•	8-7-19			- 4	
initial Application Date:_	0 1 01		Application	<i>09 5 00 7</i>	22613
	COUR	VTY OF HARMET	. ,		610
Central Permitting 1	08 E. Front Street, Lillington	NC 27548	RESIDENTIAL LAND USE A Phone: (910) 893-7525	PPLICATION Fax: (910) 893-2793	10000 P
LANDOWNER: 16	omas E. Lar	MM			www.harnett.org/p
city: Sautora	State: ^	VC 710,2733	_Mailing Address: 5 60		
APPLICANT: The	mes E. Lamo		Alling Address: 50	Contact #: 919	-638-1872
Olly;			Mailing Address:SC	<u>ne</u>	
*Please fill out applicant infor	mation if different than landowns	ZIP:	Home #:	Contact #:	
CONTACT NAME APPLY	ING IN OFFICE:	n		. Phone #:	
PROPERTY LOCATION:	Subdivision w/phase or se	ection:			
State Road #: 12 90	State Road Name:	,	hem Bl		ot Acreage:
Parcel: 03 95	89 1042		PIN: 95-69-73	Map Book&Page:	CHC, 108-
Zoning: <u>AA 2019</u> Flo	od Zone: Wateral	had 1//4.	0.00	- 8376,000	
*New homes with Progress			Peed Book&Page: <u><u></u> <u> </u></u>	366 Power Compan	r: Irona E
SPECIFIC DIRECTIONS TO	THE PROPERTY STATES	need to supply pre	mise number		U
Lucy laft	THE PROPERTY PROM (JLLINGTON:	Vorth 421 to	Swann Slat	ron Rd
104	to Barbar	the Chr	rch Rd left	2 rd house	
		<u> </u>			<u> </u>
(Is the second floor I) Manufactured Home:	ipished?Any other s	me ount accellone?	Dada	Site Built Deck	ON Frame / OF
	T		·		_(site built?)
☐ Addition/Accessory/Other			Hours of Operation	on:#Employe	98
William				Closets in addit	ion()yes ()no
Water Supply: () County	Well (No. dwellings	Mus	T have operable water before f		
Sewage Supply: (New Sept	ic Tank (Complete Check!)		-		County Sauce
Property owner of this tract of lar Structures (existing & proposed):	Stick Built/Modules 127	menutactured hom	e with five hundred feet (500') a	•	County Sewer
Required Residential Property	l les Cost	manutactu Commenta:	red Homes 1000 Ott	her (specify) 647 570	
ront Minimum 35	Actual 140				
ear 2.5	60				
losest Side /C	 -				
destreet/corner lot 20	<u>-52</u> -				
Parest Building	_ 				-
same lot	<u> </u>				
ermits are granted I agree to con preby state that foregoing statems	form to all ordinances and h	aws of the State of	North Carolina regulating such	Work and the enecitivations	
ereby state that foregoing statem	янь are accurate and correc	of to the best of my	knowledge. Permit subject to	revocation if false information	or plans submitted.
Thomes E Lan	m_		0 7 ~	3	· · · provided.
nature of Owner or Owner's Ag	ent		D-120	<u> </u>	

Data

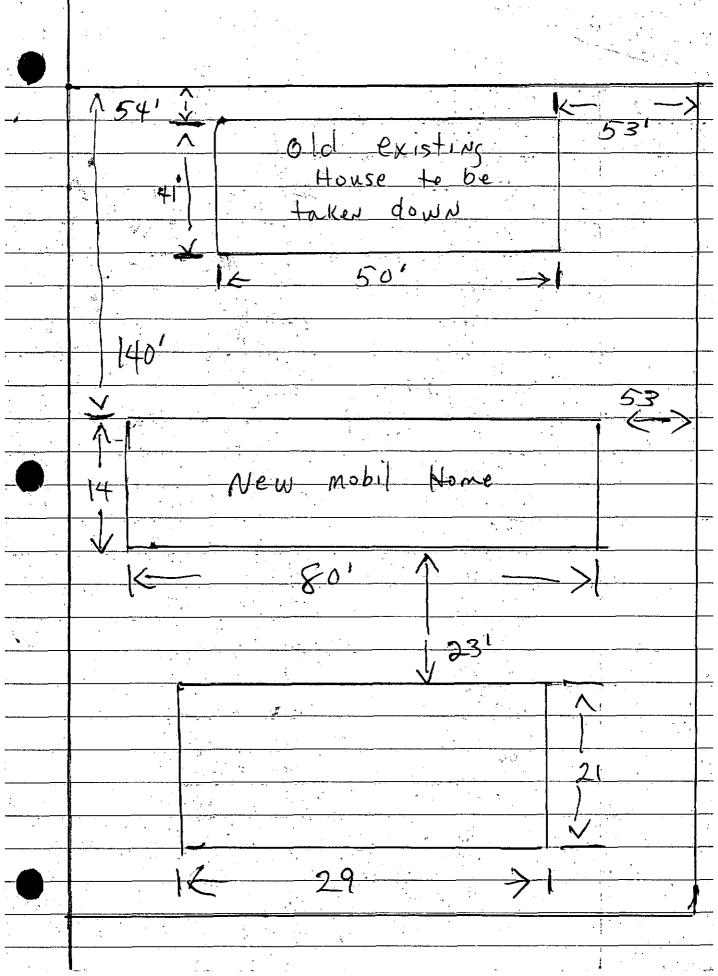
"This application expires 6 months from the initial date if no permits have been issued"

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

DISTRICT BA 201 USE 14 X 80 SWMH 1=30 #BEDROOMS 2 P(,# 6 Slik 108-D V. Charlestrator 8-10-09 A see Attached 017 HWAG 2000 08XH Prive way To be ton down 0-19 +*3 200

BBQ Ch Rol #

1209



APPLICATION #:_	09	5	00	2261	13
APPLICATION #:_	09	5	00	2261	,

NAME: Thomas F *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 Environmental Health New Septic System Code 800 **CONFIRMATION #** Place "pink property flags" on each comer iron of lot. All property lines must be clearly flagged approximately 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 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 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. [_] Innovative (__) Conventional [__] Anv [__] 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 Does the site contain any Jurisdictional Wetlands? __)YES Do you plan to have an irrigation system now or in the future? [_]YES Does or will the building contain any drains? Please explain. < I NO { \sum | YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {___J NO _ | YES Is any wastewater going to be generated on the site other than domestic sewage? (_)YES Is the site subject to approval by any other Public Agency? __ YES INO Are there any easements or Right of Ways on this property? (__}YES I 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

(1)

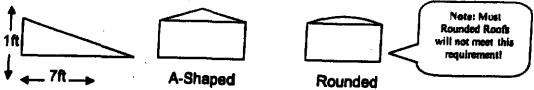
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R Criteria Certification

I. Thomas E. Lamm, 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)



- 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.

Momas E Rann
*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

ision as calculated by lines, inol inis map was 17-30 as amended Witness of August , 4.0,19.85

2 m. day of August My commission expires Movember 30,1989 .