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ADDRESS . . : 89072 \*UNASSIGNED SUBDIV: PROFESSIONAL MEDICAL RECOVERY  
CONTRACTOR : CHOO'S MOBILE HOME TRANSIT PHONE : (910) 850-6572  
OWNER . . : HICKMAN BRYANT PHONE :  
PARCEL . . : 01-0515-01- -0330- -01-  
APPL NUMBER: 08-50021139 CP MANUFACTURED HOME RA20R/RA20M CRITERIA  
DIRECTIONS : TOM MYERS RD, SR#2160. 27W FOR APPROX  
12 MI, LEFT ON DOCS RD FOR 1.5 MI, LEFT  
ON TOM MYERS RD FOR .2 MI TO LOT ON  
RIGH.  
T/S: 10/22/2008 09:14 AM VBROWN -----

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**STRUCTURE: 000 000 24X52 DWMH 3BDR**  
FLOOD ZONE . . . . : FLOOD ZONE X  
# BEDROOMS . . . . . : 3.00 MOBILE HOME YEAR . . . . . : 2008.00  
PROPOSED USE . . . . . : DWMH SEPTIC - EXISTING? . . . . : NEW SEPTIC  
WATER SUPPLY . . . . . : COUNTY

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**PERMIT: CPDW 00 CP MOBILE HOME DOUBLEWIDE**

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
T501 01	12/03/08	TI <i>DB-MR</i>	R*MOBILE HOME FOUND./ M. WALL VRU #: 001712356 VOICE MESSAGE LEFT

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COMMENTS AND NOTES  
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 # BEDROOMS . . . . . : 3.00 MOBILE HOME YEAR . . . . . : 2008.00  
 PROPOSED USE . . . . . : DWMH SEPTIC - EXISTING? . . . . . : NEW SEPTIC  
 WATER SUPPLY . . . . . : COUNTY

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PERMIT: CPDW 00 CP MOBILE HOME DOUBLEWIDE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
H824 01	12/02/08	JW	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 001712918
	12/02/08	AP	
T501 01	12/03/08	MR	R*MOBILE HOME FOUND./ M. WALL VRU #: 001712356
	12/03/08	DA	VOICE MESSAGE LEFT 1. cannot tell how roof is joined.. provide instructions 2. bolts on ends are not tight 3. have you considered how you are going to get positive slope around house
T501 02	12/05/08	TI	R*MOBILE HOME FOUND./ M. WALL VRU #: 001713300

*AP-MR*

----- COMMENTS AND NOTES -----

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STRUCTURE: 000 000 24X52 DWMH 3BDR  
FLOOD ZONE : FLOOD ZONE X  
# BEDROOMS : 3.00 MOBILE HOME YEAR : 2008.00  
PROPOSED USE : DWMH SEPTIC - EXISTING? : NEW SEPTIC  
WATER SUPPLY : COUNTY

PERMIT: CPDW 00 CP MOBILE HOME DOUBLEWIDE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
H824 01	12/02/08 12/02/08	JW AP	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 001712918
T501 01	12/03/08 12/03/08	MR DA	R*MOBILE HOME FOUND./ M. WALL VRU #: 001712356 VOICE MESSAGE LEFT 1. cannot tell how roof is joined.. provide instructions 2. bolts on ends are not tight 3. have you considered how you are going to get positive slope around house
T501 02	12/05/08 12/05/08	MR AP	R*MOBILE HOME FOUND./ M. WALL VRU #: 001713300
Z818 01	12/15/08 <u>12/15/08</u>	TI <u>F.B./AP</u>	PZ*ZONING INSPECTION VRU #: 001716655

