

Initial Application Date: 8/7/09

1

Application # 09150022411

Central Permitting 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: THOMAS S. LASATER Mailing Address: 62 FOUR CORNERS LN.

City: BROADWAY State: NC Zip: 27505 Home #: 919 499 6935 Contact #: 910 890 5113

APPLICANT: SAME Mailing Address: _____

City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

CONTACT NAME APPLYING IN OFFICE: SAME Phone #: _____

PROPERTY LOCATION: Subdivision w/phase or section: LAKEFIELD Lot #: 1 Lot Acreage: 2.62

State Road #: NC 27W State Road Name: NC HWY 27 Map Book & Page: PCH#1 60 B

Parcel: 030507 017201 PIN: 9597-79-9520-000

Zoning: RA 20 Flood Zone: NO Watershed: NO Deed Book & Page: 954/54 Power Company: PROGRESS

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 12 mi. W. of Lillington on NC 27. Go Past Buie Rd. on (R), 4th Driveway on (R).

- PROPOSED USE:
- SFD (Size x) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Circle: _____ 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 14 x 76) # Bedrooms 3 Garage NO (site built? NO) Deck NO (site built? NO)
 - 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 proposed Other (specify) _____

Required Residential Property Line Setbacks: Comments: _____

Front	Minimum	<u>35</u>	Actual	<u>420</u>
Rear		<u>25</u>		<u>25</u>
Closest Side		<u>10</u>		<u>65</u>
Side street/corner lot		<u>20</u>		<u>200</u>
Nearest Building on same lot		<u>6</u>		<u>N/A</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.

Tom Lasater
Signature of Owner or Owner's Agent

7-28-09
Date

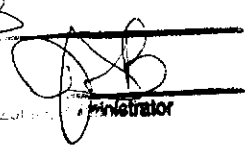
This application expires 6 months from the initial date if no permits have been issued

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

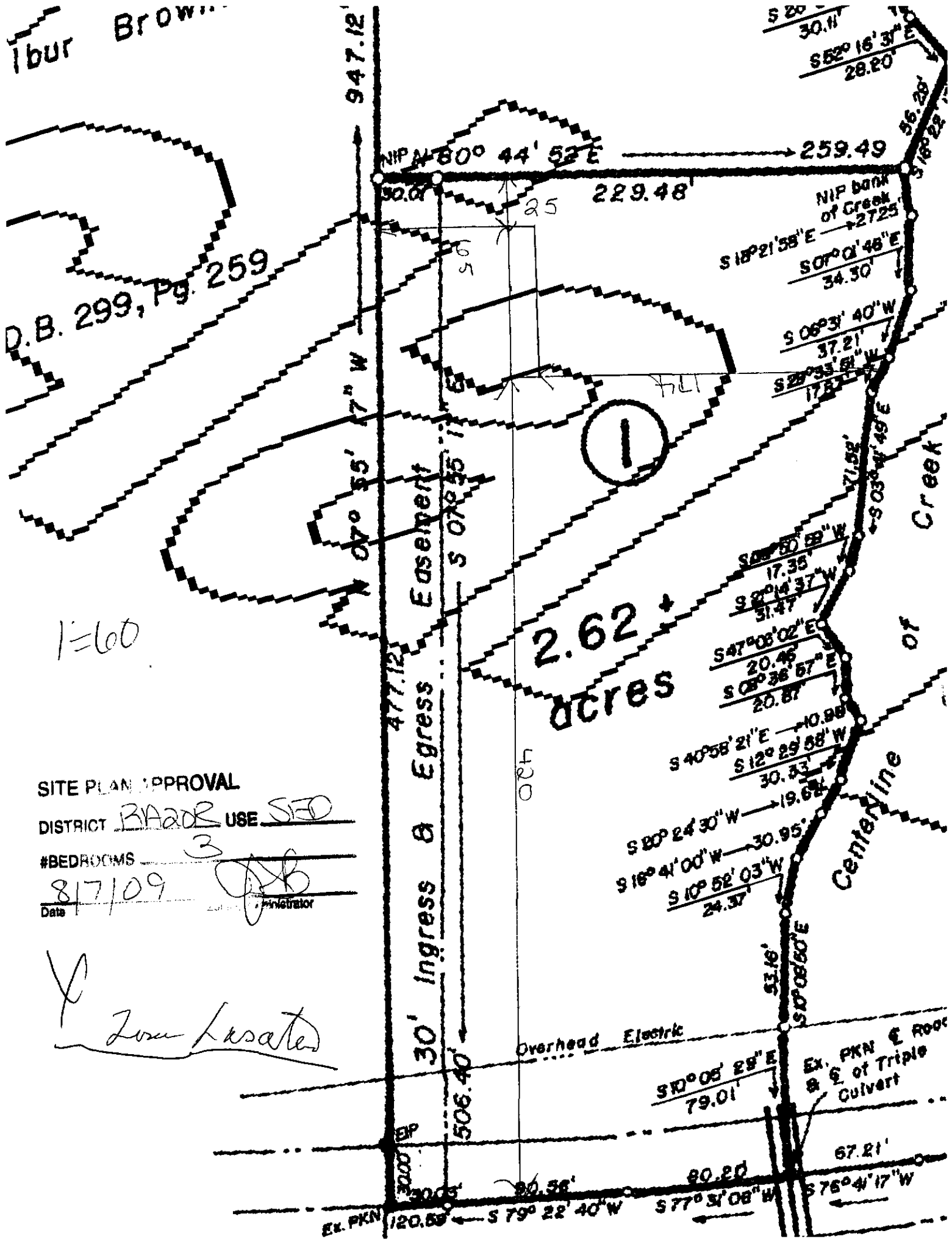
Ibur Brown

D.B. 299, Pg. 259

1=60

SITE PLAN APPROVAL
 DISTRICT BA20R USE SFD
 #BEDROOMS 3
 Date 8/7/09 
 Administrator

Jose Lucater



NAME: Thomas Lasater

APPLICATION #: 22611

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. SEWER
 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.

Tom Lasater
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-28-09
DATE

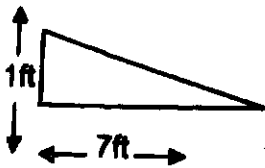
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R Criteria Certification

I, TOM LASATER, 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: Must
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.

Tom Lasater
*Signature of Property Owner/Agent

7-28-09
Date

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