

Initial Application Date: 3-1-13

Application # 1350030755

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: ej womack enterprises inc Mailing Address: 3335 nc 87 hwy s
City: sanford State: NC Zip: 27332 Contact No: 919-775-3600 Email: _____

APPLICANT*: ej womack enterprises inc Mailing Address: same
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: ej womack Phone # 919-777-4379

PROPERTY LOCATION: Subdivision: Peach Farm Est Lot #: 33 Lot Size: 6-15

State Road # _____ State Road Name: _____ Map Book & Page: 2000/1189

Parcel: 130620 0002 53 PIN: 0620-65-3685-000

Zoning: RA30 Flood Zone: X Watershed: MA Deed Book & Page: 3067, 608 Power Company*: _____

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

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW DW _____ TW (Size 28 x 48) # Bedrooms: 3 Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: _____ County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 Other (specify): _____

Dwmtt

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 101

Rear 25 89

Closest Side 10 36

Sidestreet/corner lot _____

Nearest Building on same lot _____

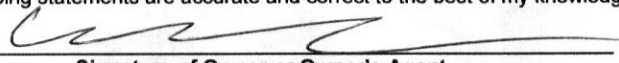
Comments:

Peach Farm Est grandfathered to RA20B criteria

Owner Left

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: take old us 421 toward mamers go approx 7 miles turn right on wayne
mclean drive than turn left on second lot on right

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.



