

Initial Application Date: 12/10/18

Application #		
	CU#_	

	CU#
	et, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORD	ED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: GCI Lakesid	e LLC Mailing Address: PO Box 1493
city: Christiansburg st	ate: VA zip: 24068contact No: Email:
APPLICANT*:	Mailing Address:
*Please fill out applicant information if different than I	ate:Zip:Contact No:Email:
	Desek Hinds Phone # 540-357-3476
ADDRESS: 19 Carolin 5	PIN: 0515-600-0690.000
DEED OR OTP: 3487 /852	
PROPOSED USE:	
	# Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic
(Is the bonus ro	om finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
	# Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame oor finished? () yes () no Any other site built additions? () yes () no
Manufactured Home: SW DW	TW (Size 14 x 66) # Bedrooms: 3 Garage: site built? Deck: site built?
Duplex: (Sizex) No. Building	s: No. Bedrooms Per Unit:
Home Occupation: # Rooms:	Use:#Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
Water Supply: County Existing	Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)
(Complete Environmental Hea	Expansion Relocation Existing Septic Tank 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 (_V) no
	ther underground or overhead () yes () no
Structures (existing of proposed) Single family	dwellings:Manufactured Homes: SWMH Other (specify):
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,

Signature of Owner or Owner's Agent

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 CONTINUES ON BACK

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This application expires 6 months from the initial date if permits have not been issued

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)

Environmental Health New Septic System

- 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 <u>undergrowth</u> 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.



Environmental Health Existing Tank Inspections

- 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

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC		
	for authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	epted	{} Innovative {} Conventional {} Any
{_}} Alter	native	{}} Other
	_	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	{ ∑ } NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	{ <u>X</u> } NO	Do you plan to have an irrigation system now or in the future?
{_}}YES	$\{X\}$ NO	Does or will the building contain any drains? Please explain.
XYES	{}} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property? - Water lines & Septic sy
{_}}YES	{X} 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?
$\{X\}YES$	{ } 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.

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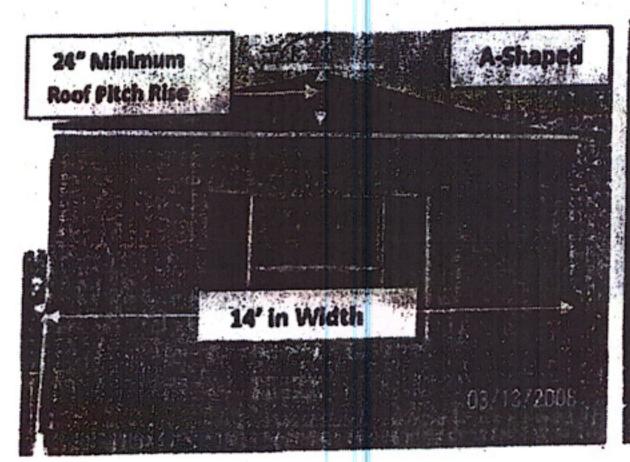
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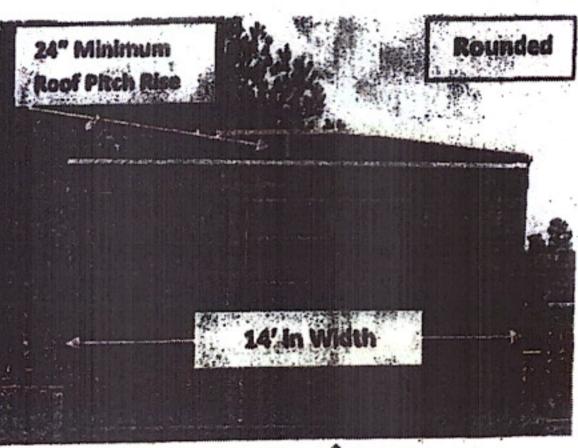
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Desel Hinds/GCI Lakes deunderstand 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.)

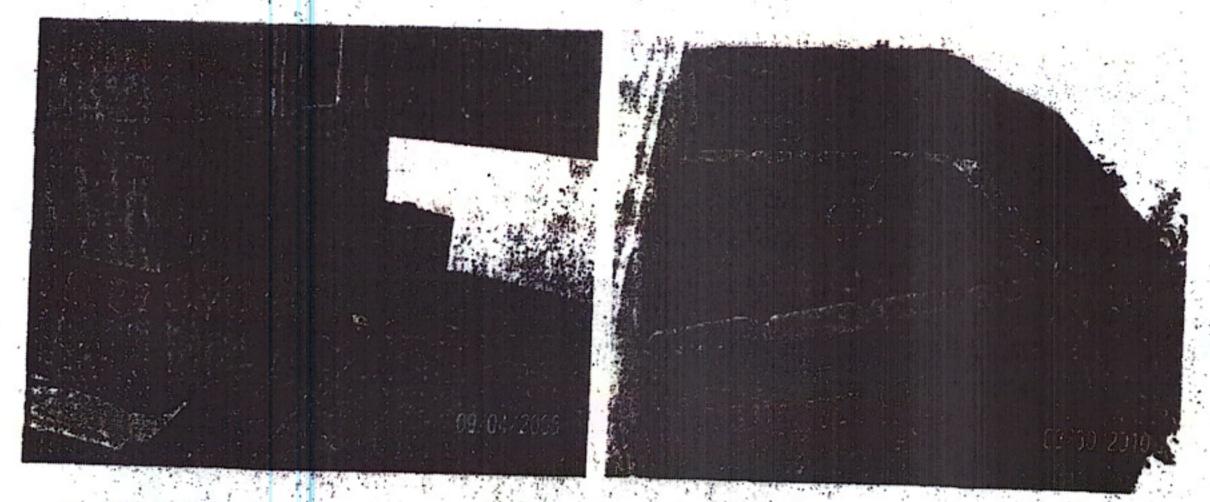




Note: Most Rounded Roofs Will Not Meet The Roof Pitch
Requirement As Illustrated. The Measurement From The Peak Of
The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of
Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

- 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 1st 1976.

Deruk Hil

Signature of Property Owner / Agent

12/10/2018

Date

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