

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

LANDOWNER: LARRY Mc LAMM Mailing Address: 37 RAMBLIN LN
 City: BENSON State: NC Zip: 27504 Contact No: 919 920 0894 Email: _____

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: Window Rock NLP Lot #: 58 Lot Size: _____
 State Road # _____ State Road Name: Wise Rd. Map Book & Page: 915
 Parcel: 02-1537-0074-02 PIN: 1537-21-6051
 Zoning: R200M Flood Zone: Y Watershed: NA Deed Book & Page: 2072,504 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: _____ Monolithic 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 80) # Bedrooms: 3 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

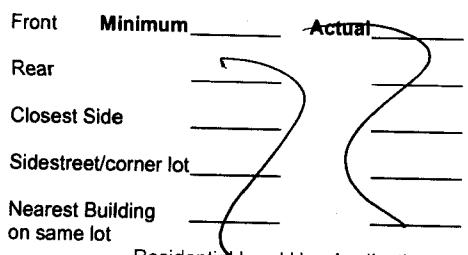
Water Supply: _____ County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
 Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

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: MH PARK Other (specify): _____

Required Residential Property Line Setbacks:

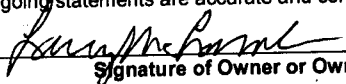


Comments: Existing tank in mobile home park only.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

I-95 N. FROM DAWN EXIT 75 RIGHT ON
JONESBORO RD RIGHT ON WISE ROAD. PARK 1/2 MILE
ON LEFT

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

1-19-16
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: Larry McLamb

APPLICATION #: 10-50037874

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 # 013879

1.20.16

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.

Larry McLamb
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1.19.16
DATE

1.20.16 told Susan to add note to call before going out.

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: James Larry McLamb Address: 37 Rambling Ln.
City: Benson State: NC Zip: 27504 Daytime Phone: (919) 820-0894

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, & phone must match information on license)

- A. **Set-Up Contractor** Company Name: Wood Mobile Home Mover
Phone: 252 531 5908 Address: 5912 Wood Ln
City: Grifton State: NC Zip: 28513
State Lic# 45147 Email: _____
- B. **Electrical Contractor** Company Name: RST Electric
Phone: 919-894-3907 Address: 3376 Zack Mill Rd.
City: Angier State: NC Zip: 27501
State Lic# 26202 Email: _____
- C. **Mechanical Contractor** Company Name: B+S Air Conditioning Co. Inc
Phone: 919-894-5151 Address: 5446 Elevation Rd.
City: Benson State: NC Zip: 27504
State Lic# 4256 Email: _____
- D. **Plumbing Contractor** Company Name: Tart Plumbing & Pump Service, Inc
Phone: 919-963-3159 Address: 655 Jackson Rd
City: Four Oaks State: NC Zip: 27524
State Lic# 8141 Email: _____

Part III - Manufactured Home Information

Model Year: 1998 Size: 14x80 **Complete & follow zoning criteria sheet**
Park Name: Window Rock MHP Lot Number: 58

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.

James Larry McLamb
Signature of Home Owner or Agent

4-8-16
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

TOWN OF Edgecombe

PERMIT NUMBER 803

COUNTY OF NORTH CAROLINA

DATE 01-29-16

Permit is granted to: (old owner: Billy R. Lamond)

Ma McLamb + Larry McLamb 37 Rambling Ln, Benson NC 27504
Address

Thom MHM 205 Burn Rd, Kenly NC 27542
Address

For the following mobile home:

Thom 1998 14XB0 13840366
Model Size Serial Number

119 Jake Ln, Rocky Mount, NC 27801
Address

58 Carol St. Dunn NC 28334
Address

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.

M. Edmonds
County-City Tax Collector

THIS PERMIT VALID FOR THIS MOVE ONLY.

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	2
Application Number	16-50037874	Date 4/08/16
Property Address	58 CAROL ST	
PARCEL NUMBER	02-1537- - -0076- -02-	
Application description	CP MOBILE HOME PARK	
Subdivision Name	JAMES WOODROW JOHNSON ESTATE	
Property Zoning	RES/AGRI DIST - RA-20M	
Permit	MANUFACTURED HOME PERMIT	
Additional desc		
Phone Access Code	1134378	

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
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	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___

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 16-50037874 Date 4/08/16
Property Address 58 CAROL ST
PARCEL NUMBER 02-1537- - -0076- -02-
Application type description CP MOBILE HOME PARK
Subdivision Name JAMES WOODROW JOHNSON ESTATE
Property Zoning RES/AGRI DIST - RA-20M

Owner Contractor

MCLAMB JAMES LARRY #58 WOOD MOBILE HOME MOVERS
37 RAMBLING LN 5912 WOOD LANE
BENSON NC 27504 GRIFTON NC 28530
(919) 820-0894 (252) 531-5908

Applicant

MCLAMB LARRY
37 RAMBLIN LN
BENSON NC 27504
(919) 820-0894

--- Structure Information 000 000 14X80 3 BR
Other struct info # BEDROOMS 3.00
MOBILE HOME YEAR .00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXISTING

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1134378
Issue Date 4/08/16 Valuation 0
Expiration Date 4/08/17

Special Notes and Comments
T/S: 01/19/2016 12:58 PM DJOHNSON --
WINDOW ROCK MHP LOT 58
FROM DUNN EXIT ON 75 RIGHT ON JONESBORO
RD RIGHT ONTO WISE RD. PARK 1/2 MILE ON
LEFT.

