

Initial Application Date: 6-12-15

Application # 1550036406
CU# _____

X

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: Truelove, Percy Mailing Address: 893 Truelove Rd
City: Holly Springs State: NC Zip: 27540 Contact No: 919 812-5823 Email: _____

APPLICANT*: Same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Percy Truelove Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 1.56
State Road # _____ State Road Name: _____ Map Book & Page: _____

Parcel: 050636 0081 02 PIN: 0635-28-2115.000
Zoning: R20M Flood Zone: _____ Watershed: _____ Deed Book & Page: 2620 224 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 14 x 70) # 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 _____ x _____) Use: _____ Closets in addition? () yes () 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 no

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

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

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>47.6</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>30</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: Customer has 2 decks that will be moved as well
Front- 5'3 x 10
Back- 10 x 10'4

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

401 to Fuquay-

X

Take L at Stoplight on 42 - go through
Duncan - Past Duncan Baptist church - First hard
surfaced Rd to left is Twelve if you go to
end take right at Wade Stephenson - First Mailbox
on left take a right - goes straight into Lot.

919-812-5823

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.

Perry Trumble
Signature of Owner or Owner's Agent

6-12-15
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

NAME: Percy Truelove

APPLICATION #: 1550036406

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)

910-893-7525 option 1

CONFIRMATION # _____

- Environmental Health New Septic System Code 8 00**
 - **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.**
 - After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
 - Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
- Environmental Health Existing Tank Inspections Code 800**
 - Follow above instructions for placing flags and card on property.
 - Prepare for inspection by removing soil over **over outlet end** as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
 - After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
 - Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

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?
- 10K 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.

Percy Truelove
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-12-15
DATE

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become *invalid*.

APPLICANT INFORMATION

Percy Truelove (919) 812-5823
Applicant/Owner Phone Number
893 Truelove Rd, Holly Springs NC 27540
Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address Subdivision/Lot #
Parcel # 050636 0081 02 PIN # 0035-28-2115.000

Directions to the Site

401 to Fuquay - Take L at Stoplight on 42 - go through Duncan - Past Duncan Baptist Church - First hard surfaced Rd to left is Truelove if you go to end take right at Wade Stephenson - First mailbox on left take a right - goes straight into lot

