

Initial Application Date: 6-30-08

Application # 0850020417

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Michael Ray Mailing Address: 3417 Spring Hill Ch. Rd.

City: Lillington State: NC Zip: 27546 Home #: 9108932246 Contact #: 919499-8382

APPLICANT: OAKWOOD HOMES Mailing Address: 413E. JACKSON BLVD.

City: ERWIN State: NC Zip: 28339 Home #: — Contact #: 910891-5171

CONTACT NAME APPLYING IN OFFICE: RICK GARLOFF Phone #: 910891-5171

PROPERTY LOCATION: Subdivision w/phase or section: Stockyard Estates Lot #: 30 Lot Acreage: 5±

State Road #: 2035 State Road Name: Stockyard Rd. Map Book&Page: 1600/864

Parcel: 100559 0046 37 PIN: 0559-30-0253.000

Zoning: RA 20R Flood Zone: X Watershed: IV Deed Book&Page: 1600, 914 Power Company\*: \_\_\_\_\_

\*New homes with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 S. Rt. Stock Yard Rd.  
Left on Ray Byrd - Lot on Right where other  
rd goes left

- PROPOSED USE: Circle:
- SFD (Size     x    ) # Bedrooms     # Baths     Basement (w/wo bath)     Garage     Deck     Crawl Space / Slab
  - (Is the bonus room finished?     w/ a closet     if so add in with # bedrooms)
  - Mod (Size     x    ) # Bedrooms     # Baths     Basement (w/wo bath)     Garage     Site Built Deck     ON Frame / OFF
  - (Is the second floor finished?     Any other site built additions?    )
  - Manufactured Home:     SW  DW     TW (Size 28 x 60) # Bedrooms 4 Garage     (site built?    ) Deck     (site built?    )
  - Duplex (Size     x    ) No. Buildings     No. Bedrooms/Unit
  - Home Occupation # Rooms     Use     Hours of Operation:     #Employees
  - Addition/Accessory/Other (Size     x    ) Use     Closets in addition (   )yes (   )no

Water Supply:  County ( ) Well (No. dwellings    ) **MUST** have operable water before final

Sewage Supply:  New Septic Tank (Complete Checklist) ( ) Existing Septic Tank (Complete Checklist) ( ) County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? ( ) YES ( ) NO

Structures (existing & proposed): Stick Built/Modular     Manufactured Homes 1 Other (specify)    

| Required Residential Property Line Setbacks: |                                    | Comments: |
|--|------------------------------------|-----------|
| Front  | Minimum <u>35</u> Actual <u>78</u> |           |
| Rear   | <u>25</u> <u>85</u>                |           |
| Closest Side                                 | <u>10</u> <u>16</u>                |           |
| Sidestreet/corner lot                        | <u>   </u> <u>   </u>              |           |
| Nearest Building on same lot                 | <u>6</u> <u>   </u>                |           |

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.

