TAND THE AND THE TO THE AND TH	THAT I HAVE THE RIC REEMENT. I UNDERS' HAT THE DEALER MA E TERMS OF THE PU .RS 30 ESTIMATED MO (1) that the terms a	GHT TO CA TAND THA AY NOT HA JRCHASE ONTHLY Pand condit	ANCEL THIS PUH T THIS CANCELL AVE ANY OBLIGA AGREEMENT BY AYMENTS \$1,310. In appropriate the	ATION MUST E ATION TO GIVE THE DEALER 95 Wo and three	on, but may not meet local codes and standards. RE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE ME BACK ALL THE MONEY THAT I PAID THE DEALE IN WILL CANCEL THIS AGREEMENT. ESTIMATED RATTURE are part of this agreement; (2) to purchase the above element; (4) that all promises and representations researched in writing and signed by the parties.	R. I UNDERSTAND AT E OF FINANCING 8.25 ove home including the
		8 . 6	cher fo			(4/24/2025
Signature	of Buy	PENJAMIN GLE					Date
Signature	of Buy	ver:					Date
Signature	of Buy	/er:		D	ate	Signature of Buyer:	Date
		1000) 1				4/29/25
Seller: CM	H Hor	mes, inc. d/b/a - CLA CUMBERLAND ST D	NI NO NO	OMES DUNN, NO	0		Date

PROCEDUMES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30 Crit	eria Ce	rtification
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12 / 12 /										
1. Benjamin Parke		1	land	owner/a	gent of	Parcel	lde	entificatio	n Nui	nbe.
0578-74-0052-0	0	located	in an	RA-30	Zoning	District,	do	hereby	certify	the
fallowing:								•	,	

The multi-section manufactured home shall meet the following appearance standards, verified by zoning inspection approval, prior to the issuance of a Certificate of Occupancy:

- The structure must be a multi-section unit built to the HUD code for manufactured 1. homes.
 - When located on the site, the longest axis of the unit must be parallel to the lot
- 2. frontage.
 - The structure must have a pitched roof that is covered with material commonly used in standard residential pofing construction. Said material must be installed properly and
- 3. be consistent in apparance.

The structure must ave masonry underpinning that is continuous, permanent and unpierced except for entilation and access.

4.

The exterior siding must consist predominantly of vinyl, aluminum, wood, or hardboard; and must be comparable in composition, appearance, and durability to the exterior siding commonly used in standard residential construction. Said exterior siding shall be in goo condition, complete, and not damaged or loose.

5.

The minimum lot size must be one (1) acre excluding any street right-of-way and the minimum lot frontage must be 150 feet as measured at the right-of-way line or along

6. an easement whichever applies.

The tongue or towing evice must be removed. 7.

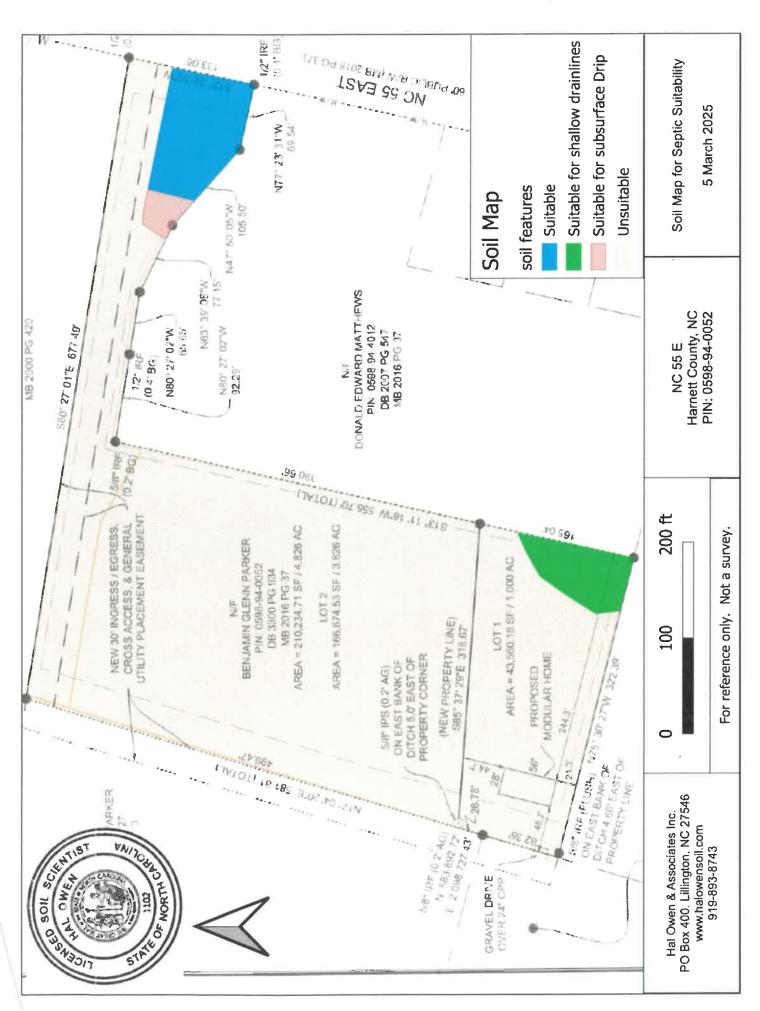
By signing this form, I acknowledge that I understand and agree to comply with each of the seven (7) appearance criterialisted above for the multi-section manufactured home I propose to place on the above referenced property. I further acknowledge that a Certificate of Occupancy (CO) entitling me to apply for electric service will not be issued until each

appearance criteria has been met and approved.

