

Initial Application Date: 5-6-013

Application # 1350031250

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: Harry T Hardison Mailing Address: 2260 Ebenezer Church Rd  
City: COATS State: NC Zip: 27521 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: Same Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 1.76  
State Road # 1558 State Road Name: Ebenezer Church Rd Map Book & Page: 675  
Parcel: 07 1611 0104 PIN: 1611-32-2141-000  
Zoning: RARM Flood Zone: X Watershed: NA Deed Book & Page: 778, 738 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: X SW \_\_\_ DW \_\_\_ TW (Size 14 x 70) # 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: X County \_\_\_ Existing Well \_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply: \_\_\_ New Septic Tank (Complete Checklist) X 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 (X) no

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

Structures (existing or proposed): Single family dwellings: 1 ext SFD Manufactured Homes: 1 proposed Other (specify): 1 Summit

**Required Residential Property Line Setbacks:**

Front	Minimum	<u>35</u>	Actual	<u>173</u>
Rear		<u>25</u>		<u>98</u>
Closest Side		<u>10</u>		<u>20</u>
Sidestreet/corner lot		<u>10</u>		<u>65</u>
Nearest Building on same lot		<u>10</u>		<u>65</u>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: Larry T HARDISON

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 8 00

- **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 over outlet end as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
- 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.**

Larry T Hardison  
**PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**

5-6-08  
**DATE**



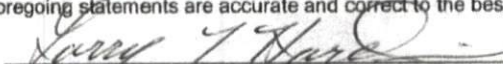
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

TAKE Hwy 27 to COATS

STAY on 27 Hwy to Dixon Road turn left  
on Dixon Road go to end of Road turn  
Right on Ebenezer Church Road go  
down about 1 mile and half to 2660  
Ebenezer Church Road on Right