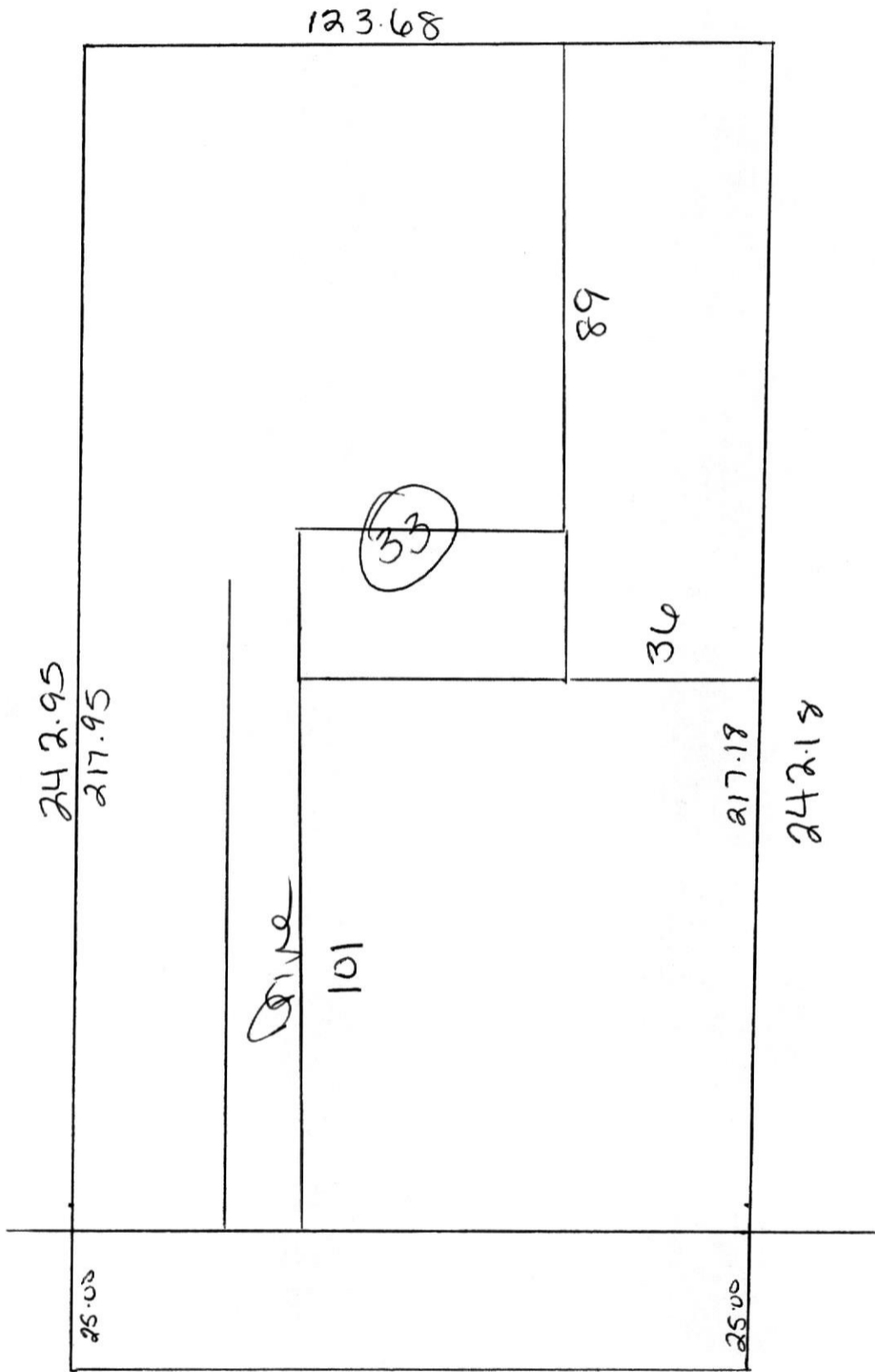
Signature of Owner or Owner's Agent

3-1-13
Date

*****It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.*****

****This application expires 6 months from the initial date if permits have not been issued****

(32)



(34)

123.68
Crystal Pool Court

SITE PLAN APPROVAL

DISTRICT BA30 USE DwM+H

#BEDROOMS 3

Date 3-1-13

[Signature]
Zoning Administrator

NAME: _____

APPLICATION #: _____

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

- **All property irons must be made visible.** 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.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- 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 **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-1-13

DATE

Date: 3-1-13

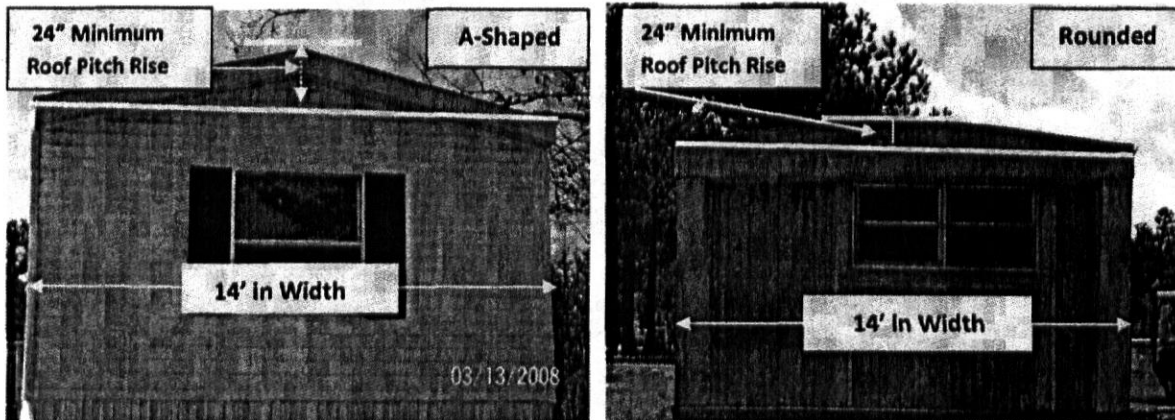
Application# _____

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, ES Womack, understand that because I'm located in a RA-20R 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 the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)



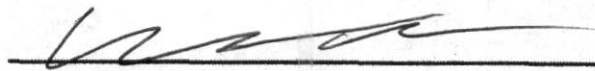
Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

2. The home must be underpinned, consisting of a brick curtain wall or have galvanized metal sheeting, ABS or PBC plastic color skirting with interlocking edges, installed around the perimeter of the home. Skirting shall be consistent in appearance, in good condition, continuous, permanent, and unpierced except for ventilation and access.
3. The homes moving apparatus must be removed, underpinned, or landscaped. (See examples below.)



4. The home must have been constructed after July 1st 1976.



Signature of Property Owner / Agent

3-1-13

Date

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

Jennifer

Application # 1350030755

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Manufactured Home Set-Up Permit

(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Maria Ramirez Address: 4315 Lee Ave

City: Sanford State: NC Zip: 27332 Daytime Phone: 919-498-5562

Landowner Information (To be completed by landowner, if different than above)

Name: ET Womack Enterprises Address: 3335 NC 87 Hwy S

City: Sanford State: NC Zip: 27332 Daytime Phone: 919-775-3600

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.)

