

Initial Application Date: 9-29-15

Application # 1550037199  
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: Samantha Bowen Mailing Address: 918 Sierra Trail  
City: Spring Lake State: NC Zip: 28390 Contact No: 910-987-0902 Email: SKbowen94@gmail.com

APPLICANT: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 63/64 Lot Size: .47  
State Road # 4131 State Road Name: Overhills Road Map Book & Page: 2419/600-602  
Parcel: 010515 0065 PIN: 0525-13-3873-000  
Zoning: RA-20R Flood Zone: - Watershed: - Deed Book & Page: 3098/417 Power Company: SKEMC

\*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 28 x 52) # Bedrooms: 3 Garage: N (site built? \_\_\_\_\_) Deck: N (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: Double Wide Other (specify): \_\_\_\_\_

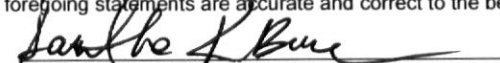
**Required Residential Property Line Setbacks:**

Front	Minimum	<u>35</u>	Actual	<u>94.5</u>
Rear		<u>25</u>		<u>25+</u>
Closest Side		<u>10</u>		<u>28</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Follow 210 towards Spring Lake,  
Turn right onto Overhills road, continue straight  
until 4131 Overhills.

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

Sept 29, 2015  
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: Samantha BowenAPPLICATION #: 37199

\*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 800

- **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 **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**
- 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?
- { } 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.**

Samantha Bowen  
**PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**

9/29/15  
**DATE**

**HARNETT COUNTY, NORTH CAROLINA**  
**GIS/LAND RECORDS**



AddressPoints  
 \*  
 Road Centerlines  
 —  
 MajorRoads  
 —  
 Rivers  
 —  
 Parcels  
 □  
 County\_Boundary  
 □  
 CityLimits  
 □  
 Harnett\_2013.sid  
 ■ Red: Band\_1  
 ■ Green: Band\_2  
 ■ Blue: Band\_3

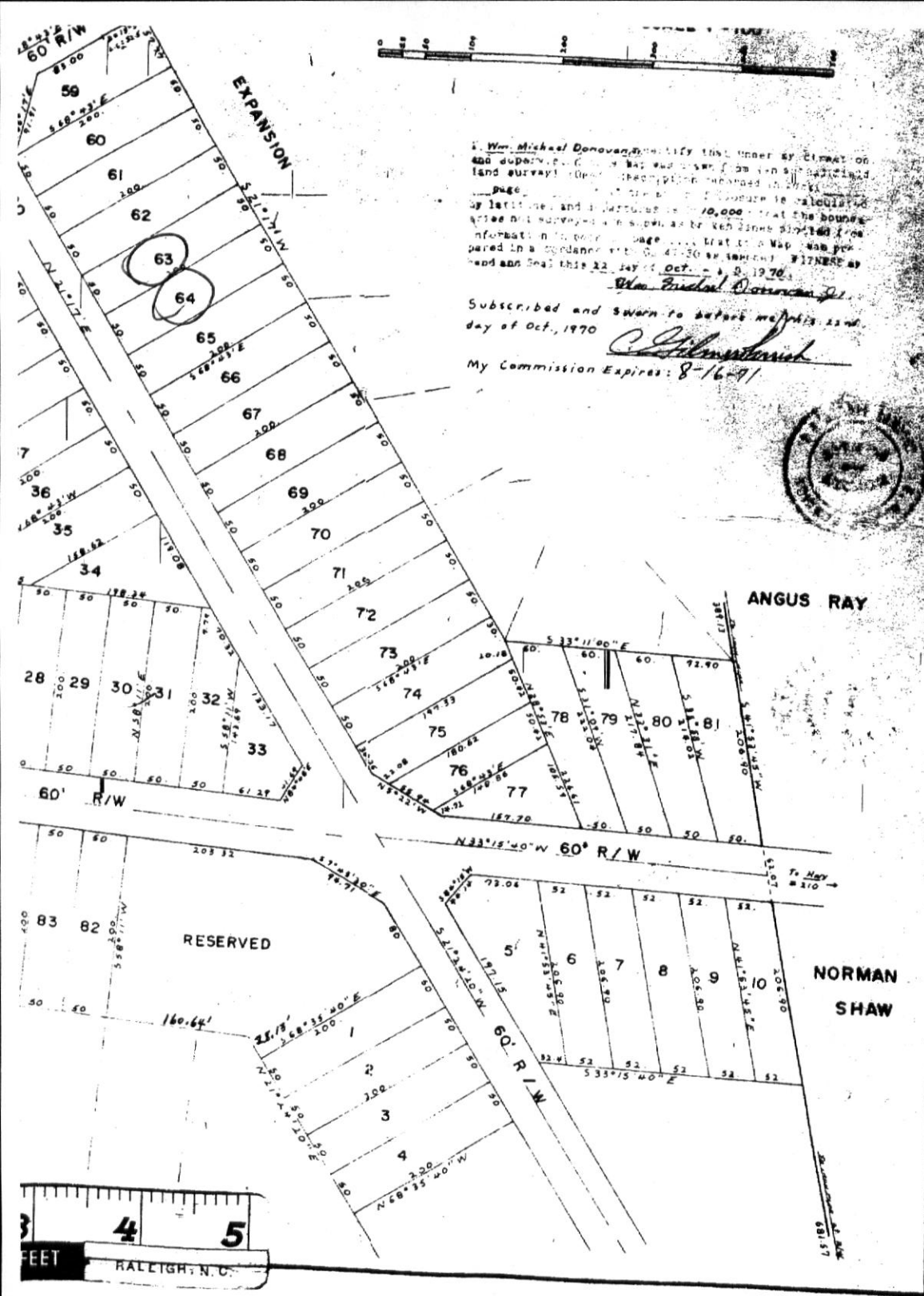
Harnett County GIS  
 305 W Cornelius Harnett Blvd, Suite 100  
 Lillington NC 27546  
 Phone: 910-893-7523 www.harnett.org

Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.



The Singlewide Shown in the Ariel photo is gone. She is Putting a Doublewide put in the Same Spot where the Singlewide Was.

SITE PLAN APPROVAL  
 DISTRICT RA-20R USE SFD  
 #BEDROOMS 3  
9-29-15  
 Date  
 Zoning Administrator  
*[Signature]*



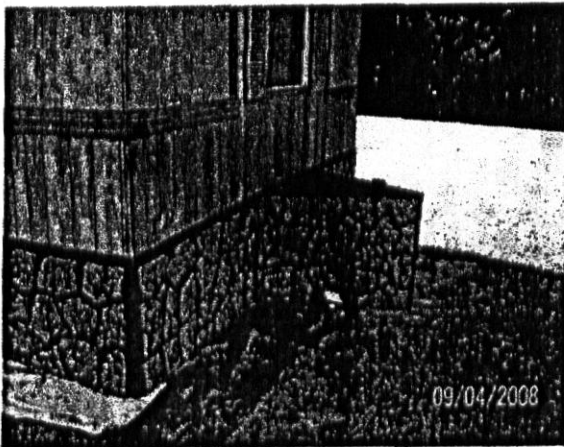
I, Wm. Michael Donovan, certify that under my direction and supervision, a map was made and sworn to by me and a duly qualified land surveyor, and that the map was made in accordance with the provisions of the Act of the General Assembly of North Carolina, passed March 1, 1907, and that the map was made in accordance with the provisions of the Act of the General Assembly of North Carolina, passed March 1, 1907, and that the map was made in accordance with the provisions of the Act of the General Assembly of North Carolina, passed March 1, 1907.

Subscribed and Sworn to before me this 23rd day of Oct., 1970  
My Commission Expires: 8-16-71





