

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 2500 Raven Rock Rd PIN: 0621-59-9647.000

LANDOWNER: ET Wamack Mailing Address: 2185 Raven Rock Rd

City: Lillington State: NC Zip: 27546 Phone: 919-777-4379 Email: _____

*Please fill out applicant information if different than landowner.

APPLICANT: Same Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

PROPOSED USE:

☐ **Single Family Dwelling:** (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____ GARAGE SQ FT: _____ Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ **Modular:** (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____

☒ **Manufactured Home:** SW ☐ DW ☒ TW ☐ (Size 27' x 56') # Bedrooms: 3 Garage: Attached Detached Accessory: Deck, Patio
(Circle One) (Circle One)

ZONING: _____

☐ **Duplex:** (Size ____ x ____) # Buildings: _____ # Bedrooms Per Unit: _____ TOTAL HTD SQ FT: _____

☐ **Addition/Accessory/Other:** (Size ____ x ____) Use: _____

UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well _____) ☐

Sewage Supply: New Septic Tank ☒ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

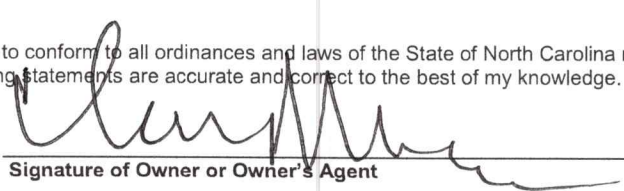
GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? 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 the 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

8/28/25
Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.

APPLICATION CONTINUES ON BACK

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 2500 Raven Rock Rd PIN: 0621-59-9647.000

LANDOWNER: EJ Wamack Mailing Address: 2185 Raven Rock Rd

City: Lillington State: NC Zip: 27546 Phone: 919-777-4319 Email: _____

*Please fill out applicant information if different than landowner.

APPLICANT: Same Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

PROPOSED USE:

☐ **Single Family Dwelling:** (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____ GARAGE SQ FT: _____ Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ **Modular:** (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

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Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

☒ **NEW SEPTIC SYSTEM INSPECTION**

- All property irons must be made visible. Place **pink flags** on each corner of lot & approximately every 50 feet between corners.
- Place **orange flags** at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post **orange** Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to 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.**

☐ **EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (if possible), and then **put lid back in place.**
Does not apply to septic tank in a mobile home park
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

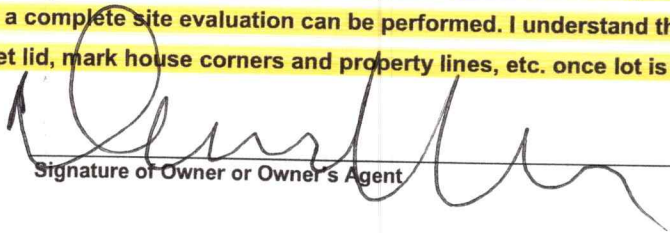
- ☐ Accepted ☐ Innovative ☒ Conventional ☐ Any ☐ Alternative
☐ Other _____

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 rights-of-way on this property?
- YES ☐ NO ☒ Does the site contain any existing water, cable, phone, or underground electric lines?