Name, address, & phone must match information on license)

A. **Set-Up Contractor** Company Name: Power Rock and Movers

Phone: 919-775-3600 Address: 3335 NC 87 Hwy S

City: Sanford State: NC Zip: 27332

State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: Hot Shotz

Phone: 919-770-4249 Address: 529 Brinn Dr

City: Sanford State: NC Zip: 27330

State Lic# 17702 Email: N/A

C. **Mechanical Contractor** Company Name: Tin Shop

Phone: 919-708-8340 Address: 3489 Edwards Rd

City: Sanford State: NC Zip: 27332

State Lic# 22513 Email: N/A

D. **Plumbing Contractor** Company Name: Maria Ramirez

Phone: 919-498-5562 Address: 4315 Lee Ave

City: Sanford State: NC Zip: 27332

State Lic# Self Email: _____

Part III - Manufactured Home Information

Model Year: 1984 Size: 28 x 48 Complete & follow zoning criteria sheet

Park Name: Peach Farm Estates Lot Number: 33

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Maria Ramirez
Signature of Home Owner or Agent

4/10/13
Date

*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES

3335 NC 87 Highway S.
SANFORD, NORTH CAROLINA 27332
(919) 775-3600 • Fax: (919) 775-7533

BUYER(S) Maria Ramirez	PHONE 919 985 562	DATE 4/10/13
ADDRESS 4315 Lee Ave Sanford NC 27332	SALESPERSON [Signature]	
DELIVERY ADDRESS Lot 33 Peach Farm Estates	YEAR 1984	BEDROOMS 3
MAKE & MODEL Redman	FLOOR SIZE 48 x 28	HITCH SIZE L
SERIAL NUMBER	COLOR	PROPOSED DELIVERY DATE
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		KEY NUMBERS

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT
CEILING				OPTIONAL EQUIPMENT
EXTERIOR				
FLOORS				
<small>THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16.</small>				SUB-TOTAL \$

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	NON-TAXABLE ITEMS
Delivery + set up Electrical Hook up A/C	VARIOUS FEES AND INSURANCE
	1. CASH PURCHASE PRICE
	TRADE-IN ALLOWANCE \$
	LESS BAL. DUE on above \$
	NET ALLOWANCE \$
	CASH DOWN PAYMENT \$
	CASH AS AGREED SEE REMARKS \$
	2. LESS TOTAL CREDITS
	SUB-TOTAL \$
	SALES TAX (If Not Included Above)

3. Unpaid Balance of Cash Sale Price \$20,000

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.

ESTIMATED RATE OF FINANCING _____ %

NUMBER OF YEARS _____

ESTIMATED MONTHLY PAYMENTS \$ _____

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT.

BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. **I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.**

**E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES** DEALER

SIGNED X **[Signature]** BUYER

SOCIAL SECURITY NO. _____

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____

By **[Signature]** Approved

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50030755	Date	4/10/13
Property Address	40 CRYSTAL POOL CT		
PARCEL NUMBER	13-0620- - -0002- -53-		
Application type description	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name	CHALMERS W KELLY SR & MILDRED		
Property Zoning	PENDING		

Owner

Contractor

EJ WOMACK ENTERPRISES INC
 3335 NC 87 HWY S
 SANFORD NC 27332
 (919) 775-3600

OWNER

Applicant

EJ WOMACK ENTERPRISES INC #33
 3335 NC 87 HWY S
 SANFORD NC 27332
 (919) 775-3600

--- Structure Information 000 000 28X48 3BDR DWMH

Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3000000.00
	MOBILE HOME YEAR	2013000.00
	PROPOSED USE	DWMH
	SEPTIC - EXISTING?	NEW TANK
	WATER SUPPLY	COUNTY

Permit MANUFACTURED HOME PERMIT

Additional desc . .			
Phone Access Code .	976860		
Issue Date	4/10/13	Valuation	0
Expiration Date . .	4/10/14		

Permit LAND USE PERMIT

Additional desc . .			
Phone Access Code .	976852		
Issue Date	4/10/13	Valuation	0
Expiration Date . .	10/07/13		

