

3-15-16

Application # 1650038241

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

**Application for Existing Septic Tank in a Mobile Home Park**

Applicant Name: Christy Stone Date: 3-15-2016  
Address: 234 Lloyd Stewart Rd Broadway, NC 27505  
Telephone: 919-478-3620

Property Owner: Johnny Faircloth Phone: 919-499-8211  
Lot Address: 454 Raymack Dr Lillington NC  
Name of Park: ARLINGTON MHP Lot Number: 45  
Parcel: 1306010362 PIN: 0610-087809,000  
 SW  DW  TW (Size 14 x 70) # Bedrooms 3 Year 1991  
Power Company: South River Electric (For Progress Energy we need the premise number.)

Specific Directions to Job from Lillington:

Head west on E Front St toward S 15th St for 1 mile. Continue onto  
US 421 N for 7.8 miles. Turn left onto Raymack DR. go 0.2  
miles and lot will be on the right left, it is the last lot on  
the left

**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: Johnny Faircloth

**DO NOT SIGN BELOW – FOR OFFICE USE ONLY**

Authorization of Existing System

\_\_\_\_\_  
Signature of Environmental Health Specialist

\_\_\_\_\_  
Date

**Harnett County Central Permitting**

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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: Christy Stone Address: 454 Raymack DR.

City: Lillington State: NC Zip: 27546 Daytime Phone: (919) 478-3620

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

Name: Johnny Faircloth Address: 213 Dickens Rd.

City: Broadway State: NC Zip: 27505 Daytime Phone: 919 499-8211

**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: Christians mobile Home Movers

Phone: 919-770-9660 Address: 544 Golden Hills Ln.

City: Sanford State: NC Zip: 27330

State Lic# 2367 Email: N/A

B. **Electrical Contractor** Company Name: DNE Electric All

Phone: 919-333-1330 Address: 7809 Old US 421

City: Lillington State: NC Zip: 27546

State Lic# 31090-L Email: robbee@dne-electric.com

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

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

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

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

D. **Plumbing Contractor** Company Name: Christians mobile Home Movers

Phone: 919-770-9660 Address: 544 Golden Hills Ln.

City: Sanford State: NC Zip: 27330

State Lic# 2367 Email: N/A

**Part III - Manufactured Home Information**

Model Year: 1991 Size: 14 x 20 **Complete & follow zoning criteria sheet**

Park Name: Arlington MHP Lot Number: 45

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.

\_\_\_\_\_  
Signature of Home Owner or Agent

\_\_\_\_\_  
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.*

**LEE COUNTY**

Committed Today for a Better Tomorrow

# MOBILE HOME TAX PERMIT

**COUNTY OF LEE  
STATE OF NORTH CAROLINA**

**PERMIT NUMBER: 5265  
DATE: 4/6/2016**

**SYLVIA MOORE KERNES 53785  
OWNER Acct.#**

**234 LLOYD STEWART RD  
ADDRESS**

**CHRISTIANS MH MOVERS 544 GOLDEN HILL LN SANFORD NC  
CARRIER ADDRESS**

**919-770-9660  
CARRIER PHONE #**

**FLAM 1991  
MAKE MODEL**

**14X70  
SIZE**

**13821798  
SERIAL NUMBER**

**119 FOREVIEW LANE  
FROM Address**

**SANFORD NC  
City State**

**LEE  
County**

**454 RAYMACK DR  
TO Address**

**LILLINGTON NC  
City State**

**HARNETT  
County**

**This permit is issued in accordance with the provisions of G.S. 105-316.1 through 105-316.8  
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.**

**THIS PERMIT VALID FOR THIS MOVE ONLY.**

**D. FITZPATRICK  
Tax Collection Manager  
Lee County**

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 . . . . .	16-50038241	Date 4/25/16
Property Address . . . . .	454 RAYMACK DR	
PARCEL NUMBER . . . . .	13-0610- - -0362- - -	
Tenant nbr, name . . . . .	ENVIRO- 014873	
Application description . . .	CP MOBILE HOME PARK	
Subdivision Name . . . . .	ANNIE GARRETT LAND	
Property Zoning . . . . .	PENDING	
Permit . . . . .	MANUFACTURED HOME PERMIT	
Additional desc . . . . .		
Phone Access Code . . . . .	1136746	

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	_____	___/___/___

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Property Address . . . . . 454 RAYMACK DR  
PARCEL NUMBER . . . . . 13-0610- - -0362- - -  
Tenant nbr, name . . . . . ENVIRO- 014873  
Application type description CP MOBILE HOME PARK  
Subdivision Name . . . . . ANNIE GARRETT LAND  
Property Zoning . . . . . PENDING

Owner

-----  
FAIRCLOTH JOHNNY R  
5272 COOL SPRINGS ROAD  
BROADWAY NC 27505

Contractor

-----  
CHRISTIANS MOBILE HOME MOVERS  
544 GOLDEN HILLS LANE  
SANFORD NC 27332  
(919) 499-6720

Applicant

-----  
STONE CHRISTY  
234 LOYD STEWART RD  
BROADWAY NC 27505  
(919) 478-3620

--- Structure Information 000 000 14X70 3BDR SWMH  
Other struct info . . . . . # BEDROOMS 3000000.00  
MOBILE HOME YEAR 1991.00  
PROPOSED USE SWMH  
SEPTIC - EXISTING? EXT TANK

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Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . .

Phone Access Code . 1136746

Issue Date . . . . . 4/25/16

Valuation . . . . . 0

Expiration Date . . 4/25/17

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Special Notes and Comments

T/S: 03/15/2016 11:22 AM JBROCK ----  
ARLINGTON #45