



Initial Application Date: 6/19/2025

Application # \_\_\_\_\_

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

LANDOWNER: Roots Management Mailing Address: 371 Archie St, Spring Lake, NC 28390  
City: Spring Lake State: NC Zip: \_\_\_\_\_ Contact No: 910-835-4021 Email: Ant.boardraye@rotsmg.com

APPLICANT\*: Thomas Tew Mailing Address: 427 Summerchase Dr  
City: Spring Lake State: NC Zip: 28311 Contact No: 91-210805 Email: Tntairmaintenance@gmail.com

\*Please fill out applicant information if different than landowner

ADDRESS: 35 Lynn St PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: \_\_\_\_\_

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

**PROPOSED USE:**

☐ SFD (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement(w/w bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_ Slab \_\_\_\_\_  
TOTAL HTD SQ FT \_\_\_\_\_ GARAGE SQ FT \_\_\_\_\_ (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)

☐ Modular: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/w bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
TOTAL HTD SQ FT \_\_\_\_\_ (Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no

☒ Manufactured Home: X SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size 16 x 66) # Bedrooms 3 Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: X (site built? X)

☐ Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_ TOTAL HTD SQ FT \_\_\_\_\_

☐ Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

☐ Addition/Accessory/Other (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

TOTAL HTD SQ FT 1150 GARAGE \_\_\_\_\_

Water Supply: \_\_\_\_\_ County X Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final  
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: \_\_\_\_\_ New Septic Tank \_\_\_\_\_ Expansion \_\_\_\_\_ Relocation \_\_\_\_\_ Existing Septic Tank X County Sewer  
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (X) yes ( ) no

Does the property contain any easements whether underground or overhead ( ) yes (X) no

Structures (existing or proposed): Single family dwellings: \_\_\_\_\_ Manufactured Homes: X 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 foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Thomas Tew

Signature of Owner or Owner's Agent

6/19/2025

Date

\*\*\*It is the owner/applicants 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.\*\*\*

\*This application expires 6 months from the initial date if permits have not been issued\*\*

APPLICATION CONTINUES ON BACK

strong roots • new growth



**\*\*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 **undergrowth** 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 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 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.**



**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)

Name: Roots Management Address: 371 Archie DrCity: Spring Lake State: NC Zip: 28390 Daytime Phone: ( ) 910-835-4021

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 Contractors or Homeowner, if applicable.)

Name, address, &amp; phone must match information on license)

A. **Set-Up Contractor** Company Name: Harris Mobile Home ServicesPhone: 910-973-3129 Address: 9109 Chickenfoot Foot RdCity: Saint Paul State: NC Zip: 28384 Email: Tntairmaintenance@gmail.comSetup Signature: James Harris State Lic# 47518B. **Electrical Contractor** Company Name: Austin Electrical SServicesPhone: 910-495-5631 Address: Quail HollowCity: Sanford State: NC Zip: \_\_\_\_\_ Email: Austin\_electrcal\_services@yahoo.comElectrician's Signature: Steve Davis State Lic# 20548-LC. **Mechanical Contractor** Company Name: Innovative BuildsPhone: 910-884-5631 Address: 102 Waddell StCity: Fayetteville State: NC Zip: 28390 Email: Dcdrummond215@gmail.comHVAC Signature: Dante Drummond State Lic# 15247-H3 Class 1D. **Plumbing Contractor** Company Name: Woods plumbingPhone: 910-920-3908 Address: 1234 Gillespie StCity: Fayetteville State: NC Zip: \_\_\_\_\_ Email: Schedulewoodsplumbing@gmail.comPlumber's Signature: James Woods State Lic# 33076**Part III – Manufactured Home Information**Model Year: 2025 Size: 16 X 66**Complete & follow zoning criteria sheet**Park Name: Anderson Creek Lot Number: 35 Lynn

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

Thomas Jew  
Signature of Home Owner or Agent

6/19/2025

Date

\*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.