

Initial Application Date: 25 June 2013

Application # 13500 31601

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: HAROLD D. HORTON Mailing Address: 611 HAWKINS AVE
City: SAV FORD State: NC Zip: 27330 Contact No: 919-353-1669 Email: ICMHDH@yahoo.com
710-497-2278

APPLICANT: JPMC Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: HAROLD D. HORTON Phone # 919-353-2258

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 400 X 400
State Road # 1109 State Road Name: FLYNN-McPHERSON ROAD Map Book & Page: 1891, 081
Parcel: 09 9563 0003 02 PIN: 9563-16-1940.000
Zoning: RAZOR Flood Zone: _____ Watershed: III Deed Book & Page: 1891, 081 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: _____ Monolithic Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____) # 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 36'8" x 60') # 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 30' x 60') Use: WORKSHOP/GARAGE 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 Power line crossing

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

Required Residential Property Line Setbacks:

| Minimum | Actual |
|-----------|-------------|
| <u>35</u> | <u>156</u> |
| <u>25</u> | <u>100+</u> |
| <u>10</u> | <u>50</u> |
| _____ | _____ |
| _____ | _____ |

Comments: START @ NE property corner. Go along NE to NW property line 148'. From this point go S 70' to home's NE corner. Begin again @ property line NE corner going S along road 130'. Then go W 90' to the home's WE corner. Home is situated due NS due EW. Garage location is from property line SE corner. Along SE to SW property line 150'. Then N 50' to structure's SE corner.

APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 27 East To Hillman
Curious Street Road Turn Left on HGC Rd.
Go 3 miles; bear left on to Flynn-McPherson Rd.
Go 1 mile - property is on Right.

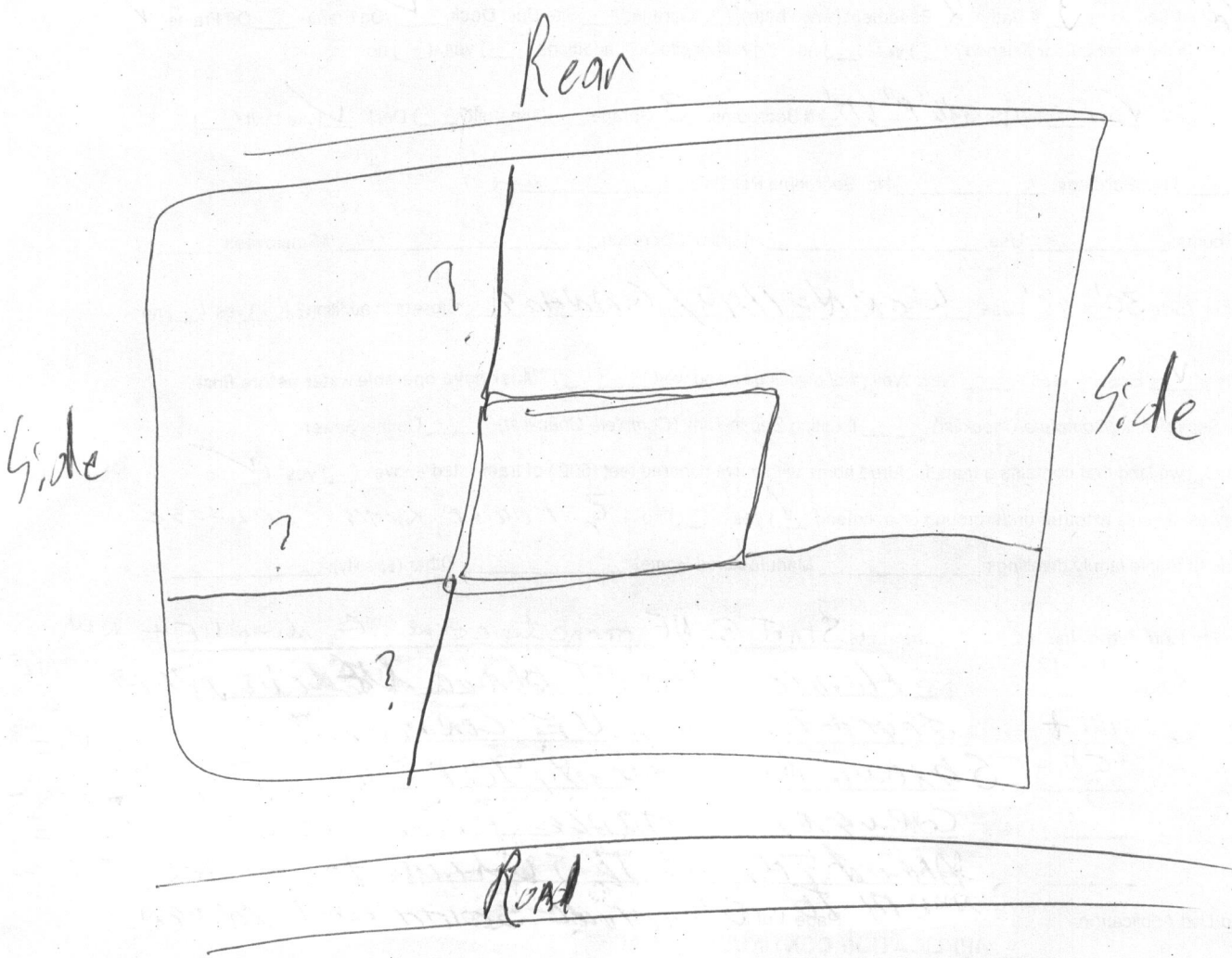
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

