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Initial Application Date: 9-19-13

Application # 13500 32151

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: Keith Darnell Graham Mailing Address: 181 010 Hundred Lp
City: Lillington State: NC Zip: 27546 Contact No: 910-2579952 Email: _____

APPLICANT*: Keith Graham 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: Road + Loop Lot #: _____ Lot Size: 3.70
State Road # _____ State Road Name: NC 210 S Map Book & Page: 2002421
Parcel: 01 05-36 0101 PIN: 15-36 24 9614.000
Zoning: RR20B Flood Zone: X Watershed: NA Deed Book & Page: 1615, 769 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 14 x 80) # 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: _____ Other (specify): _____

Required Residential Property Line Setbacks:

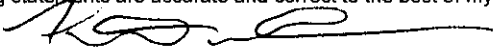
	Minimum	Actual
Front	<u>35</u>	<u>210</u>
Rear	<u>25</u>	<u>200+</u>
Closest Side	<u>10</u>	<u>40</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take 210 past Flat Branch
~~church~~ Fire dept. Approximately 1 1/2 mile on
the left in the curve

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.



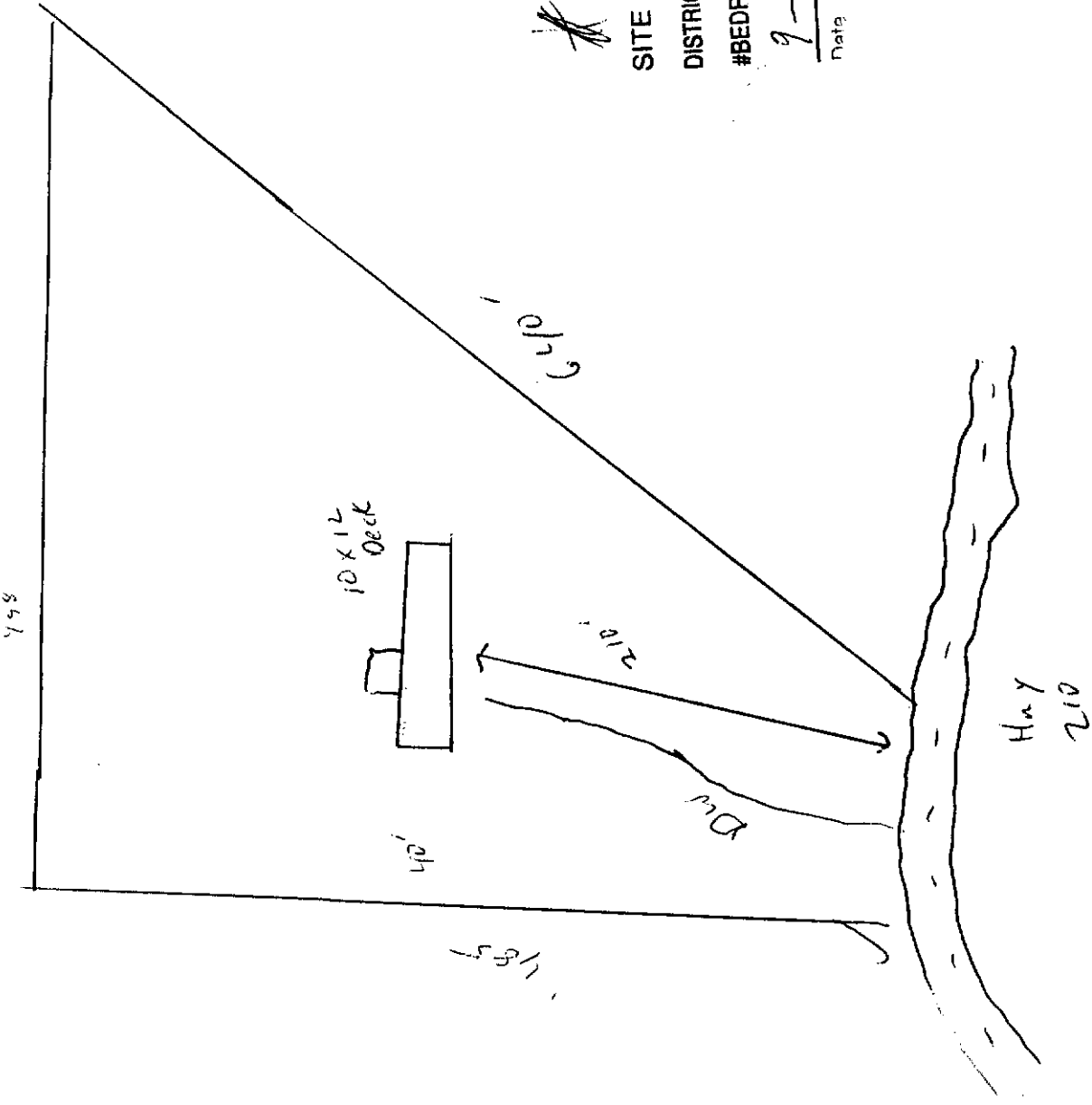
Signature of Owner or Owner's Agent

9-19-13

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



*Not to Scale

SITE PLAN APPROVAL SWMH
 DISTRICT RH 20 USE 3
 #BEDROOMS 3
9-20-13 V.C.B.H.
 Date Zoning Administrator

NAME:

Keith D. Graham

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 lines 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 25% reduction system

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)

