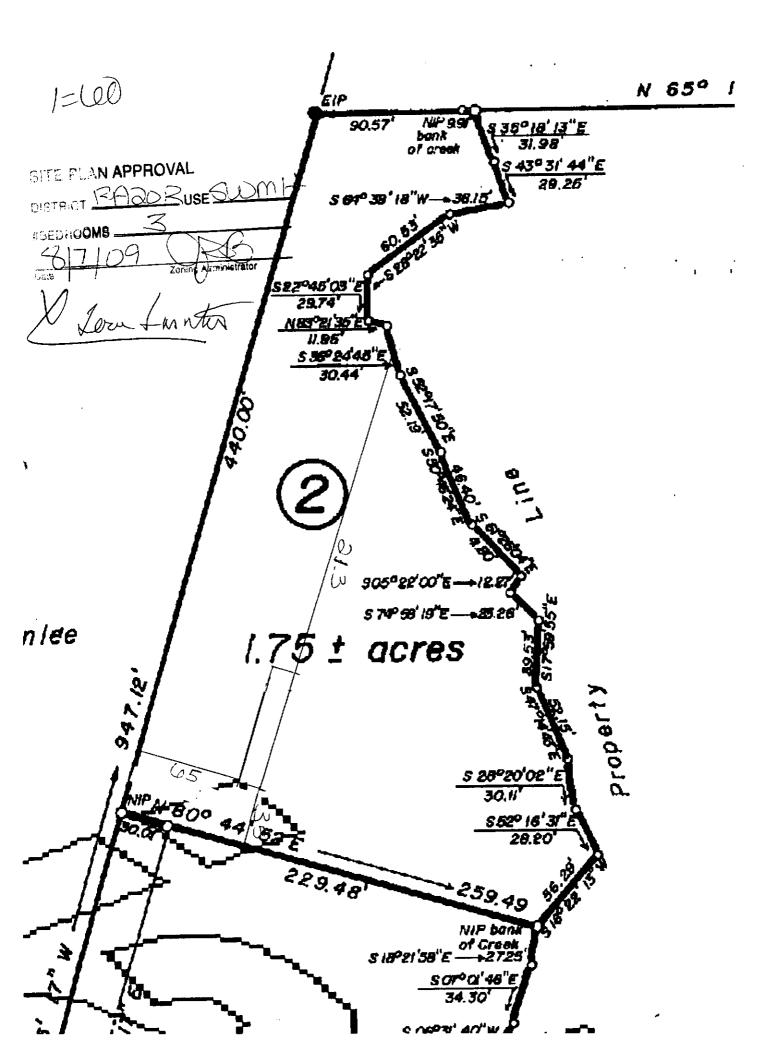
Initial Application Date: 87109	
Apprentis Date:	- Application # 09500 22 6 12
Contral Permitting 108 E. Front Street, Lifting	UNITY OF HARNETT RESIDENTIAL LAND USE APPLICATION
City: BROADWAY State	ATER Mailing Address: 62 FOUR CORNER IN.
APPLICANT: SAME	NC Zip: 27505 Home #: 9/9 499-693.5 Contact #:
*Please fill out applicant information if different than landow	
CONTACT NAME APPLYING IN OFFICE:	Phone #:
THE TECHNICATION: Subdivision winhard or	notion / AVTITE N
Siale Hoad Name:	$Hw_{0}$ 2/
Parcel: <u>0.3058 / 6/7282</u>	PIN: 9597-70-8848 000
Zoning: <u>KA 20</u> Flood Zone: <u>No</u> Wate	rshed: NO Deed Books Page: 954,54
"New homes with Progress Energy as service provide	or need to supply premise number
17 Mies 0. 01	Illington on Hwy 27 - GO PAST BUTE RI
- on (e) you Drive	way or (P). Beside fond.
Manufactured Home:	Basement (w/wo bath) Garage Site Built Deck ON Frame / OFF  r site built additions? )  Size / + x 16  # Bedrooms 3 Garage (50 (site built? (10) Deck (10) (site built? (10) )  No. Bedrooms/Unit
Addition/Accessory/Other (Sizex) Use	Closets in addition()yes ()no
Water Supply: (County Well (No. dwelling Sewage Supply: New Septic Tank (Complete Check Property owner of this tract of land own land that contains Structures (existing & proposed): Stick Built/ModularRequired Residential Property Line Setbacks:	(TE ) Edition L.
Rear 25 213	
Closest Side 10 105	
Sidestreet/corner lot 20	
Nearest Building 6	
hereby state that foregoing statements are accurate and	d laws of the State of North Carolina regulating such work and the specifications of plans submitted,
And And Col	o laws or the State of North Carolina regulating such work and the specifications of plans submitted.  Tect to the best of my knowledge. Permit subject to revocation if false information is provided.
Jon Jasares	<u> 7-28-09</u>
Signature of Owner or Owner's Agent	Both

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

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≪•		
NAME:	homas laster	
	${}$	
County H	*This application to be filled out when applying for a septic system inspection.*	
IF THE INFORM	AMONING TO A SECTION OF THE PROPERTY OF THE PR	:
depending upon d	locumentation submitted (complete via at 1980). The permit is valid for either 60 months or with any	,
. /	'	חל
Place	Intal Health New Septic System Code 800 CONFIRMATION #	_
every 5	"pink property flags" on each comer iron of lot. All property lines must be clearly flagged approximate	alu
i ique	VIZILIM MAIRO COMAR NAGAR AL	<b>ر</b> اد
	NOTION CHAINMANNA MAAMA	
• IT Drope	KTV is thickly wooded. Environ and are the second round from road to assist in locating areas.	
4.41000	UII LU LIN DOMONTO I I DOMONTO AL	H
T AILER DIE	108/100 proposed eito cell the call	
OUU (aite	of selecting notification name a	9
• Use Click	k2Gov or IVB to verify secults. Once the proof of request.	È
□ Environment	k2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.  All Health Existing Tank Inspections Code 800	
TUITOW AD	DOVA INSTRUCTIONS for missing some	
inspection	for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless	
* /11,10% UTMC	INCIDA TERMONE AND Management	
• Use Click2	2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.	
If applying for author	rization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
	(L) Conventional ( ) Anu	
Alternative	{}} Other	
question. If the answer	otify the local health department upon submittal of this application if any of the following apply to the property in er is "yes", applicant must attach supporting documentation.	
,		
(_)YES (_)NO	and the second and second wetlands?	
_ YES  \(\angle\)NO	mye an <u>intreaton system</u> now or in the future?	
122,110	Does or will the building contain any drains? Please explain.	
YRS   NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this annual of	
_ YES  V NO	any wastewater going to be generated on the site other than domestic services?	
I_IYES ILINO	is the site subject to approval by any other Public Agency?	
1_)YES (VINO	Are there any easements or Right of Ways on this property?	
(_)YES (\(\nextstyle \)\ NO	Does the site contain any existing water, cable, phone or underground electric lines?	
	If yes please call blo Consultation and an arrangement of mines ground 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)

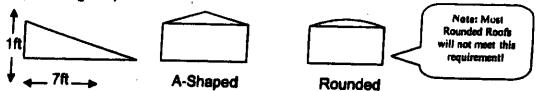
## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

## **RA-20R Criteria Certification**

1, THOMAS S. 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.

 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.

For Jasater 7-28-89
\*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