

Initial Application Date: 6/23/09

Application # 0950022338

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: Douglas Mangum / Clyde Patterson Mailing Address: 4271 Leaflet Church Rd
City: Broadway State: NC Zip: 27505 Home #: 919 258 5538 Contact #: 919 775-9139

APPLICANT: Clyde Patterson 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: Hi-Vue Lot #: 36B Lot Size: 1.27

State Road #: 1189 State Road Name: McDuffie Rd Map Book & Page: 2009, 243

Parcel: 09 9563 0050 01 PIN: 9563-99-8440.000

Zoning: RA20B Flood Zone: X Watershed: 111 Deed Book & Page: 2572/560 Power Company: CentralEla

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 24 to Markus Rd
2 miles right on McDuffie 2/10 mile on
left

PROPOSED USE:

(Include Bonus room as a bedroom if it has a closet)

Circle:

- SFD (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage ___ Deck ___ Crawl Space / Slab
- Mod (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage ___ Site Built Deck ___ ON Frame / OFF
- Manufactured Home: ___ SW DW TW (Size 28 x 52) # 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 **New Tank Checklist**) Existing Septic Tank 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 or proposed): Single family dwellings ___ Manufactured Homes 1 proposed Other (specify) _____

Comments: _____

Required Residential Property Line Setbacks:

| | | | | |
|------------------------------|---------|-----------|--------|------------|
| Front | Minimum | <u>35</u> | Actual | <u>172</u> |
| Rear | | <u>25</u> | | <u>100</u> |
| Closest Side | | <u>10</u> | | <u>77</u> |
| Sidestreet/corner lot | | <u>20</u> | | <u>-</u> |
| Nearest Building on same lot | | <u>4</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.

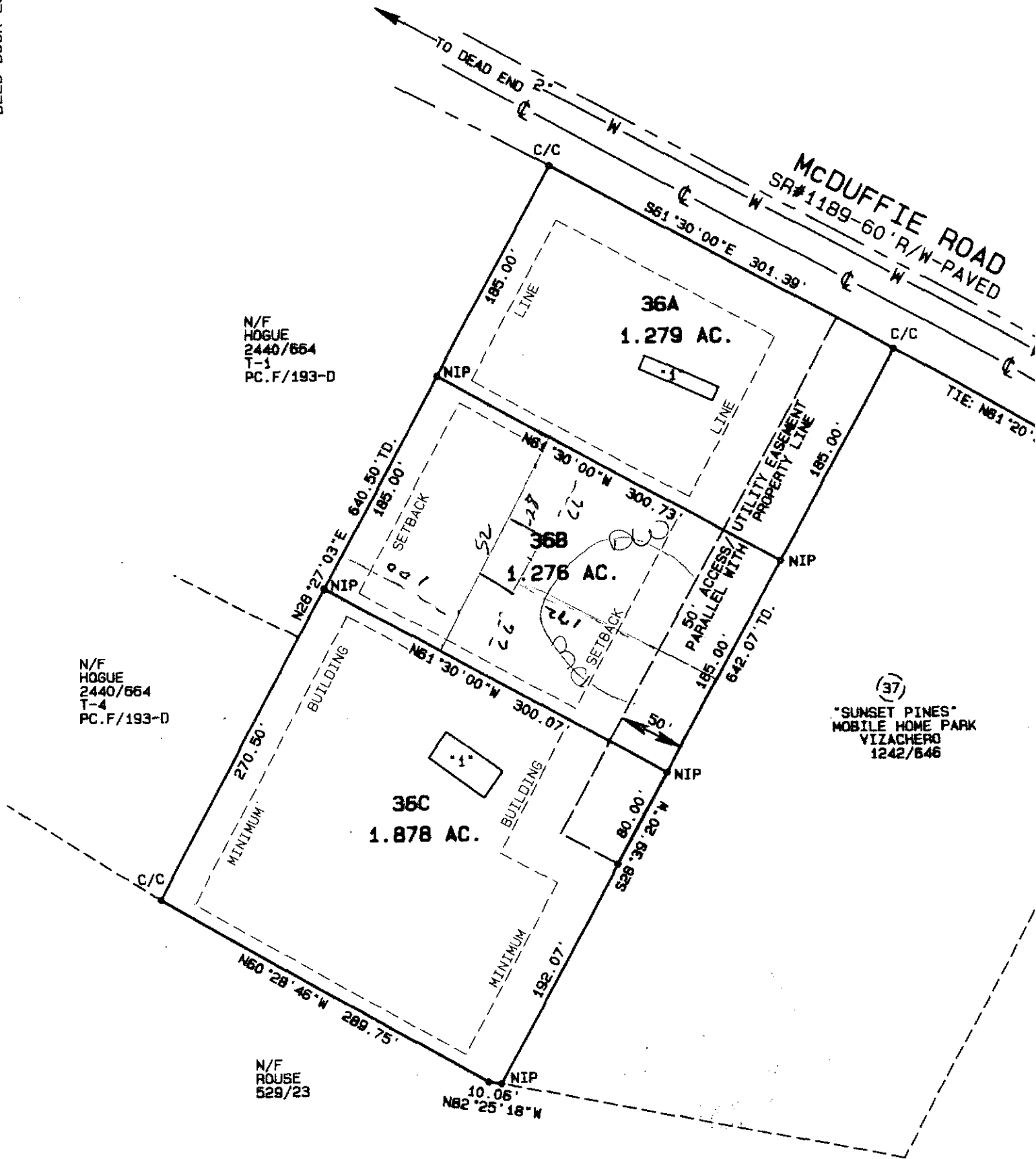
Clyde Patterson
Signature of Owner or Owner's Agent

6/23/09
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

TOTAL AREA SURVEYED
4.43. ACRES



N/F
HOGUE
2440/664
T-1
PC.F/193-D

N/F
HOGUE
2440/664
T-4
PC.F/193-D

N/F
ROUSE
529/23

(37)
"SUNSET PINES"
MOBILE HOME PARK
VIZACHERO
1242/646

Let County Public Utilities
at Plan PreApproval Only,
IT FOR CONSTRUCTION

Water is available to this site
4" line located on SR 1189

Signature: *[Handwritten Signature]* Date: 04-14-09

SEWER AVAILABLE TO THIS SITE.

SITE PLAN APPROVAL

DISTRICT BH20R USE OWM H

#BEDROOMS 3

Date 6/23/09 Zoning Administrator *[Signature]*

NAME: Clyde Patterson

APPLICATION #: 22338

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 # _____

- 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.

Clyde Patterson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6/23/08
DATE

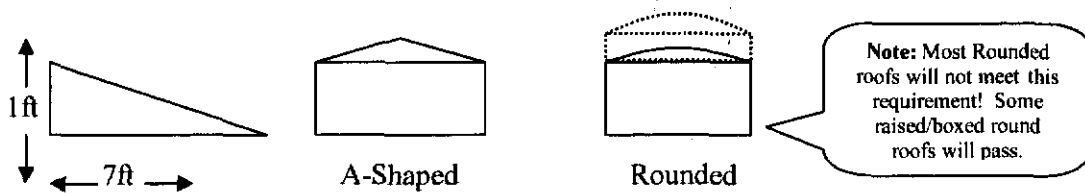
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Criteria Certification

I, Clyde Patterson, understand that because I'm located in a **RA-20R**
(Print Name)

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 roof, 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.

Clyde Patterson
Signature of Property Owner/Agent

6/23/09
Date

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