Special Notes and Comments

T/S: 03/01/2013 10:38 AM JBROCK ----
 TAKE OLD US 421 TOWARD MAMERS GO APPROX
 7 MILES TURN R ON WAYNE MCLEAN DR THAN
 L ON SECOND LOT ON R LOT 33

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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PARCEL NUMBER	13-0620- - -0002- -53-		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name	CHALMERS W KELLY SR & MILDRED		
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	____/____/____
20	818	Z818	PZ*ZONING INSPECTION	_____	____/____/____
20	814	A814	ADDRESS CONFIRMATION	_____	____/____/____
30	507	T507	R*MANUFACTURED HOME FINAL	_____	____/____/____
999		H824	ENVIR. OPERATIONS PERMIT	_____	____/____/____

COUNTY OF HARNETT
Building Inspections Department
Planning Services

Certificate of Compliance: _____ Occupancy:

Certificate issued pursuant to the requirements of North Carolina General Statute 153A-363 and Harnett County Zoning Ordinances. This certifies at the time of issuance, this structure was in compliance with the various ordinances of the County of Harnett and the North Carolina State Building Codes. For the following:

Use Classification: M-Home
Name: Ed Womack

Permit Numbers

Building: _____
Electrical: _____
Insulation: _____
Plumbing: _____
Mechanical: _____
MEG Home: 13-8-30735

Address: 40 Crystal Rose Ct
KILLINGTON 27542

Date: 7-31-13

Building Official: [Signature]

ADDRESS : 40 CRYSTAL POOL CT
CONTRACTOR :
OWNER : EJ WOMACK ENTERPRISES INC
PARCEL : 13-0620- - -0002- -53-
APPL NUMBER: 13-50030755 CP MANUFACTURED HOME RA20R/RA20M CRITERIA
DIRECTIONS : T/S: 03/01/2013 10:38 AM JBROCK ----
TAKE OLD US 421 TOWARD MAMERS GO APPROX
7 MILES TURN R ON WAYNE MCLEAN DR THAN
L ON SECOND LOT ON R LOT 33

STRUCTURE: 000 000 28X48 3BDR DWMH
FLOOD ZONE : FLOOD ZONE X
BEDROOMS : 3000000.00
PROPOSED USE : DWMH
WATER SUPPLY : COUNTY
MOBILE HOME YEAR : 2013000.00
SEPTIC - EXISTING? : NEW TANK

PERMIT: CPDW 00 CP MOBILE HOME DOUBLEWIDE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
T501 01	4/11/13	FS	R*MOBILE HOME FOUND./ M. WALL TIME: 17:00 VRU #: 002364990
	4/11/13	DA	T/S: 04/11/2013 03:29 PM FSPIVEY ----- need plumbing under home
T501 02	4/22/13	FS	R*MOBILE HOME FOUND./ M. WALL VRU #: 002369734
	4/22/13	AP	T/S: 04/22/2013 03:21 PM FSPIVEY -----
A814 01	4/24/13	TW	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002371326
	4/26/13	AP	40 CRYSTAL POOL CT LOT 33 LILLINGTON, 27546 T/S: 04/26/2013 11:11 AM TWARD -----
H824 01	6/24/13	OT	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002402444
	6/24/13	AP	T/S: 06/25/2013 10:15 AM SSTEWARD ----- T/S: 06/25/2013 10:16 AM SSTEWARD ----- T/S: 06/25/2013 10:17 AM SSTEWARD -----
Z818 01	7/19/13	RB	PZ*ZONING INSPECTION VRU #: 002412021
	7/19/13	AP	
T507 01	7/23/13	FS	R*MANUFACTURED HOME FINAL VRU #: 002413433
	7/23/13	CA	T/S: 07/23/2013 03:38 PM FSPIVEY -----
T507 02	7/29/13	FS	R*MANUFACTURED HOME FINAL VRU #: 002416410
	7/29/13	DA	T/S: 07/29/2013 03:41 PM FSPIVEY ----- locked door a/c unit
T507 03	7/31/13	TI	R*MANUFACTURED HOME FINAL VRU #: 002418119

Handwritten signature and date: 7-31-13 AP

COMMENTS AND NOTES

Large handwritten signature: JS