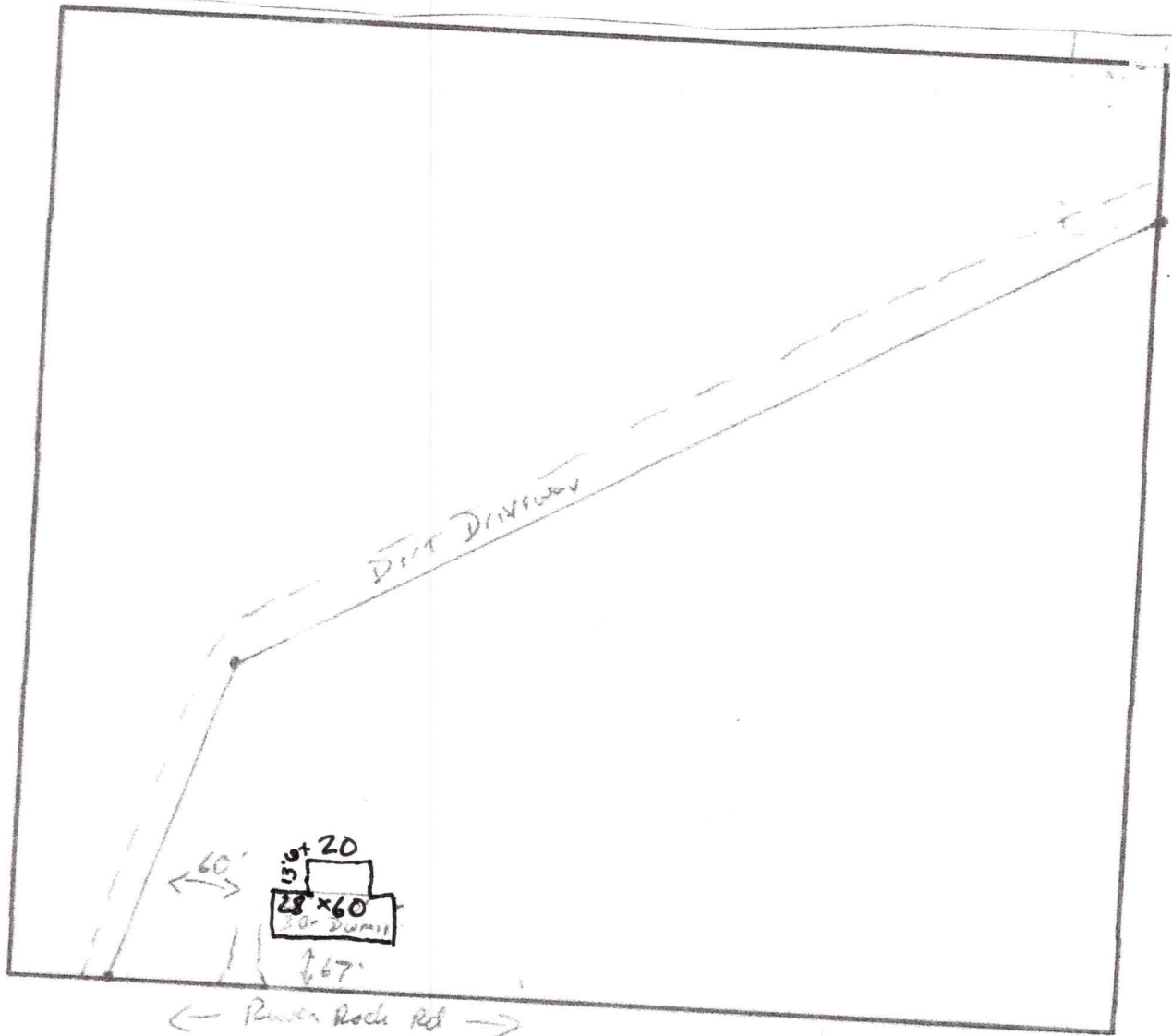
If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.


Signature of Owner or Owner's Agent

8/28/25
Date

Revised





MOBILE HOME MOVING PERMIT

COUNTY OF Harnett
STATE OF NORTH CAROLINA

Picked up by: EJ Womack

Permission is granted to:
Edward J Womack

2785 RAVEN ROCK RD LILLINGTON, NC 27546-8336

PERMIT NUMBER
Date 08/27/2025

Owner
Raven Rock MH Movers

Address
1947 S Horner Blvd Sanford NC 27330

Carrier
to move the following mobile home:

Address

Lake 1996

56x27

NCFLT69ABC12515LS12

Make

Model

Size

Serial Number

From: 3139 OLD US 421 LILLINGTON, NC 27546

PID - 130630 0014 01

Address

2500 Raven Rock Rd Lillington NC 27546

To: PID - 130621 0018 01

Address

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the general Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

April Quirino

THIS PERMIT VALID FOR THIS MOVE ONLY.

County-City Tax Collector



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