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



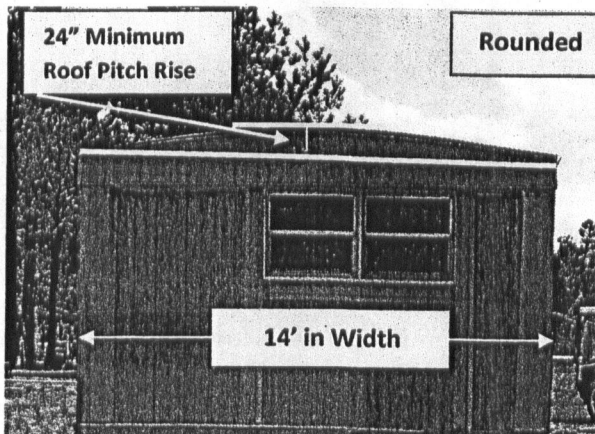
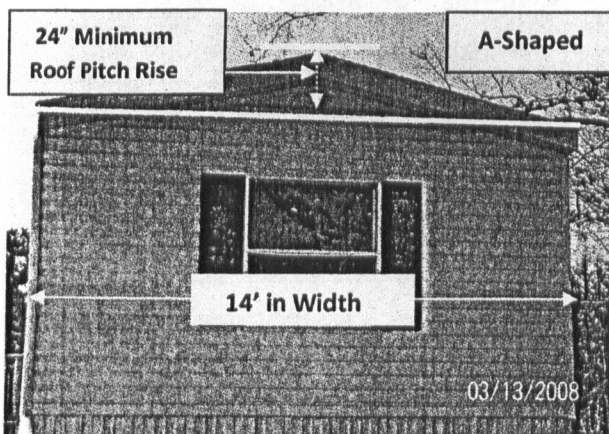
DWMH

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

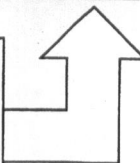
RA-20R & RA- 20M Certification Criteria

I, Harold D. Horton, 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.)

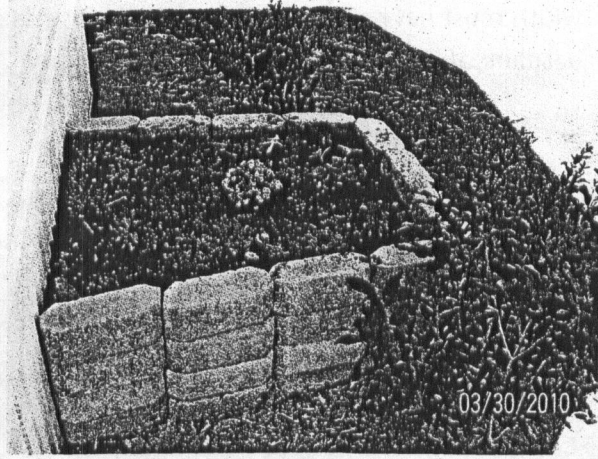
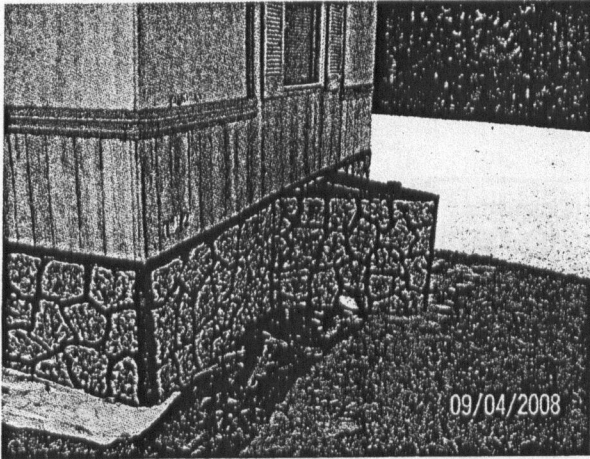


Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



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.

Harold D. North

Signature of Property Owner / Agent

25 June 2013

Date

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

NAME: Harold D. + Iris C. Horton

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.

Harold D. Horton
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

25 June 2013
DATE

OWNER

STATE OF NORTH CAROLINA
COUNTY OF HARNETT
CERTIFY THAT THE MAP OR PLAN
IS AFFIXED MEETS ALL STAT
RECORDING.

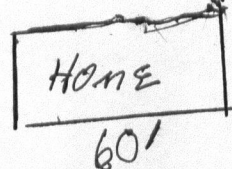
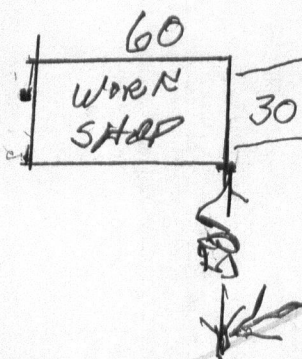
DATE

D.B.
HAROLD
IRIS C
D.B. 18
16.41 A
IN TRA

N 09°55'31"E
400.00'

S 64°33'07"W 400.00' TOTAL
383.45'

TRACT 2A.
3.00 AC.



400.00' TOTAL
384.61'

Driveway
148 FT

130 FT

S 09°55'31"W 400.00'

EIP
CONTROL C.R.

S 09°58'45"W 212.27'

EXISTING
AXLE

YNN-MCPHERSON ROAD S.R. 1109
60' R.O.W (PAVED ROAD)

881

I=60

Future Workshop
PW MH

BRADLEY J. MERZ
D.B. 108, PG. 745

N.C.B.
ing Administrator

Application # 1350031601

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: DEAN + LINDA HORTON Address: FLYNN M^E PHEASANT RD
City: CAMERON State: NC Zip: 28326 Daytime Phone: 910 497-2278

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

Name: HAROLD D + LINDA C HORTON Address: 611 HOWLING AVE
City: SPARTANBURG State: NC Zip: 27330 Daytime Phone: 919 497-2278

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: Q MAX
Phone: 910-331-2220 Address: POB NC 381 Hgwy
City: HAMLET State: NC Zip: 28345
State Lic# 36216 Email: N/A
- B. **Electrical Contractor** Company Name: JOEY HILDIN
Phone: 910 740 6694 Address: 2352 TOBACCO RD
City: FAIRMONT State: NC Zip: 28340
State Lic# 19728-L Email: JOEY.HILDIN@CAROLINA.NET
- C. **Mechanical Contractor** Company Name: WIMPYS REF HEATING + A/C
Phone: _____ Address: 206 FAIRMONT DRIVE
City: ROSELINGHAM State: NC Zip: 28379
State Lic# 19748 Email: WIMPYS REF 2 @ CAROLINA.REF.COM
- D. **Plumbing Contractor** Company Name: BOBBY MONROE
Phone: 910-734-3771 Address: 621 MONROE RD
City: ST PAUL State: NC Zip: 28384
State Lic# 22007 Email: N/A

Part III - Manufactured Home Information

Model Year: _____ Size: X **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.