Phone # 919-820-3150

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

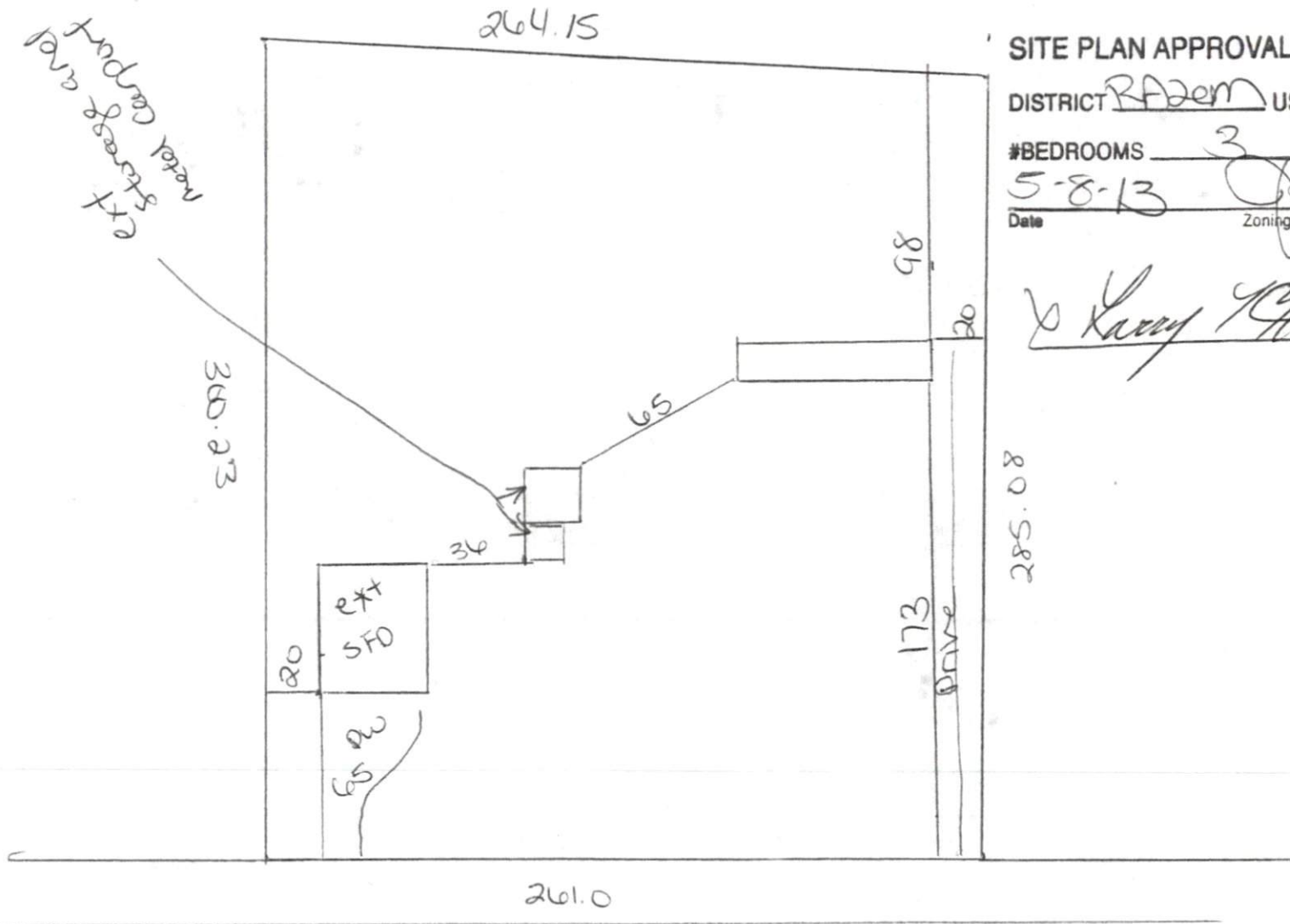
5-6-013  
Date

\*\*\*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\*\*

1-60

Ext  
Stairs and  
Natal Carpet



**SITE PLAN APPROVAL**

DISTRICT RAZEM USE SURMUT

#BEDROOMS 3

Date 5-8-13

Zoning Administrator [Signature]

[Signature]  
Kerry [Name]

SR# 1558

Application # \_\_\_\_\_

**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: Harry T Hardison Address: 2660 E Benezed Church Road

City: Coats State: NC Zip: 27521 Daytime Phone: 919 820 3150

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

**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: State Mobile Home Movers Bobby Thomas

Phone: 919-422-8623 Address: 1085-A AQUILLARD

City: Benson State: N.C. Zip: 27504

State Lic# \_\_\_\_\_ Email: BobbyBWT@GMAIL.com

B. **Electrical Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# owner Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# owner Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# owner Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1990 Size: 14x70 **Complete & follow zoning criteria sheet**

Park Name: \_\_\_\_\_ Lot Number: \_\_\_\_\_

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.

Harry T Hardison  
Signature of Home Owner or Agent

5-6-013  
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.



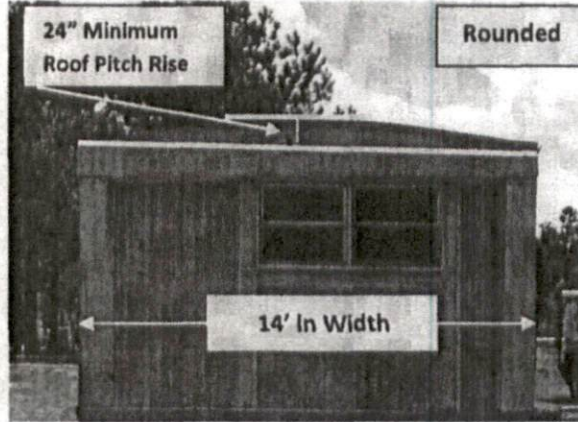
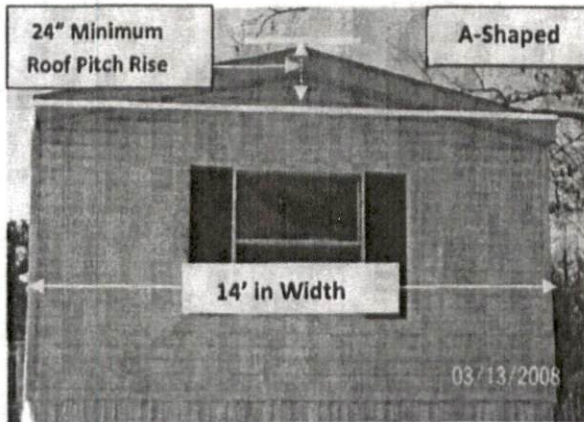
*Handwritten mark*

**PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS**

**RA-20R & RA- 20M Certification Criteria**

*Jerry T. Hardison*, 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.)



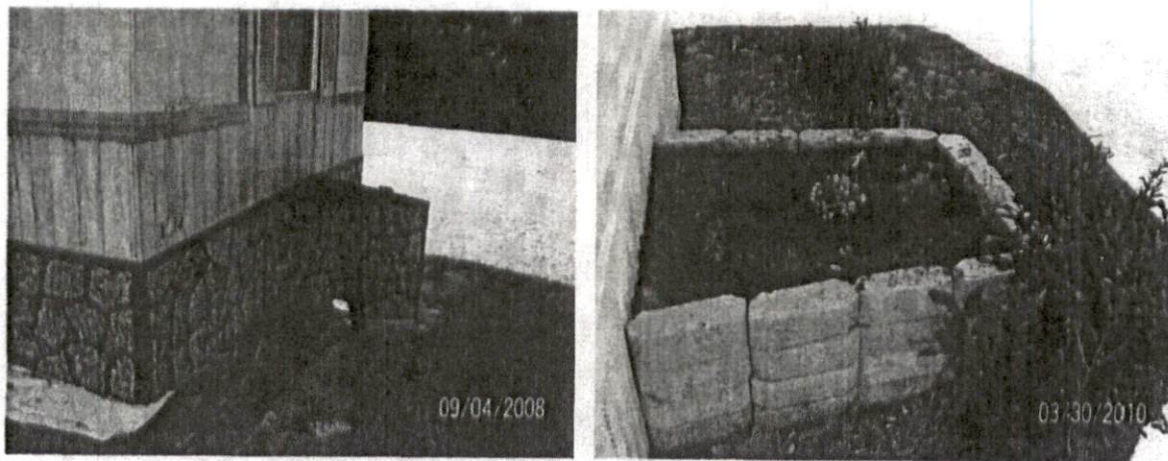
Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



Continued.....

8

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 1<sup>st</sup> 1976.

*Larry T. [Signature]*

Signature of Property Owner / Agent

5-6-1013

Date

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



# MOBILE HOME MOVING PERMIT

COUNTY OF Harnett  
STATE OF NORTH CAROLINA

PERMIT NUMBER 1660

Date 6-4-13

Permission is granted to:

Darry Hardison 2660 Ebenezer Chr. Rd Coats NC 27521  
Owner Address

State MH movers 1085A Aquilla Rd Benson NC 27504  
Carrier Address

to move the following mobile home:

Redman 1990 14x70 13820921  
Make Model Size Serial Number

From: Keystone Acres MH Park Dunn NC 28334  
Address

To: 2660 Ebenezer Chr. Rd Coats NC 27521  
Address

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the general Statutes of North Carolina.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

Carolyn Tart  
County-City Tax Collector



HTE# 13-5-31250

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
307 CORNELIUS HARNETT BOULEVARD  
LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

NAME Larry T Handerson PHONE # \_\_\_\_\_

ADDRESS 2660 Ebenezer Church Rd Conts. N.R. 27521

NAME OF MOBILE HOME PARK OR S/D \_\_\_\_\_

NAME OF OWNER (IF DIFFERENT) \_\_\_\_\_

ADDRESS OF OWNER (IF DIFFERENT) \_\_\_\_\_

PROPERTY LOCATION: STATE ROAD NAME AND # SR 1558 Ebenezer Church Rd

PURPOSE OF INSPECTION: 14x70 2nd MA.

