

Initial Application Date: May 11/2017

Application # MS0041363
CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 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: NC Land Lease LLC Mailing Address: PO Box 2533, Christianburg, VA 24068
City: Christianburg State: VA Zip: 24068 Contact No: _____ Email: _____

APPLICANT*: Brenda McLaughlin Mailing Address: 16 So. Brenda Street
City: Spring Lake State: NC Zip: 28390 Contact No: 540-552-3034 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Anderson Creek MHP Lot #: 2 Lot Size: 21.94

State Road # _____ State Road Name: _____ Map Book & Page: - 1 -

Parcel: 010515 0367 PIN: 0515-50-4630.000

Zoning: R-20M Flood Zone: X Watershed: - Deed Book & Page: 3487, 852 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
- Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no
- Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)
- Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- Addition/Accessory/Other: (Size 10 x 10) Use: Deck w/ Handicapped ramp Closets in addition? () yes X no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

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

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

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Comments: _____

Front Minimum _____ Actual _____

Rear _____

Closest Side _____

Sidestreet/corner lot _____

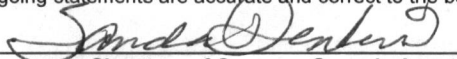
Nearest Building on same lot _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Hwy 210 to ward Spring Lake
Turn Right on Bill Shaw Rd. then Left on Overhills
Rd. Then Right on Archie Street and Left 1/4 mile
into the Anderson Creek Mobile Home
Park. Left on Brenda Street Lot 30.

116 S. Brenda St

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.


Signature of Owner or Owner's Agent

5/10/17
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 # 41363

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793
www.harnett.org/permits

Conf # 022105

Application for Existing Septic Tank in a Mobile Home Park

Applicant Name: Brenda McLaughlin Date: 5-12-17
Address: 16 S Brenda St, Spring Lake NC
Telephone: 910-729-0621

Property Owner: NC Land Lease LLC Phone: 540-552-3034

Lot Address: 16 S Brenda St

Name of Park: Anderson Creek MHP Lot Number: _____

Parcel: 010515 0367 PIN: 0515-50-4630

SW DW TW (Size _____ x _____) # Bedrooms 3 Year _____

Power Company: _____ (For Progress Energy we need the premise number.)

Specific Directions to Job from Lillington:

There is a \$100.00 charge for this service. This certification is subject to revocation if the intended use of the septic system changes, or if false information is provided on this application.

You signature below certifies that all above information is correct.

Signature of owner or authorized agent: Brenda McLaughlin 

DO NOT SIGN BELOW - FOR OFFICE USE ONLY	
Authorization of Existing System	
_____ Signature of Environmental Health Specialist	_____ Date

Harnett County GIS

NOT FOR LEGAL USE



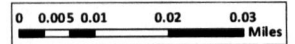
LEGEND

- Surrounding County Boundaries
- Federal Property
- City Limits
- Harnett County Boundary

GIS/E-911 Addressing

May 11, 2017

Address Numbers



1 inch = 100 feet

10x10 Deck
w/ handicapped Ramp

SITE PLAN APPROVAL 10x10 Deck
 DISTRICT RA-20M USE Deck
 #BEDROOMS _____
511-17
 Date _____

Landry B. Lucas
 Zoning Administrator
Brenda McLaughlin

Date: 5-12-17

This letter is to notify renter of 116 S. Brenda St in Anderson Creek MHP of setback and other requirements for a deck within a manufactured home park. The deck must be 25 feet from park boundary lines and must be 10' from other accessory structures. The deck must not be covered nor enclosed and all inspections must be completed in a timely manner until a final zoning and final building inspection is approved on the project. The size of the deck itself may not be increased or changed structurally without proper permits and approvals. If there are any questions regarding the issuance of these permits and/or what is allowed within a manufactured home park please contact our office prior to any work being performed @ (910) 893-7525. By signing this letter you agree that you understand what is written and that you have been advised of what is required according to the Harnett County Unified Development Ordinance.

Owner: _____ Date: _____

Brenda McLaughlin
Renter: Brenda McLaughlin Date: May 11/2017
Printed Name: Brenda McLaughlin Phone #: Cell-910-729-0621
Mailing Address if different than physical address: Home 910-436-1081

09/09/11

Application # 41363

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PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Brenda McLaughlin Date 5/11/17
Site Address 16 So. Brenda Street Phone 910-436-1081

Directions to job site from Lillington Hwy 210 So. Right on Shaw Rd
Left on to Overhill Rd Then a Right on Archie Street
Then a Left into the Anderson Creek mobile Home

Subdivision _____ Lot 20
Description of Proposed Work deck & Handicap ramp # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

Home park
second
Trailer
on the
Left
at Brenda
St.

General Contractor Information

MUSE HOME IMPROVEMENT & REPAIR Telephone (910) 988-1400
Building Contractor's Company Name _____
6850 Green Creek Rd, Fayetteville, NC 28834
Address _____ Email Address _____
N/A Less than \$100,000 - Handiman
License # 28

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

*NOTE General Contractor must fill out and sign the second page of this application

I hereby certify that I have the authority to make necessary application that the application is correct and that the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

5-11-17
Date

Affidavit for Worker's Compensation N C G S 87-14

The undersigned applicant being the

Handiman General Contractor N/A Owner N/A Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit

N/A Has three (3) or more employees and has obtained workers compensation insurance to cover them

N/A Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

N/A Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no more than two (2) employees and no subcontractors

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work

Company or Name Muse Home Improvement & Repair

Sign w/Title Huston Muse Owner Date 5-11-17