2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



4. The home must have been constructed after July 1<sup>st</sup> 1976.

Samuel R. Bower

Signature of Property Owner / Agent

9/29/15

Date

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

Date: 9/29/15

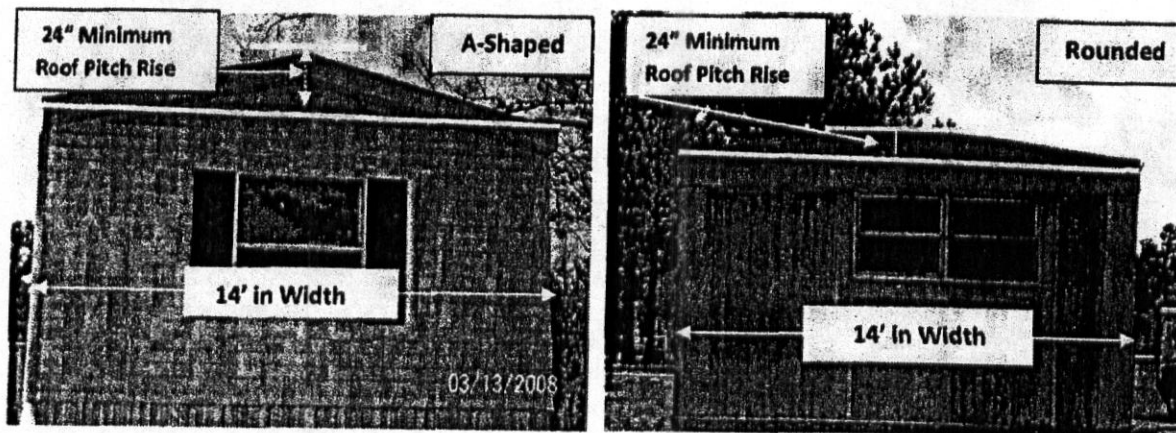
Application# \_\_\_\_\_

## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

### RA-20R & RA- 20M Certification Criteria

I, Samantha Bowen, understand that because I'm located in a RA-20R or RA-20M Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)



Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

Application #

1550037199

## 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: Samantha Bowen Address: 918 Sierra TrCity: Spring Lake State: NC Zip: 28390 Daytime Phone: (910) 987-0902

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

Name: Same 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: J & D Mobile Home MoversPhone: 910-740-2030 Address: 226 Shannon RdCity: Lumberton State: NC Zip: 28360State Lic# 3660 Email: \_\_\_\_\_B. **Electrical Contractor** Company Name: Joey HardinPhone: 910-740-6694 Address: 2352 Tobacco RdCity: Fairmont State: NC Zip: 28340State Lic# 19728-L Email: \_\_\_\_\_C. **Mechanical Contractor** Company Name: Spells MechanicalPhone: 910-525-5976 Address: 123 W. Vinson Ave PO Box 99City: Autryville State: NC Zip: 28318State Lic# 10574 Email: \_\_\_\_\_D. **Plumbing Contractor** Company Name: Bobby MonroePhone: 910-734-3771 Address: 633 Monroe RdCity: St Pauls State: NC Zip: 28384State Lic# 22007 Email: \_\_\_\_\_

## Part III - Manufactured Home Information

Model Year: 2016 Size: 28x52 **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 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.

Carla Monroe  
Signature of Home Owner or Agent

10/20/15  
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.



Seller: Vision Homes

Address: 2965 Gillespie St.

Fayetteville, NC 28306

Telephone: (910)323-8222

CONTRACT TO PURCHASE AND  
DEPOSIT AGREEMENTNAME Johnathan E. Ferguson and Samantha K. Bowen DATE 5 / 4 / 15  
ADDRESS 4131 Overhill Rd, Spring Lake, NC 28378 TELEPHONE 910-987-7312

MANUFACTURER <u>Schult - Rockwell</u>	MAKE <u>Rockwell</u>	MODEL & YEAR <u>4603 2016</u>	# B. ROOMS <u>2015</u>	SIZE <u>28x52</u>	APPROX SQ FT.
SERIAL NUMBER <u>ROCT3020NC</u>	NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/>	COLOR <u>CLAY</u>	DELIVERED TO: COUNTY <u>Harnett</u> STATE <u>NC</u>	SALESPERSON <u>Justin Emmons</u>	
IN TRADE		MAKE	YEAR	PAYOFF TO?	
FOR:		LENGTH	WIDTH	COLOR	SERIAL #
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			CASH PRICE OF HOME		\$ <u>83778.00</u>
<u>Heat Pump Installed; Electric Meter Base</u>			OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		
<u>Installed; Wood steps at front and back</u>					
<u>doors per county code; pier and perimeter</u>					
<u>footers; SUREWALL piers; brick skirting</u>					
<u>Not to exceed 36" AVERAGE height;</u>			SUB-TOTAL		\$ <u>83778.00</u>
<u>Termite PRE-treat; Plumbing up to 9'</u>			SALES TAX		<u>INCLUDED</u>
<u>from home connections; Nothing follows</u>			TITLE FEE		
			HOMEOWNER'S INS. PREMIUM		Yrs.
SET UP AGREEMENT			VARIOUS FEES:		
<input checked="" type="checkbox"/> Blocked and Anchored Per County Code. <u>None</u>			<u>This contract includes</u>		
REMARKS			<u>up \$4000.00 in closing</u>		
Buyer responsible for all land permits, such as tax, zoning, well			<u>costs, not to include</u>		
Septic, and any permits for work buyer is going to perform.			<u>any discounts, nor</u>		
Buyer is responsible for wrecker, dozer service if required			<u>pre-pays.</u>		
During any part of the delivery or set-up process.			CASH PRICE		\$ <u>83778.00</u>
			TRADE-IN ALLOWANCE		(\$ )
			LESS BALANCE DUE ON TRADE-IN		\$
ESTIMATED RATE OF FINANCING <u>Per BB\$1</u> %			CASH DOWNPAYMENT PAID TODAY		(\$ )
NUMBER OF YEARS			UNPAID BALANCE OF CASH SALE PRICE		\$ <u>83778.00</u>
ESTIMATED MONTHLY PAYMENT \$			UNPAID BALANCE OF CASH DOWNPAYMENT REQUIRED		\$