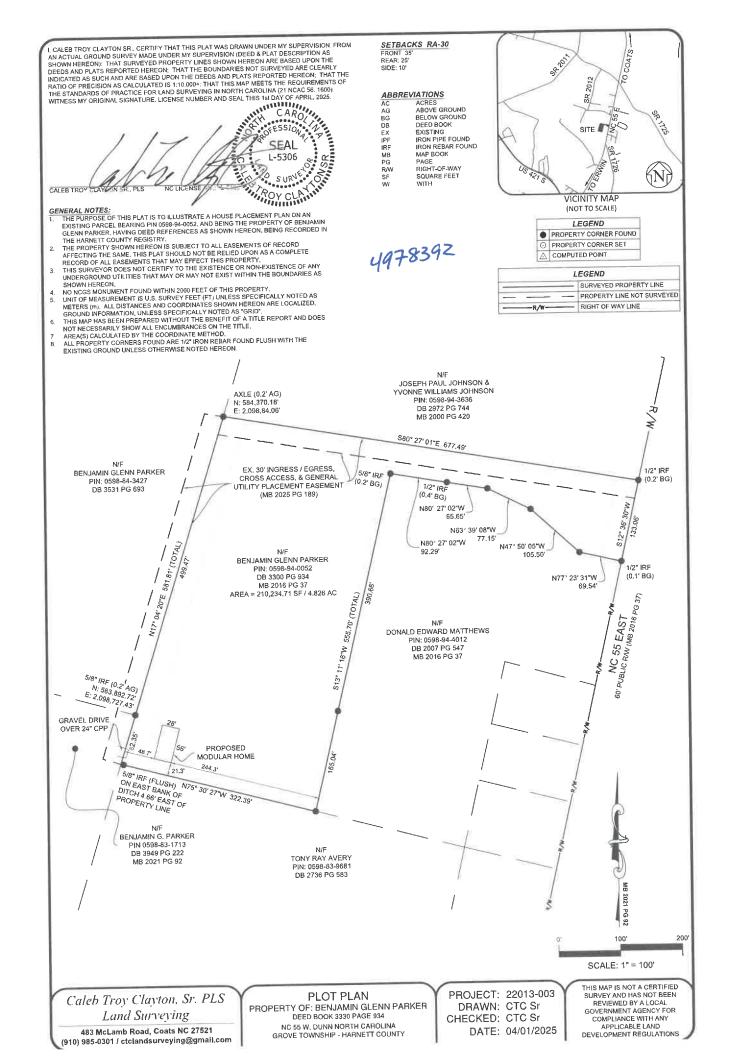
04/02/2025

*Signature of Landowner/Age

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



Soil Science Investigations • Wetland Delineations, Permitting, and Consulting



Harnett County Environmental Health

File/Permit Number: BRES2503-0054

IMPROVEMENT PERMIT

County: Harnett				
PIN/Lot Identifier: 0598-94	-0052.000			
Owner: PARKER BENJA		Applicant: PAR	KER BENJAMIN GLE	NN
	C 55 W DUNN, NC 28334			
		Lot #:	Block:	Section:
New 🗐	Expansion	System Relocation		
Facility Type: DW 28' x 56'				
	Number of Occupants: 6 Ot	her:		
Design Wastewater Strength:	■ Domestic	gh Strength Indu	strial Process Wastewater	
Proposed Design Daily Flow:	GPD Propos	sed LTAR (Initial): .3	Proposed LTAR (Repair):	
Proposed Wastewater System	Type*: 25% Reduction System	M (Initial) Pump	Required: 🔳 Yes 🔲 No	May be required
Proposed Wastewater System	Type*: 50% Reduction	(Repair) Pump (Required: 🔳 Yes 🔲 No	May be required
*Please include system classifi	ication for proposed wastewater sys	tem types in accordance with R	ule .1301 Table XXXII	
Effluent Standard: 🔳 DSE	☐ HSE ☐ NSF/ANSI 40 ☐ TS	S-I TS-II RCW		
Saprolite System (Initial):	res 🔳 No Saprolite System	(Repair): 🗌 Yes 📳 No		
Fill System (Initial): Yes	No If yes, specify: New E	existing (when adding more that	n 6 inches of fill to system	area provide a fill plan)
	No If yes. specify: New			
Usable Depth to LC (Initial)*:	34" Usable	Depth to LC (Repair)x: 30"	* Limiting Con	ndition
Max. Trench Depth (Initial) [‡] :	18"-20" Max. Trench Dep	oth (Repair)*: 18"	* Measured on the down	hill side of the trench
Artificial Drainage Required: [Yes 🔳 No If yes, please specify	y details:		
Type of Water Supply: Priv	ate well Public well Shar	red well 🛮 🔳 Municipal Supply	Spring Other	1
Drainfield location meets requ	irements of Rule .0508: Yes 🔳 🛚 N	Io Drainfield location mee	ts requirements of Rule .00	501: Yes 🔳 No 🗌
Permit valid for: Five years	[site plan submitted pursuant to GS	5 130A-334(13a)) 🔲 No expira	tion [plat submitted pursu	ant to GS 130A-334(7a)]
Permit conditions:				
Authorized Agent's Printed Na	ma. Ren Levocz		Expiration Date	. 4-15-30
Authorized Agent's Signature:	/	PEHS	Date: 4-15-25	
Authorized Agent's Signature:	1.0 1	200	Date.	

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan, plat, or the intended use changes.</u> 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 15A NCAC 13E and to the conditions of this permit.