nitial Application Date	2-	10	_	12
nitial Application Date				

Residential Land Use Application

pplication #	1350030849
	CU#

COUNTY OF HARNETT RESIDENTIAL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)	D) 893-7525 ext: 2 Fax: (910) 893-2793 www.hamett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE	
NDOWNER: Shorton a Solves Mailing Ad	
State: NE Zip: 225/ Contact No: _	
LICANT': Terence Stokes Mailing Address: 4	9 filly ct
State: N.C. Zip: 228 Contact No. 9	19 UU9 2345 Email:
se fill out applicant information if different than landowner	
TACT NAME APPLYING IN OFFICE:	Phone #
PERTY LOCATION: Subdivision: Vickiance Ju	certs Lot Size: 41AC
	Map Book & Page 2008 936
H. DU OCCY 0085,01 PIN: 0	081-10-(1826.000)
BROWFlood Zone: X Watershed: 1 Deed Book & Page: C	19 590 Power Company*:
structures with Progress Energy as service provider need to supply premise nur	mber from Progress Energy.
OPOSED USE:	
SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath):_	
(Is the bonus room finished? () yes () no w/a ck	oset? () yes () no (If yes add in with # bedrooms)
(is the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor finished? () yes () no Any of the second floor	
Duplex: (Sizex) No. Buildings: No. Bedrooms Per	Unit:
Home Occupation: # Rooms: Use: Ho	urs of Operation:#Employees:
Addition/Accessory/Other: (Size x) Use:	Closets In addition? () yes () no
Addition/Accessory/Other: (Sizex) Use:	fuell some
ler Supply: County Existing Well New Well (# of dwellings	using well) *Must have operable water before final
age Supply: Existing Septic Tank (Complete Checklist) Existing Septi	
s owner of this tract of land, own land that contains a manufactured home within t	
is the property contain any easements whether underground or overhead () ye	1 /
ctures (existing or proposed): Single family dwellings: Manufac	ctured Homes: 1 Proposition (specify):
ulred Residential Property Line Setbacks: Comments:	
nt Minimum 35 Actual 56-2	
net act	
$\frac{20}{10}$	
sest Side	
estreet/corner tot	
arest Building	/0
same lot	

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: GO Hay 2105 From Right onto
Old coats Rd. Follow to stop sign. Then heft onto old Bling Creek Rd. Then Right onto Chestertre ld Lake Rd Follow
Creek Rd. Turn Right onto Chestertield Lake Rd Follow
to stop sign. Turn Left onto Makey ad. and
property is 2/10ths of mike on helt onto
Mabry Rd. and property is shoth of mine on
Right (First doing way on Right)
, and the second

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 conformation is provided.

Signature of Owner or Owner's Agent 3-19

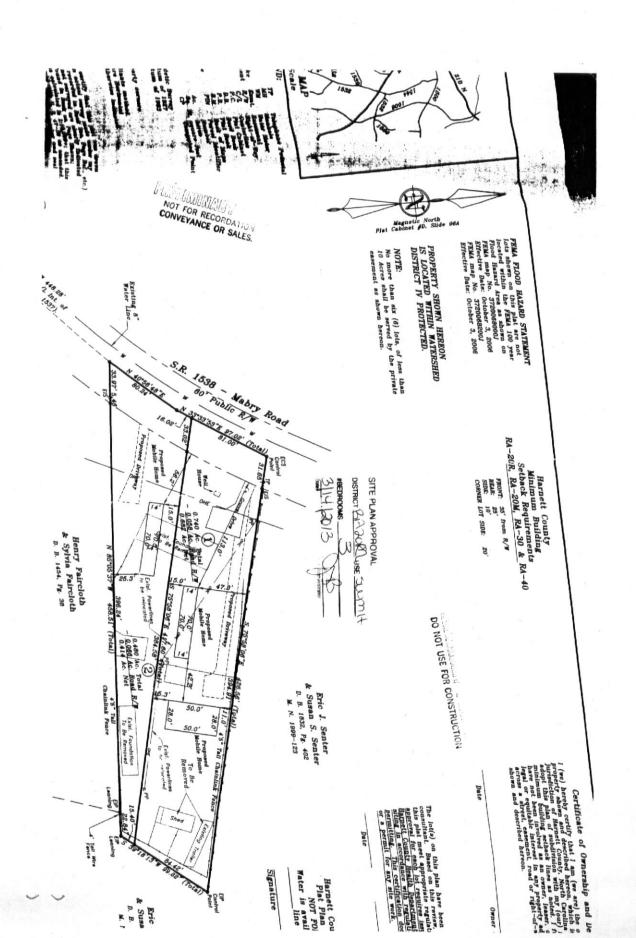
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or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

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

NAME:	APPLICATION #:
IF THE INFORMATION PERMIT OR AUTHORIZ	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration litation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-752	
 All property lines must be Place "orang out buildings Place orange If property is evaluation to All lots to be 	Health New Septic System Code 800 Tirons must be made visible. Place "pink property flags" on each corner iron of lot. All property e clearly flagged approximately every 50 feet between corners. The house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. The Environmental Health card in location that is easily viewed from road to assist in locating property. Thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil to be performed. Inspectors should be able to walk freely around site. Do not grade property. The addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
	ng proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code
	electing notification permit if multiple permits exist) for Environmental Health inspection. <u>Please note</u>
	number given at end of recording for proof of request. ov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
Environmental I	Health Existing Tank Inspections Code 800
 Prepare for possible) and DO NOT LEA After uncove if multiple pogiven at end 	e instructions for placing flags and card on property. inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if then put lid back in place . (Unless inspection is for a septic tank in a mobile home park) VE LIDS OFF OF SEPTIC TANK ring outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit termits, then use code 800 for Environmental Health inspection. Please note confirmation number of recording for proof of request. ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
<u>SEPTIC</u>	
	ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{} Innovative { Conventional {} Any
{}} Alternative	{}} Other
	ify the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES (\(\section\)NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {}NO	Do you plan to have an <u>irrigation system</u> 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?
30	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read This Applie	cation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
	ated Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Cite Acceptate Co T	Not A Complete Site Evaluation Can Be Berfammed

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-14-13 DATE

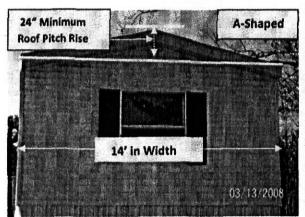


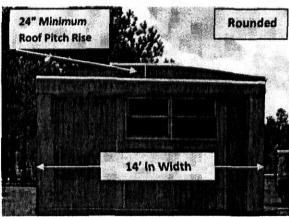
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

I, <u>Josephen</u> 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.

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.)

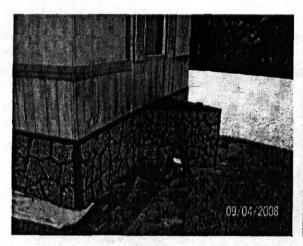




Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued......

- 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

Date

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