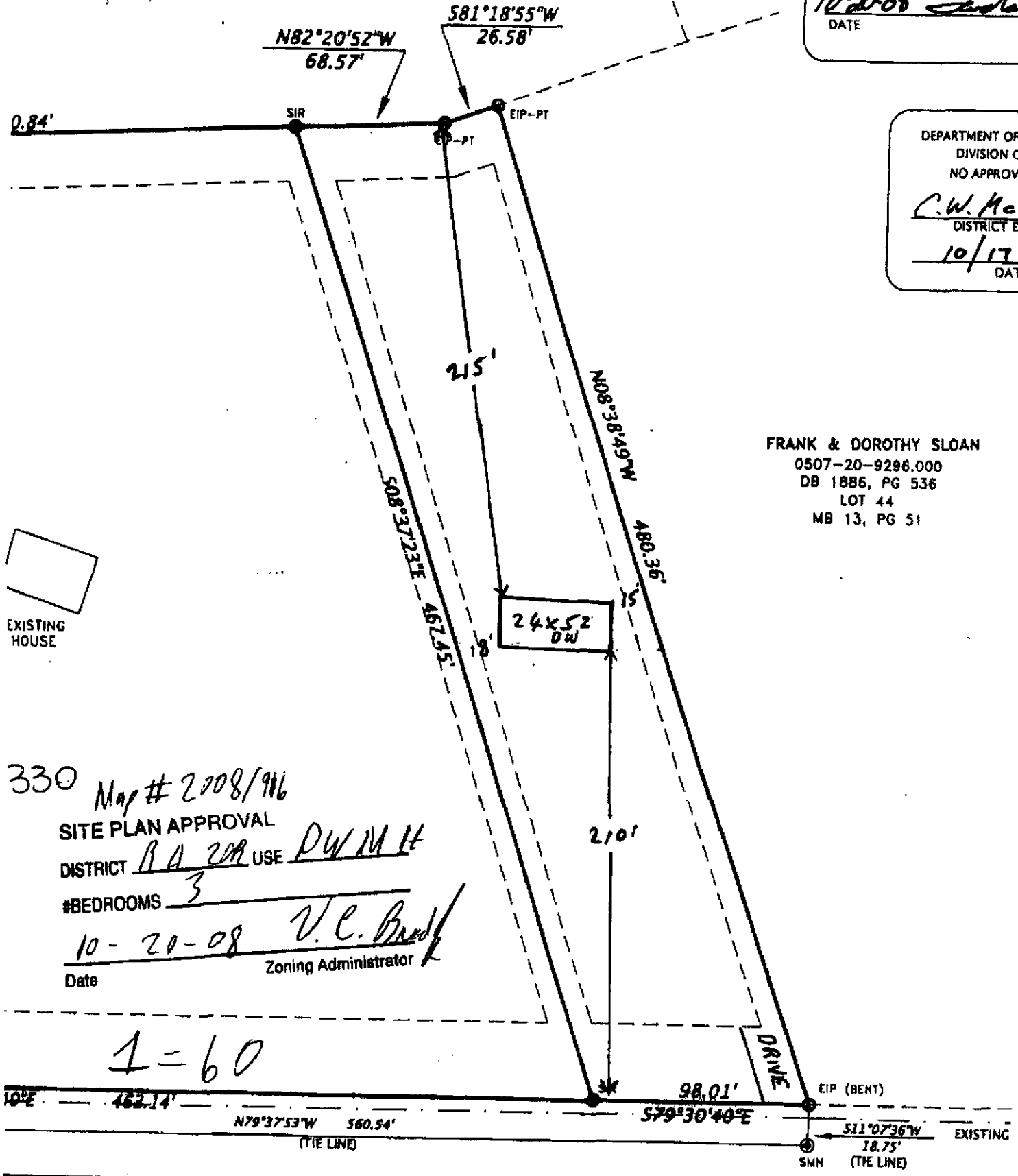
----- COMMENTS AND NOTES -----

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 1-60

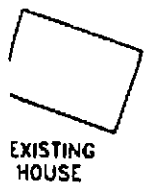
THE SUBDIVISION REGULATIONS OF HARNETT COUNTY REGISTER OF DEEDS OF HARNETT COUNTY

10-20-08 *Jordan*  
 DATE

DEPARTMENT OF TRANSPORTATION  
 DIVISION OF HIGHWAYS  
 NO APPROVAL NEEDED  
*C.W. McGee*  
 DISTRICT ENGINEER  
 10/17  
 DATE



FRANK & DOROTHY SLOAN  
 0507-20-9296.000  
 DB 1886, PG 536  
 LOT 44  
 MB 13, PG 51



330 Map # 2008/916  
 SITE PLAN APPROVAL  
 DISTRICT RA 20A USE DW MH  
 #BEDROOMS 3  
 10-20-08 *V.C. Brady*  
 Date Zoning Administrator

1-60

TOM MYERS ROAD  
 SR 2160-40' PUBLIC R/W

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T501 02	12/05/08 12/05/08	MR AP	R*MOBILE HOME FOUND./ M. WALL VRU #: 001713300
Z818 01	12/15/08 12/15/08	RB AP	PZ*ZONING INSPECTION VRU #: 001716655
A814 01	12/18/08 12/17/08	TI AP	ADDRESS CONFIRMATION VRU #: 001716646 ✓ 194 TOM MYERS RD
T507 01	12/18/08	TI <i>AP-MR</i>	R*MANUFACTURED HOME FINAL VRU #: 001718181 VOICE MESSAGE LEFT

----- COMMENTS AND NOTES -----

**COUNTY OF HARNETT  
DEPARTMENT OF BUILDING INSPECTION  
AND PLANNING/DEVELOPMENT  
CERTIFICATE OF OCCUPANCY**

This certificate issued pursuant to the requirements of Section 105 of the North Carolina State Building Code and the Harnett County Zoning Ordinance certifies at the time of issuance this structure was in compliance with the various ordinances of the County of Harnett regulating development and building construction or use. For the following:

Use Classification: R-3

Type of Construction: Manuf.

Owner of Building: Hickman

Building Address: 194 Tom Myers Rd

Zoning District: \_\_\_\_\_

Zoning Permit No.: \_\_\_\_\_

Conditional Use Permit No.: \_\_\_\_\_

Building Permit No.: 08-5002139

Electrical Permit No.: \_\_\_\_\_

Insulation Permit No.: \_\_\_\_\_

Plumbing Permit No.: \_\_\_\_\_

Mech. Permit No.: \_\_\_\_\_

Envir. C.O. No.: \_\_\_\_\_

Date: 12-18-8

M. Ream

Building Official

Zoning Official