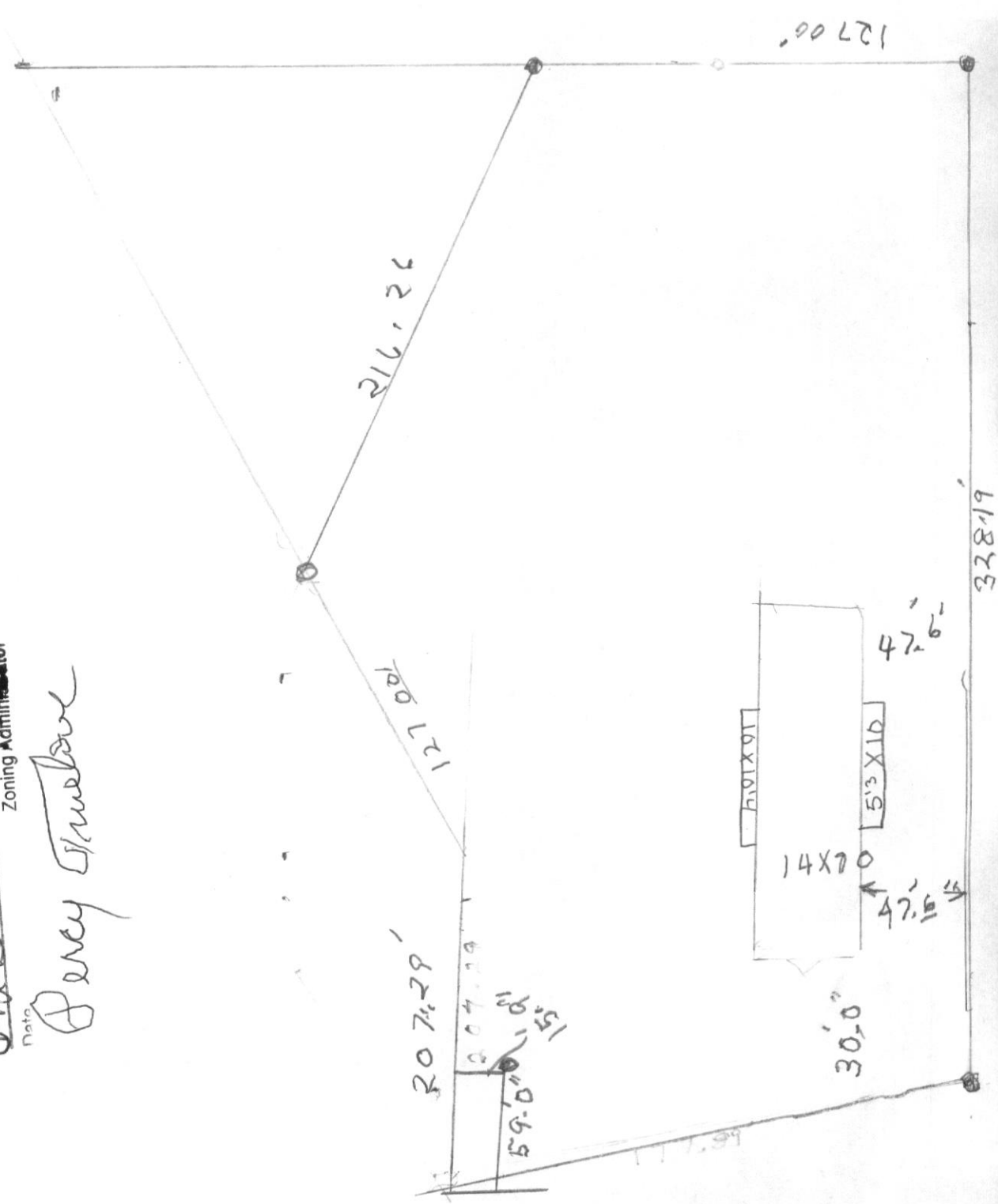
I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