9-19-17
DATE

1

Date: _____

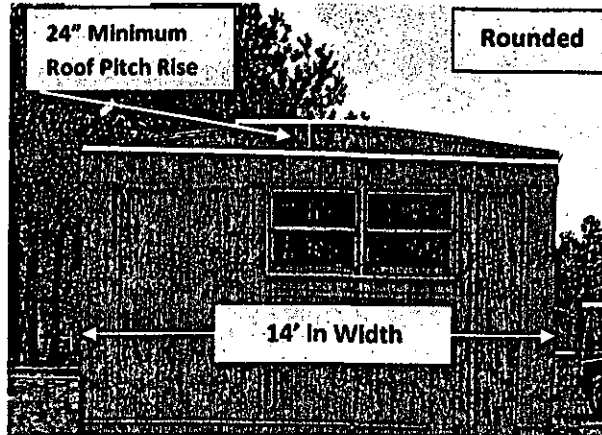
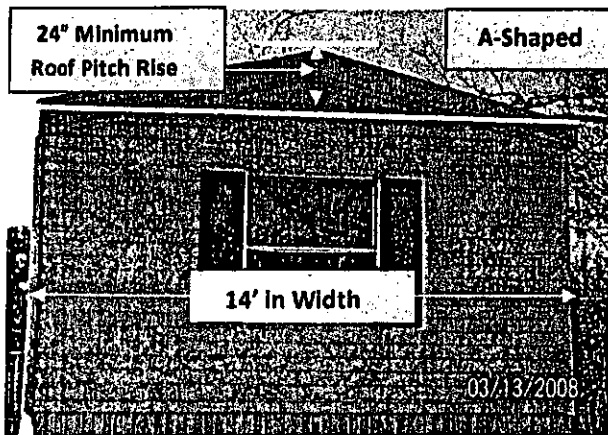
Application# _____

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

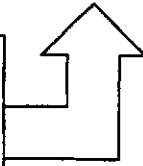
RA-20R & RA- 20M Certification Criteria

I, Keith Graham, 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.)



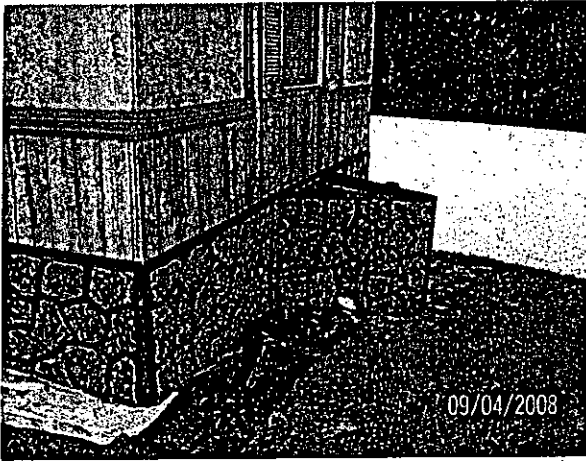
Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



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

Date

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

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 13-50032151 Date 10/18/13
Property Address 7901 NC 210 S
PARCEL NUMBER 01-0536- - -0101- - -
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner

GRAHAM KEITH
181 OLD HUNDRED LOOP
LILLINGTON NC 27546

Contractor

CHOO'S MOBILE HOME TRANSIT
PO BOX 35595
FAYETTEVILLE NC 28303
(910) 850-6572

Applicant

GRAHAM KEITH

--- Structure Information 000 000 14X80 3BDR SWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
MOBILE HOME YEAR 1000.00
PROPOSED USE SWMH
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc . . 1998 14X80 SWMH
Phone Access Code . 1006055
Issue Date 10/18/13 Valuation 0
Expiration Date . . 4/16/14

Permit MANUFACTURED HOME PERMIT
Additional desc . . 14X80 1998 SWMH
Phone Access Code . 1006048
Issue Date 10/18/13 Valuation 0
Expiration Date . . 10/18/14

Special Notes and Comments

T/S: 09/19/2013 12:54 PM VBROWN ----
7901 NC 210 S

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 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 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	_____	___/___/___

Application # 1350032151

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: Keith Graham Address: 181 Old Hundred Loop
City: Lillington State: NC Zip: 27546 Daytime Phone: 910 257-9952

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: Charles Dent
Phone: 910-450-6572 Address: P.O. Box 35595
City: Praxiteville State: N.C. Zip: 28303
State Lic# 3532 Email: _____
- B. **Electrical Contractor** Company Name: Keith D. Graham
Phone: 910-893-8071 Address: 181 Old Hundred Loop, Lillington
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: _____
- C. **Mechanical Contractor** Company Name: Keith D. Graham
Phone: 910-893-8071 Address: 181 Old Hundred Loop, Lillington
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: Keith D. Graham
Phone: 910-893-8071 Address: 181 Old Hundred Loop, Lillington
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: _____

Part III - Manufactured Home Information

Model Year: 1999 Size: 14 x 80 *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

10-15-13
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.



MOBILE HOME MOVING PERMIT

COUNTY OF Harnett
STATE OF NORTH CAROLINA

PERMIT NUMBER **1686**

Date 10/18/2013

Permission is granted to:

Owner Keith D Graham 181 Old Hundred loop Billington NC 27546
Address

Carrier Charles Dent P.O. Box 35595 Fayetteville NC 28303
Address
to move the following mobile home:

Make Fleetwood 1998 14X80 NCFKUD41A39879C V12
Model Size Serial Number

From: 181 Old Hundred loop Billington NC 27546
Address

To: 7901 NC 210 S. Bunlevel NC 28323
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.

K. Barker - TP Assistant
County-City Tax Collector