[Signature]
Signature of Home Owner or Agent

7 APR 2013
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.

P. O. Box 1543 • 1570 East US 74 Highway
Hamlet, North Carolina 28345
(910) 582-5066 • (910) 582-4644
www.modular-home-nc.com

| | | | | | |
|---|------------|--|----------------------|--|---------------------------------------|
| BUYER(S) Harold Dean Horton/Iris Conway Horton | | PHONE 910-497-2278 | | DATE 8-7-13 | |
| ADDRESS 611 Hawkins Avenue Sanford, NC 27330 | | | | SALESPERSON Ray Shankle | |
| DELIVERY ADDRESS Flynn McPherson Road Cameron, NC 28326 | | | | | |
| MAKE & MODEL Fleetwood Vogue Extreme 270V328764B | | YEAR 2014 | BEDROOMS 4 | FLOOR SIZE L 76 W 28 | HITCH SIZE L 80 W 28 |
| SERIAL NUMBER Special Ordered | | COLOR <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED | | PROPOSED DELIVERY DATE ASAP | |
| KEY NUMBERS | | | | | |
| LOCATION | R-VALUE | THICKNESS | TYPE OF INSULATION | BASE PRICE OF UNIT \$ | |
| CEILING | | | | OPTIONAL EQUIPMENT | |
| EXTERIOR | | | | | |
| FLOORS | | | | SUB-TOTAL \$ | |
| THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16. | | | | SALES TAX | |
| OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES | | | | NON-TAXABLE ITEMS | |
| | | | | 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 \$ | |
| <p>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.</p> | | | | | |
| ESTIMATED RATE OF FINANCING _____ % | | | | | |
| NUMBER OF YEARS _____ | | | | | |
| ESTIMATED MONTHLY PAYMENTS \$ _____ | | | | | |
| <p>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.</p> | | | | | |
| <p>BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.</p> | | | | | |
| <p>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.</p> | | | | | |
| REMARKS: | | | | | |
| BALANCE CARRIED TO OPTIONAL EQUIPMENT \$ | | | | | |
| NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE. | | | | | |
| DESCRIPTION OF TRADE-IN N/A | | YEAR | SIZE | | |
| MAKE | MODEL | BEDROOMS | | | |
| TITLE NO. | SERIAL NO. | COLOR | | | |
| AMOUNT OWING TO WHOM | | | | | |
| ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER | | | | | |
| <p>RAY SHANKLE HOME SALES, INC. DEALER</p> | | | | <p>SIGNED X _____ BUYER</p> | |
| <p>Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent</p> | | | | <p>SOCIAL SECURITY NO. _____ / _____ / _____</p> | |
| <p>By <u>W Ray Shankle</u> Approved</p> | | | | <p>SIGNED X _____ BUYER</p> | |
| | | | | <p>SOCIAL SECURITY NO. _____ / _____ / _____</p> | |

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 | 13-50031601 | Page | 2 |
| Property Address | 92555 *UNASSIGNED | Date | 8/07/13 |
| PARCEL NUMBER | 09-9563- - -0003- -03- | | |
| Application description | CP MANUFACTURED HOME RA20R/RA20M CRITERI | | |
| Subdivision Name | | | |
| 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 | _____ | ___/___/___ |

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.

| | | |
|-----------------------------------|--|--------------|
| | Page 3 | |
| Application Number | 13-50031601 | Date 7/27/15 |
| Property Address | 92555 *UNASSIGNED | |
| PARCEL NUMBER | 09-9563- - -0003- -03- | |
| Application description | CP MANUFACTURED HOME RA20R/RA20M CRITERI | |
| Subdivision Name | | |
| Property Zoning | PENDING | |

Required Inspections

| Seq | Phone Insp# | Insp Code | Description | Initials | Date |
|--|----------------|--------------|-------------------------------|----------|-------------|
| Permit type LAND USE PERMIT | | | | | |
| 999 | 818 | Z818 | PZ*ZONING INSPECTION | _____ | ___/___/___ |
| 999 | 820 | Z820 | PZ*ZONING/FINAL INSPECTION | _____ | ___/___/___ |
| Permit type NOTIFICATION PERMIT | | | | | |
| 999 | 800 | H800 | ENVIR. HLTH. CONFIRMATION | OT AP | 7/13/15 |
| 999 | 804 | F804 | FIRE MARSHAL PLAN REVIEW | _____ | ___/___/___ |
| 999 | 806 | P806 | PLANNING REVIEW | _____ | ___/___/___ |
| 999 | 802 | B802 | BLDG PLAN REVIEW | _____ | ___/___/___ |
| 999 | 826 | H826 | ENVIR HLTH/SANI PLAN REVIEW | _____ | ___/___/___ |
| Permit type MANUFACTURED HOME PERMIT | | | | | |
| 10 | 501 | T501 | R*MOBILE HOME FOUND./ M. WALL | _____ | ___/___/___ |
| 10 | 307 | P307 | R*PLUMB WATER CONNECTION | _____ | ___/___/___ |
| 20 | 818 | Z818 | PZ*ZONING INSPECTION | _____ | ___/___/___ |
| 20 | 814 | A814 | ADDRESS CONFIRMATION | _____ | ___/___/___ |
| 30 | 507 | T507 | R*MANUFACTURED HOME FINAL | _____ | ___/___/___ |
| 999 | | H824 | ENVIR. OPERATIONS PERMIT | _____ | ___/___/___ |
| 999 | | H828 | ENVIRO. WELL PERMIT | _____ | ___/___/___ |