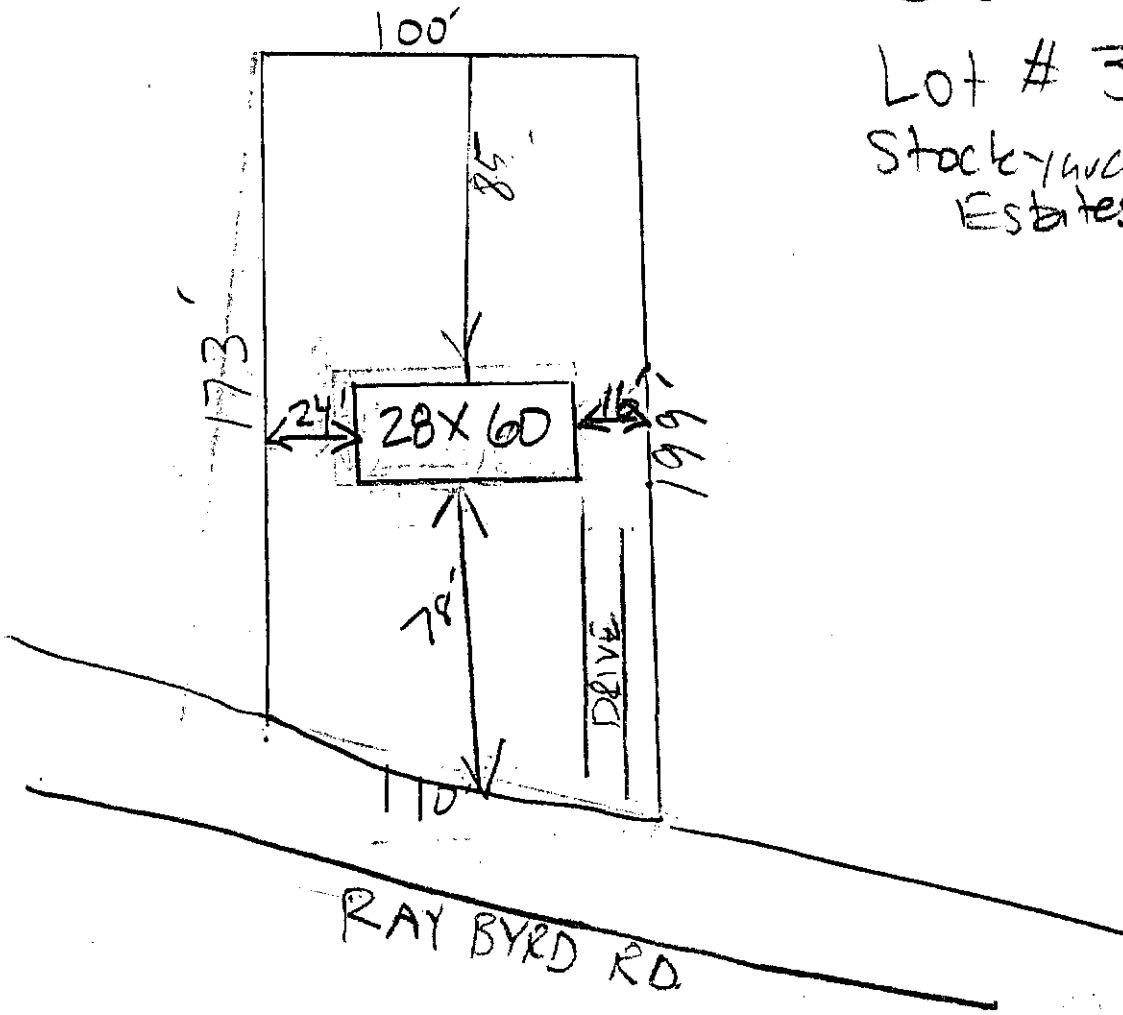
Signature of Owner or Owner's Agent: Rick Garloff Date: 6-30-08

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

1" = 50'

Site Plan  
Lot # 30  
Stockyard Rd  
Estates



SITE PLAN APPROVAL

DISTRICT RA-200 USE OWMH

#BEDROOMS 4

Date 6-30-08

V.C. Brub  
Zoning Administrator

Conf # 092100

08 500 20417

NAME: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

**\*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 Systems Test** Code 800

- 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 structure site. Use additional flags to outline driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place Environmental Health "orange" card in location that is easily viewed from road.
- 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.*
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- After preparing proposed site call the voice permitting system at 910-893-7525 and use code **800** (after selecting notification permit if multiple permits) for Environmental Health confirmation. **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 permits.

**Environmental Health Existing Tank Inspections** Code 800

- Place Environmental Health "orange" card in location that is easily viewed from road. Follow above instructions for placing flags on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor call the voice permitting system at 910-893-7525 & select notification permit if multiple permits, then use code **800** for Environmental Health confirmation. **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      (2) Innovative      ( ) Conventional      (3) 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 answers are "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. Sinks, toilets  
 ( ) 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.**

Rich [Signature]  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6/30/08  
DATE

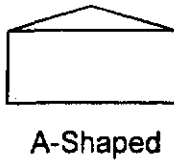
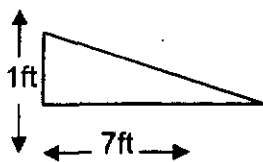
**PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS**

**RA-20R Criteria Certification**

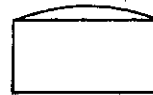
I, RICK GARLOFF, understand that because I'm located in a  
(Print Name)

**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)



A-Shaped



Rounded

Note: Most Rounded Roofs will not meet this requirement!

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.

Rick Garloff  
\*Signature of Property Owner/Agent

6/30/08  
Date

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