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Initial Application Date: 7/31/08 Application # 08500201055
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: KENNETH A. Mass Mailing Address: Do Box 577 LILLINGTON, NR 27546
City: LILLIPSTON State: VC Zip: 27546 Home #: (90) 893-4875 Contact #: (910) 890-2103
APPLICANT*:
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: NA Lot #: NA Lot Acreage: . To
State Road #: 210 S State Road Name: hwy 210 S. Map Book&Page: 969 / 431
Parcel: 01-0537-0021-01 PIN: 0537-100-3470.000
Zoning: AA-29 Flood Zone: X Watershed: NA Deed Book& Page: 2537/540 Power Company: PROGRESS ENTRE
*New homes with Progress Energy as service provider need to supply premise number from Progress Energy.
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: AWY ZIO & ADDROX 7 MILES ON LEFT
.15 MILL BEFORE FLATBRANKA FD
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 (Sizex) # 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: YSW DW TW (Size 14 x7 6) # Bedrooms 3 Garage N/4 (site built? ) Deck (site built? )
□ Duplex (Size x No. Buildings No. Bedrooms/Unit No. Bedrooms/Unit
□ Home Occupation # Rooms Use Hours of Operation: #Employees Closets in addition(_)yes (_)no
Addition/Accessory/Other (Size x ) UseClosets 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 (X)NO
Structures (existing & proposed): Stick Built/Modular Manufactured Homes   Oroposcother (specify)   Required Residential Property Line Setbacks: Comments:   Line Line   Z. Srivitat Wild.
Front Minimum 35 Actual 40 Mobile (tomes on Titris A) PERTY. IF NOT
25 80/113
Closest Side 10 30
Sidestreet/corner tot QC
10 20
Nearest Building On same lot on same lot
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.
-1
7/30/08
Signature of Owner or Owner's Agent 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

NAME: MOSS	APPLICATION#: 20055
*This application to be filled out when app	olying for a septic system inspection.*
County Health Department Application for Improve	
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANG PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INV	GED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
depending upon documentation submitted. (complete site plan = 60 months; of	
910-893-7525 option 1	CONFIRMATION #
Environmental Health New Septic System Code 800	
	All property lines must be clearly flagged approximately
every 50 feet between corners.	Al distribution
<ul> <li>Place "orange nouse corner flags" at each corner of the out buildings, swimming pools, etc. Place flags per site</li> </ul>	e proposed structure. Also flag driveways, garages, decks,
	t is easily viewed from road to assist in locating property.
	quires that you clean out the undergrowth to allow the soil
evaluation to be performed. Inspectors should be able	
<ul> <li>Call No Cuts to locate utility lines prior to scheduling ins</li> </ul>	
	system at 910-893-7525 option 1 to schedule and use code
confirmation number given at end of recording for p	is exist) for Environmental Health inspection. Please note
Use Click2Gov or IVR to verify results. Once approved.	
☐ Environmental Health Existing Tank Inspections Code	· •
Follow above instructions for placing flags and card on placing flags and card on placing flags.	
	as diagram indicates. Loosen trap door cover. (Unless
inspection is for a septic tank in a mobile home park)	
	em at 910-893-7525 option 1 & select notification permit if all Health inspection. Please note confirmation number

given at end of recording for proof of request.

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

If applying	for authorizatie	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	pted	() Innovative (1_) Conventional (2_) 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	ON ( <u>1</u> )	Does the site contain any Jurisdictional Wetlands?
{}}YES	{ <u>⊁</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
(}YES	{ <u>≮</u> } NO	Does or will the building contain any drains? Please explain.
{}}YES	{ <b>★</b> ] NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	{ <b>∑</b> } NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	{ <u>⊀</u> } NO	Is the site subject to approval by any other Public Agency?
{}}YES	{ <u>⊀</u> } NO	Are there any easements or Right of Ways on this property?
{}}YES	{ <u>₹</u> } 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.
l Have Read	This Applicat	tion 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

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

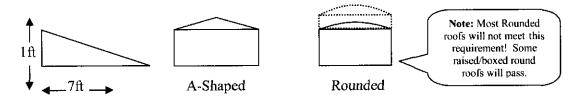
## PROCEDURES AND GUILDELINES FOR MANUFACTURED HOME INSPECTIONS

## RA-20R & RA-20M Criteria Certification

I, <u>Print Name</u>, understand 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 <u>roof</u>, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at center of home) of twelve (12) inches for every seven (7) feet of width. (See diagram) (Example: 14ft wide home must have 2ft rise)



- 2. The home must be underpinned, the underpinning must be designed for manufactured home & 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

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