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
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Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

| | |
|---------------------|----------------------------|
| Owner | Contractor |
| ----- | |
| HORTON HAROLD D & I | CARTERS MOBILE HOME MOVERS |
| 611 HAWKINS AVE | 371 WOODRUFF RD |
| SANFORD NC 27330 | SELMA NC 27576 |
| | (919) 422-0428 |

Applicant

HORTON HAROLD

--- Structure Information 000 000 42X68 3BDR TWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
MOBILE HOME YEAR .00
PROPOSED USE TWMH
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1100858
Issue Date 7/27/15 Valuation 0
Expiration Date . . . 1/23/16

Permit NOTIFICATION PERMIT
Additional desc
Phone Access Code . 989376
Issue Date 6/26/13 Valuation 0

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code . 1100841
Issue Date 7/27/15 Valuation 0
Expiration Date . . . 7/26/16

Special Notes and Comments
T/S: 06/26/2013 11:17 AM VBROWN ----

HARNETT COUNTY CENTRAL PERMITTING

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LILLINGTON, NC 27546

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Application Number 13-50031601

Page 2
Date 7/27/15

Special Notes and Comments

FLYNN MCPHERSON RD

27W, 24W, HILLMON GROVE RD, FLYNN
MCPHERSON RD, PROPERTY IS ACROSS FROM
1069 FLYNN MCPHERSON RD.

T/S: 07/27/2015 10:32 AM KGOINS ----
HWY 27 WEST TO HILLMON GROVE CHURCH RD
T/L ON HILLMON GROVE CHURCH RD APPROX 3
MILES BARE LEFT ONTO FLYNN-MCPHERSON
RD APPROX 1 MILE PROPERTY ON RIGHT

Application # 1350631601

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: Harold D. + Iris C. Horton Address: 611 Hawkins Ave.

City: SANFORD State: NC Zip: 27330 Daytime Phone: () 497-2278

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: Carl Carter

Phone: 919-422-0428 Address: 371 Woodruff Rd.

City: Selma State: NC Zip: _____

State Lic# 002612 Email: _____

B. **Electrical Contractor** Company Name: Hash Electric

Phone: 919-258-9581 Address: 63 Mercy Lane

City: Broadway State: NC Zip: 27505

State Lic# 23349L Email: _____

C. **Mechanical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

D. **Plumbing Contractor** Company Name: Fixit Plumbing Services, Inc.

Phone: 919-499-7622 Address: PO Box 2416

City: SANFORD State: NC Zip: 27330

State Lic# 15229 Email: fixitplumbing@windstream.net

Part III - Manufactured Home Information

Model Year: _____ Size: X **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.

[Signature]
Signature of Home Owner or Agent

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.