The undersigned Purchaser(s) has agreed to purchase from Vision Homes (the "Seller") the manufactured home described above (the "Home"). In that connection, Purchaser(s) submits herewith a (check the appropriate item)

☐ Manufactured Home Credit Application and/or ☐ Nonrefundable Deposit of \$

Purchaser(s) agrees that the above deposit shall apply toward the Cash Price of the home indicated above or that my/our deposit funds can be used for any costs involved in the project. If Purchaser(s) fails to complete the purchase of the Home and all related documents by August 4, 2015, or otherwise fails to accept delivery of the Home, Purchaser(s) agrees that the above Deposit shall be forfeited by Purchaser(s) and retained by Seller, to the extent permitted by applicable law, as liquidated damages and to be applied toward the satisfaction of the obligation of Purchaser(s) regarding the Home. If Purchaser(s) will obtain a loan to finance this purchase, Purchaser's(s) obligation under this Agreement is subject to Purchaser(s) obtaining a loan for the "Unpaid Balance of Cash Sale Price" set forth above, at an annual interest rate not to exceed 5 % (fixed rate or initial variable rate).

Purchaser(s) acknowledges and agrees that any and all wheels, axles, and related apparatus and equipment used to transport the Home for delivery to Purchaser(s) are and shall remain at all times the sole property of Vision Homes and are NOT sold to the Purchaser(s).

Purchaser(s) represents to the Seller that, to the best of Purchaser's(s) knowledge, the lot upon which the Home is to be located is X is not located in a Special Flood Hazard Area as shown on maps prepared by the U.S. Department of Housing and Urban Development, or in a flood prone area. In the event the Home is to be located in a Special Flood Hazard Area as shown on maps prepared by the U.S. Department of Housing and Urban Development, or in a flood prone area, the costs to set up the Home upon delivery may exceed those provided for in this Contract or contemplated by the parties. Purchaser(s) hereby agrees to pay such excess costs in addition to all other amounts provided for herein.

Purchaser(s) acknowledges and agrees that he/she is of statutory age or has been legally emancipated; that he/she is purchasing the above described insurance voluntarily; that the trade-in described above, if any, is free from all claims, liens and encumbrances, except as noted; and that if any provision of this Agreement is unenforceable, the remaining provisions will be valid.

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE-DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.

### CONSUMER NOTICE

#### AS A BUYER OF A MANUFACTURED HOME, YOU HAVE CERTAIN PROTECTIONS UNDER STATE AND FEDERAL LAW.

- North Carolina law provides you with a one-year warranty from the date of delivery of your new home. If you experience warranty-related issues during this 12-month time period, you should contact the dealer that sold you the home. All issues should be presented in writing.
- Your salesperson and set-up contractor must be licensed and are regulated by the North Carolina Manufactured Housing Board. The Board's duties include addressing consumer complaints.
- As with any purchase, there are certain buyer responsibilities concerning homeowner maintenance. Buyers should carefully review their owner's manual and perform proper home maintenance and care. Alterations or modifications to the home may affect warranty coverage. Before altering or modifying your home, consult your dealer.
- You must be provided a copy of the purchase agreement at the time of the deposit and sale.

JEF SKB

For Further assistance or to make a consumer complaint, contact:  
**The Manufactured Building Division**  
of the NC Department of Insurance toll free at:  
**1-800-587-2716**

or write to the:  
**MANUFACTURED HOUSING BOARD**  
North Carolina Department of Insurance  
Manufactured Building Division  
1202 Mail Service Center  
Raleigh, NC 27699-1202

"The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailer, or installers concerning defects in manufactured homes. Many states also have a consumer assistance or dispute resolution program. For additional information about these programs, see sections titled "Dispute Resolution Process" and :Additional Information-HUD Manufactured Home Dispute Resolution Program: in the Consumer Manual required to be provided to the purchaser(s). These programs are not warranty programs and do not replace the manufacturer's, or any other person's warranty program."