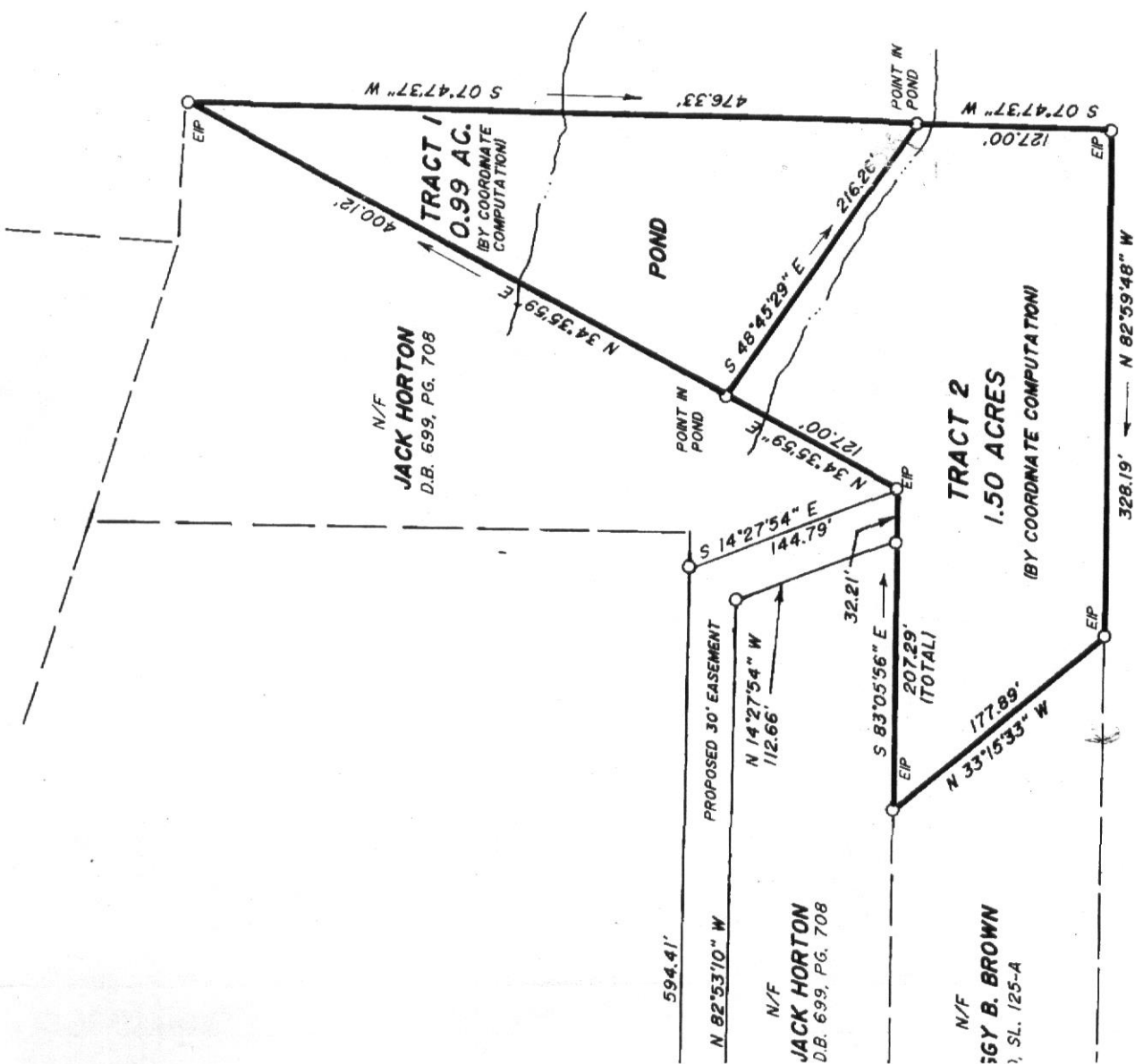
I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Percy Truelove
Property Owner's or Owner's Legal Representative Signature Required

6-12-15
Date

SITE PLAN APPROVAL
 DISTRICT RA-20M USE SFD
 #BEDROOMS 3
6-12-15 LB
 Zoning Administrator
 Date Percy Stonebave





Harnett County Central Permitting

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)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Johnny Truelove Address: 670 Truelove Rd

City: Holly Springs State: NC Zip: 27540 Daytime Phone: (919) 805 8034

Landowner Information (To be completed by landowner, if different than above)

Name: Percy Truelove Address: 893 Truelove Rd

City: Holly Springs State: NC Zip: 27540 Daytime Phone: () _____

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.)

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

A. **Set-Up Contractor** Company Name: Mark mobile Home set up

Phone: 919 770 4879 Address: 1258 Black Creek

City: Cameron State: NC Zip: 28326

State Lic# 3441 Email: _____

B. **Electrical Contractor** Company Name: Danric Electrical

Phone: 919-524-5051 Address: 7610 Parkridge River Rd

City: Fuquay-Varina State: NC Zip: 27526

State Lic# 11732 L Email: _____

C. **Mechanical Contractor** Company Name: Jo's Heating Air Conditioning

Phone: 919 552-3053 Address: 1539 Wade Stephenson Rd

City: Holly Springs State: NC Zip: 27540

State Lic# 12655 Email: _____

D. **Plumbing Contractor** Company Name: Associated Plumbing Co.

Phone: 919-779-3663 Address: 1001 Shadywood Ln

City: Raleigh State: NC Zip: 27603

State Lic# 14506 PI Email: _____

Part III - Manufactured Home Information

Model Year: 1985 Size: 14x70

Complete & follow zoning criteria sheet

Park Name: Newton's Run Lot Number: 2049 Quarterhorse Dr
Fuquay Varina NC 27526

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, 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.