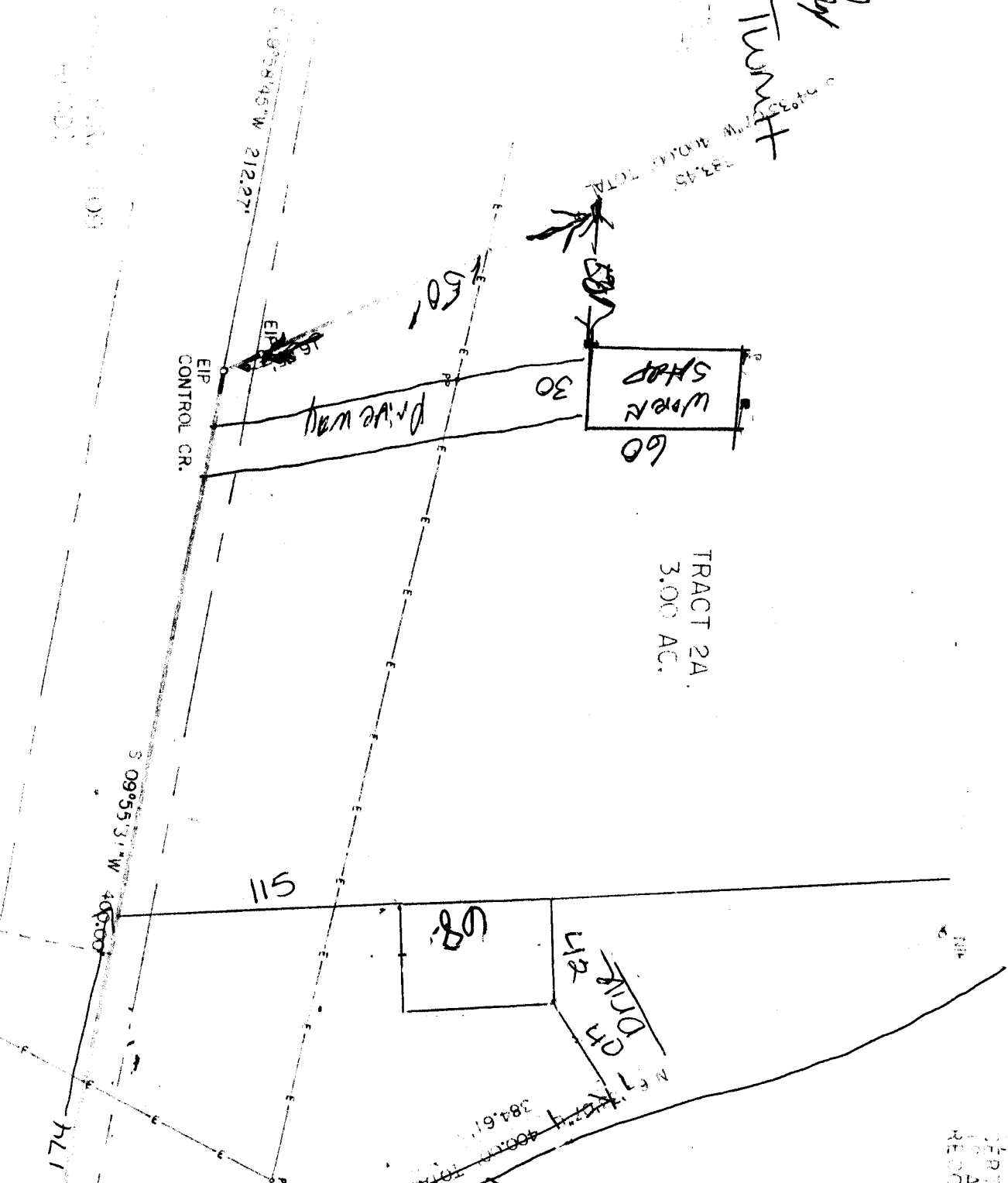
Map 1891 881
1891 881

1-60

N 09°55'31"E
400.00'

OWNER

Revisions
SITE PLAN APPROVAL
DISTRICT BA 20R USE Future Workshop
#BEDROOMS 3
Date 6-26-13
Zoning Administrator [Signature]
Date 6-30-15
[Signature]



HARRETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: KROINS Type: CP Drawer: 1
Date: 7/27/15 51 Receipt no: 29029

| Year | Number | Amount |
|-------------------|------------------|----------|
| 2013 | 50031601 | |
| 92555 #UNASSIGNED | | |
| CAMERON, NC 28326 | | |
| B1 | BP - PERMIT FEES | |
| | TRIPLEWIDE | \$250.00 |

HAROLD D HORTON

| Tender detail | | |
|-----------------|------|----------|
| CK CHECK PAYMEN | 1444 | \$250.00 |
| Total tendered | | \$250.00 |
| Total payment | | \$250.00 |

Trans date: 7/27/15 Time: 11:51:24

** THANK YOU FOR YOUR PAYMENT **

and the other side of the road, there is a small building.

There is a small building on the other side of the road, and a small building on the other side of the road.

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