Not valid unless signed by an authorized representative of Seller. Approval by Seller is subject to acceptance by a bank or finance company, if applicable.

Seller: Vision Homes

By: 

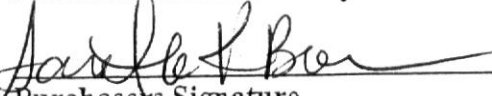
Date: 5/4/15

Purchaser(s) acknowledges receipt of a true copy of this Agreement and that he/she has read and understands its terms.

  
Purchaser Signature

Date: May 4 2015

260819143  
Purchaser Social Security Number

  
Purchasers Signature

Date: 5/4/2015

243-77-7269  
Purchasers Social Security Number

## 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.

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Application Number . . . . .	15-50037199	Page	2
Property Address . . . . .	4131 OVERHILLS RD	Date	10/21/15
PARCEL NUMBER . . . . .	01-0515- - -0065- - -		
Application description . . .	CP MANUFACTURED HOMES		
Subdivision Name . . . . .	ANDERSON ESTATES		
Property Zoning . . . . .	PENDING		

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## Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
-----	----------------	--------------	-------------	----------	------

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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	_____	____/____/____

Permit type . . . . . LAND USE PERMIT

999	818	Z818	PZ*ZONING INSPECTION	_____	____/____/____
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	____/____/____

## 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 . . . . . 15-50037199 Date 10/21/15  
Property Address . . . . . 4131 OVERHILLS RD  
PARCEL NUMBER . . . . . 01-0515- - -0065- - -  
Application type description CP MANUFACTURED HOMES  
Subdivision Name . . . . . ANDERSON ESTATES  
Property Zoning . . . . . PENDING

## Owner

-----  
BOWEN SAMANTHA  
4131 OVERHILLS RD  
SPRING LAKE NC 28390

## Contractor

-----  
J & D MOBILE HOME MOVERS  
226 SHANNON RD  
LUMBERTON NC 28360  
(910) 671-6740

## Applicant

-----  
BOWEN SAMANTHA  
918 SIERRA TRAIL  
SPRING LAKE NC 28390  
(910) 987-0902

--- Structure Information 000 000 28X52 DWMH 3BDR  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
MOBILE HOME YEAR 2015.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? EXISTING  
WATER SUPPLY COUNTY

-----  
Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . .  
Phone Access Code . 1113786  
Issue Date . . . . 10/21/15 Valuation . . . . 0  
Expiration Date . . 10/20/16

-----  
Permit . . . . . LAND USE PERMIT  
Additional desc . .  
Phone Access Code . 1113760  
Issue Date . . . . 10/21/15 Valuation . . . . 0  
Expiration Date . . 4/18/16

## Special Notes and Comments

T/S: 09/29/2015 04:19 PM LBENNETT --  
4131 OVERHILLS RD  
FOLLOW 210 TOWARDS SPRING LAKE TURN  
RIGHT ONTO OVERHILLS RD CONTINUE  
STRAIGHT UNTIL 4131 OVERHILLS RD

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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: \_\_\_\_\_ Address: \_\_\_\_\_

City: Chapel Hill State: NC Zip: 27514 Daytime Phone: 910-271-1540

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, & phone must match information on license)

A. **Set-Up Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# 01000000 Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# 01000000 Email: \_\_\_\_\_

**Part III – Manufactured Home Information**

Model Year: \_\_\_\_\_ Size: \_\_\_\_X\_\_\_\_ **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 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.

Sandra K. Bower  
Signature of Home Owner or Agent

10/27/15  
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.*

**Jennifer Brock**

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**From:** Carla Emmons <visionhomes01@aol.com>  
**Sent:** Tuesday, October 27, 2015 3:41 PM  
**To:** Jennifer Brock  
**Subject:** Samantha Bowen

Please allow her to remove Joey Hardin as electrician and Bobby Monroe as plumber and allow her to purchase or just submit her information in lieu of the electrician and plumber. She is the homeowner and has opted to do her own work.

Thanks

Carla Emmons  
Vision Homes  
2965 Gillespie St  
Fayetteville, NC 28306  
Phone 910-323-8222  
Fax 910-323-2787