Johnny Truelove
Signature of Home Owner or Agent

7-13-2015
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.



MOBILE HOME TAX PERMIT

COUNTY OF WAKE

STATE OF NORTH CAROLINA

PERMIT NO. 19867

Permission is granted to:

Date JULY 17, 2015

ELIZABETH ALLEN
Owner (January 1 of current year)

2049 QUARTERHORSE DR FUQUAY VARINA NC 27526
Address

04/30/2008
Date Purchased

SAME AS ABOVE

Current Owner Information if different

Address

Date Purchased

MARK MOBILE HOME SETUP

1258 BLACK CREEK CAMERON NC 28326

919-499-2768

Carrier

Address (mailing and physical)

Phone #

to move the following mobile home:

FLINTSTONE

1985

14X66

F166S142CK6459GA

Make

Model

Size

Serial Number

From: 2049 QUARTERHORSE DR FUQUAY VARINA NC 27526-8908
Physical Address

To: 116 AMBER HORTON LN HOLLY SPRINGS NC 27540
Physical Address

PRIVATE
Mobile Home Park & Lot#

HARNETT
County

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 transportation.

By: [Signature]

Wake County Revenue Department

THIS PERMIT VALID FOR THE ABOVE MOVE ONLY.

Attach copies of paid bill to File Copy

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

	Page	3
Application Number	15-50036406	Date 8/05/15
Property Address	34459 *UNASSIGNED	
PARCEL NUMBER	05-0636- - -0081- -02-	
Application description	CP MANUFACTURED HOMES	
Subdivision Name	LISA MICHELLE HORTON	
Property Zoning	RES/AGRI DIST - RA-30	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/
Permit type MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	__/__/
10	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/
20	818	Z818	PZ*ZONING INSPECTION	_____	__/__/
20	814	A814	ADDRESS CONFIRMATION	_____	__/__/
30	507	T507	R*MANUFACTURED HOME FINAL	_____	__/__/
999		H824	ENVIR. OPERATIONS PERMIT	_____	__/__/
999		H828	ENVIRO. WELL PERMIT	_____	__/__/

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	15-50036406	Date	8/05/15
Property Address	34459 *UNASSIGNED		
PARCEL NUMBER	05-0636- - -0081- -02-		
Application type description	CP MANUFACTURED HOMES		
Subdivision Name	LISA MICHELLE HORTON		
Property Zoning	RES/AGRI DIST - RA-30		

Owner

Contractor

TRUELOVE PERCY
893 TRUELOVE RD
HOLLY SPRINGS NC 27540

OWNER

Applicant

TRUELOVE PERCY
893 TRUELOVE RD
HOLLY SPRINGS NC 27540
(919) 812-5823

--- Structure Information 000 000 14X70 SWMH W/2 DECKS

Flood Zone	FLOOD ZONE X		
Other struct info	# BEDROOMS		3.00
	MOBILE HOME YEAR		1985.00
	PROPOSED USE		SFD
	SEPTIC - EXISTING?		NEW
	WATER SUPPLY		COUNTY

Permit LAND USE PERMIT

Additional desc			
Phone Access Code	1102581		
Issue Date	8/05/15	Valuation	0
Expiration Date	2/01/16		

Permit MANUFACTURED HOME PERMIT

Additional desc			
Phone Access Code	1102599		
Issue Date	8/05/15	Valuation	0
Expiration Date	8/04/16		

Special Notes and Comments

T/S: 06/12/2015 03:32 PM LBENNETT --
401 TO FUQUAY - TAKE LEFT AT STOPLIGHT
ON 42 - GO THROUGH DUNCAN - GO PAST
DUNCAN BAPTIST CHURCH - FIRST HARD
SURFACED RD TO LEFT IS TRUELOVE RD - IF
YOU GO TO END TAKE RIGHT AT WADE