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If this system should malfunction, the owner is responsible for any necessary repairs.

THIS INSPECTION IS VOID IF:

- (1) the intended use of the septic system should change, and/or
- (2) the system should fail or malfunction, and/or
- (3) the owner or tenant of the property changes, and/or
- (4) after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM  
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

AUTHORIZATION OF EXISTING SYSTEM

James E. Merchant 5-24-13  
Signature of Environmental Health Specialist Date



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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Application Number . . . . .	13-50031250	Date	6/04/13
Property Address . . . . .	2660 EBENEZER CHURCH RD		
PARCEL NUMBER . . . . .	07-1611- - -0104- - -		
Application type description	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name . . . . .	JOE JOHNSON		
Property Zoning . . . . .	RES/AGRI DIST - RA-20M		

Owner

-----

HARDISON LARRY  
 RT 2 BOX 390  
 COATS NC 27521

Contractor

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STATE MOBILE HOME MOVERS  
 1085 A AQUILLA RD  
 BENSON NC 27504  
 (910) 894-8038

Applicant

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HARDISON LARRY T

--- Structure Information 000 000 14X70 3BDR SWMH

Flood Zone . . . . .	FLOOD ZONE X	
Other struct info . . . . .	# BEDROOMS	3.00
	MOBILE HOME YEAR	1000.00
	PROPOSED USE	SWMH
	SEPTIC - EXISTING?	EXISTING
	WATER SUPPLY	COUNTY

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Permit . . . . . LAND USE PERMIT

Additional desc . . . . .		
Phone Access Code . . . . .	985648	
Issue Date . . . . .	6/04/13	Valuation . . . . . 0
Expiration Date . . . . .	12/01/13	

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Permit . . . . . MANUFACTURED HOME PERMIT

Additional desc . . . . .		
Phone Access Code . . . . .	985655	
Issue Date . . . . .	6/04/13	Valuation . . . . . 0
Expiration Date . . . . .	6/04/14	

Special Notes and Comments

T/S: 05/08/2013 02:21 PM VBROWN ----  
 2660 EBENEZER CHURCH RD COATS 27521.  
 27E THRU COATS LEFT ON DIXON RD TO END,  
 RIGHT ON EBENEZER CHURCH RD 1.5MI TO  
 2660 EBENEZER CHURCH RD.

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\_\_\_\_\_

\_\_\_\_\_



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 . . . . .	07-1611- - -0104- - -		
Application description . . .	CP MANUFACTURED HOME	RA20R/RA20M	CRITERI
Subdivision Name . . . . .	JOE JOHNSON		
Property Zoning . . . . .	RES/AGRI DIST - RA-20M		

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	_____	___/___/___

May 16, 2013

Larry T. Hardison  
2660 Ebenezer Church Rd  
Coats, NC 27521

**RE: Existing Septic System Inspection HTE# 13-5-31250**

Dear Mr. Hardison,

An attempt was made to evaluate your property for the purpose of issuing an Existing Tank Permit. The evaluation could not be completed for one or more of the following reasons.

**1. Uncover outlet lid on septic tank and break seal (\$25.00 fee incurred)**

2. Have system pumped out

3. Replace sanitary T

**4. Other – Also, noticed the handle was broken on the lid of the septic tank. Either replace the handle or the entire lid and make sure the seal is broken (lid lifted and placed back down) on tank. Call me when ready.**

Your application will be put on hold until the selected items above have been addressed. When completed **call 893-7547 to confirm** that the items mentioned have been corrected, we will then reschedule your property for evaluation.

Sincerely,



James E. Manhart, III, R.E.H.S.  
Environmental Health Specialist  
Harnett County Department of Public Health  
Environmental Health

JEM/sgs

Copy - Central Permitting