* Each section below to be filled out by ' whomever perfarming work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 67-500 1
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org **Application for Building and Trade Permit**

| Owner's Name: Pine G-Pave De | | te: 8-24-0 (|
|---|---|----------------------------|
| Address: 622 BuffA/6 LAM | ces Rd. Ph | one: 498-2204 |
| Directions to job site from Lillington: | | |
| Subdivision: NAture CROSS A | GAds Lo | ± 43 |
| Construction Type: (Please Check) | Building Use: (Please Ched | ck) |
| NewMoved House Renovation Addition Other | Residential | Commercial Multi-Family |
| | | man Para Ch. |
| Total Project Cost: 8 00 Description o | al Contractor Information | , |
| Heated SFCrawl Space () | Building Construction Cost | \$ |
| Inheated SE 9 IaSlah (2) | Acres Disturbed | Stories/ |
| Stouau + Son's Consta. Building Contractor's Company Name | | <u>4</u> |
| | • | |
| 101 Wimble dow Delve. | | 29/86 |
| Address | | License # |
| Signature of Owner/Contractor/Officer(s) of C | orporation – Must sign back of form | & workers comp |
| Description of Work TS Pole: Yes () No () Underground () | rical Permit Information | |
| TS Pole: Yes () No () Underground (). | Electrical Cost \$ | |
| Permanent Service: Underground () | head() Service Size: | Amps |
| Electrical Contractor's Company Name | Telephone | |
| Address | | License # |
| Signature of Officer(s) of Corporation | | |
| Description of Work | anical Permit Information | |
| Description of Work Type System | n Mechanic | al Cost \$ |
| | | |
| Mechanical Contractor's Company Name | Telephone | |
| Address | | License # |
| Signature of Officer(s) of Corporation | | |
| Description of Work | bing Permit Information | |
| Number of Baths | Plumbing Cost \$ | |
| Plumbing Contractor's Company Name | Telephone | 700 |
| Address | | License # |
| Signature of Officer(s) of Corporation Insulation Permit Information | on Residential () Other | Not Required () |
| | | |
| Insulation Contractor's Company Name & Add | dress | Telephone |

Affidavit for Worker's Compensation N.C.G.S. 87-14

| The undersigned applicant for Building Permit # 07 5001 7785 being the: |
|---|
| General Contractor |
| Owner |
| Officer/Agent of the Contractor or Owner |
| Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit: |
| Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them. |
| Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them. |
| Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves. |
| Has/have not more than two (2) employees and no subcontractors. |
| While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work. |
| Firm Name: 1, No Glog Dev- |
| Sign/Title: Stand |
| Date: |



Date:

August 22, 2007

Memo to:

Harnett County Central Permitting

From:

Pine Grove Development Corp.

RE:

Lot #43, Nature's Crossroads, Phase II - Harnett County, NC

Application # _0750017785R_____

We certify that the manufactured home to be place on the above noted lot is a 2008 model Champion home.

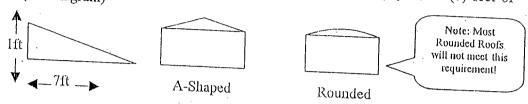
James D. Stovall Construction Manager - PGDC

RA-20R Criteria Certification

| I, JAMES Stoury | . Understand that because the |
|-----------------------------------|---|
| (Print Name) | , understand that because I'm located in a RA-20R |
| Zoning District and wish to place | |

Zoning District and wish to place a manufactured home in this district I must meet the following criteria before I will be issued a certificate of occupancy for this home.

The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise of twelve (12) inches for every seven (7) feet of



- The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked -on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
- 3. The homes moving apparatus removed, underpinned or landscaped.

Procedures and Guidelines for Manufactured Home Inspections

- All pertinent applications and information must be filled out completely at central permitting in order to start the process, this includes the following:
 - County of Harnett Land Use & Environmental Health Application
 - Site Plan (must be to scale)
- Then you must call Environmental Health (910-893-7547) to receive a confirmation number in order to set up environmental inspection. (This is a 7-10 day process)
- 3. After the environmental inspection takes place then you must call central permitting (910-893-4759) to ensure that the environmental health permit has been issued.
- 4. Then you must return to central permitting to purchase manufactured home set-up permit and land use permit. (See Harnett County fee schedule for all applicable fees.)
- 5. After the Manufactured Home is installed in accordance with the State of North Carolina Regulations for Manufactured/Mobile Homes, 1995 Edition, the applicant must call the Harnett County Inspections Department (910-893-7527) for set-up inspection. This will be the first of two separate inspections.

Note: Do not install underpinning until this inspection is complete!

6. Complete all zoning requirements listed above and call the Harnett County Planning Department for final inspection (910-893-7525). Once this inspection is completed and all zoning requirements have been met, a final Certificate of Occupancy will be issued for the home and the power may be turned on.

All reinspections may subject you to reinspection fees!

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R Criteria Certification

____, understand that because I'm located in a

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

| RA-20R Zoning District and wish to place a manufactured home in this district I must meet the following criteria 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 of twelve (12) inches for every seven (7) feet of width. (See diagram) Note: Most Rounded Roofs will not meet this requirement! A-Shaped Rounded |
| 2. The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked —on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry. |
| 3. The homes moving apparatus removed, underpinned or landscaped. *Signature of Property Owner/Agent Date |