

Initial Application Date: 7-8-08

SCANNED 20  
7-9-08  
DATE

Application # 0850020464

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: Roberto Deharo Mailing Address: 862 Silas Moore Rd.

City: BENSON State: NC Zip: 27509 Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

APPLICANT: MARICRUZ DEHARO Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone #: \_\_\_\_\_

PROPERTY LOCATION: Subdivision w/phase or section: Margaret M. Moore Lot #: 9 Lot Acreage: 2.50

State Road #: 1557 State Road Name: Silas Moore Rd. Map Book & Page: 204, 1068

Parcel: 07 1611 0598 09 PIN: 1611-23-2693-000

Zoning: BA20M Flood Zone: X Watershed: N/A Deed Book & Page: 2344, 484 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: Take 210N turn (R) onto 42nd (Hwy) toward Dunn. Turn (L) onto Hwy 27 toward Benson. Turn (L) onto Old Fairground Rd. Turn (L) onto Silas Moore Rd.

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 16 x 80) # Bedrooms 3 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 ex Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>328</u>
Rear	<u>25</u>	<u>150</u>
Closest Side	<u>10</u>	<u>26</u>
Sidestreet/corner lot		
Nearest Building on same lot	<u>6</u>	<u>252</u>

Comments: Dunn H  
1 proposed  
submit

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.

Maricruz Deharo  
Signature of Owner or Owner's Agent

7/8/08  
Date

\*\*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

Please use Blue or Black Ink ONLY

F=60

I=60

ITE PLAN APPROVAL

STRICT 1324 MUSE ~~PROJECT~~

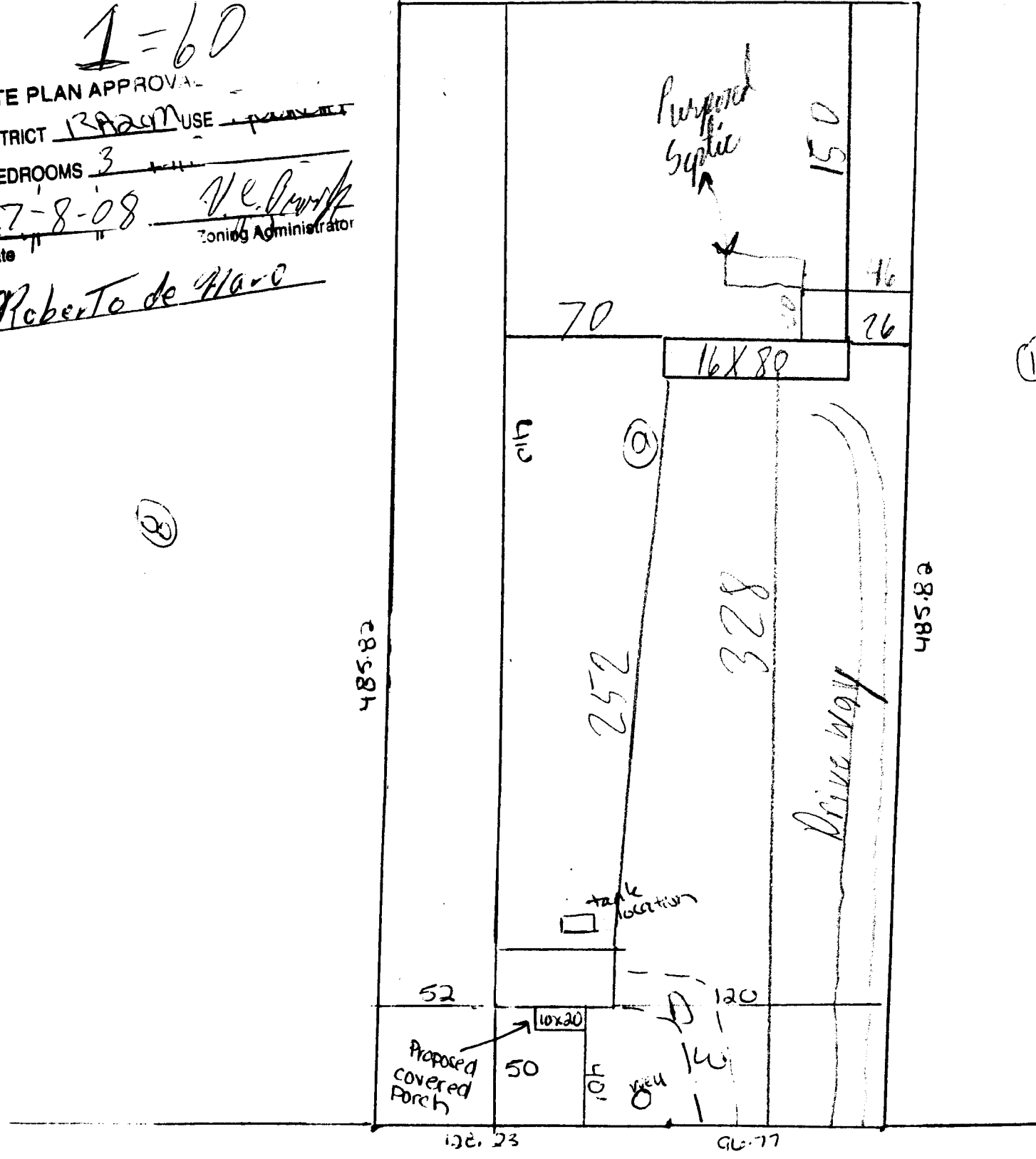
BEDROOMS 3

Date 7-8-08

V. E. [Signature]  
Zoning Administrator

Roberto de Haro

224.19



Silas Moore RD SR# 1557

NAME: Maricruz Deharo

Conf # 092334

APPLICATION #: 0859020464

**\*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 # \_\_\_\_\_

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Environmental Health New Septic System 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 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.**
- 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 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 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 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.**

\_\_\_\_\_  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Maricruz Deharo

\_\_\_\_\_  
DATE

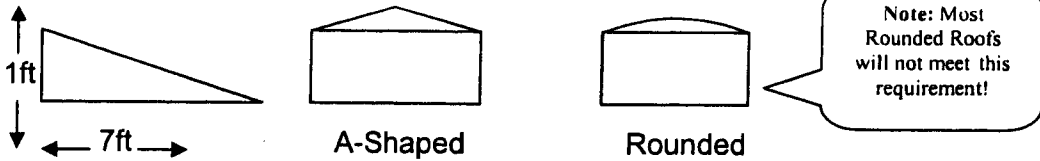
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA20M  
RA-20R Criteria Certification

I, MARICRUZ DE HARO, understand that because I'm located in a  
(Print Name)

RA20M ~~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)



- 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.

Maricruz De Haro 7/08/08  
\*Signature of Property Owner/Agent Date

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