

Initial Application Date: 10/4/13

Application # 1350032242

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: Robert J. Guernsey Mailing Address: 60 Concord LN

City: Cameron State: NC Zip: 28326 Contact No: 910-578-4502 Email: J.Guernsey@901.com

APPLICANT: Robert Guernsey Mailing Address: 17195 Hwy 27

City: Sanford State: NC Zip: 27310 Contact No: 910-578-4502 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Robert Guernsey Phone # 910-578-4502

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: .88 acre

State Road # 17195 State Road Name: Hwy 27 west Map Book & Page: 2013, 601

Parcel: 03-0507-0167 03 PIN: 9576-57-8788-000

Zoning: RA2UR Flood Zone: X Watershed: AA Deed Book & Page: 3094, 91-93 Power Company\*: Central Electric

\*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) Monolithic
- 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 76) # Bedrooms: 4 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 proposed Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front	Minimum	<u>35</u>	Actual	<u>50</u>
Rear		<u>25</u>		<u>74</u>
Closest Side		<u>10</u>		<u>30</u>
Sidestreet/corner lot				
Nearest Building on same lot				

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Hwy 27 out of  
Lillington, left onto 171<sup>st</sup>, before Hwy 87 overpass

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.

Robert [Signature]  
Signature of Owner or Owner's Agent

10/4/13  
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\*\*



NAME: Robert Gwernsey

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.**

Robert Gwernsey  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/4/13  
DATE

## CAPE FEAR SOIL CONSULTANTS

Jerry W. Yarborough, LSS  
6778 Avents Ferry Rd. t Sanford, NC 27330  
Mobile (919) 777-8690 t Home Phone (919) 777-9460 t Email jwy35@windstream.net

November 4, 2012

Mr. Justin Guernsey  
60 Concord Lane  
Cameron, NC 28326

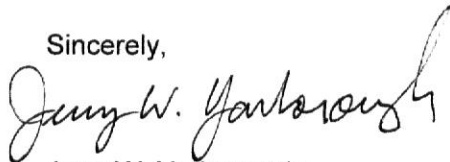
Dear Mr. Guernsey:

On November 4, 2012 a soils evaluation was conducted on an approximately 1.00 acre lot in Harnett County. This lot was located at 17199 NC-27. The purpose of this soils evaluation was to determine the site suitability for on-site subsurface sewage disposal for a proposed four bedroom home.

An area of potentially useable soil was identified on the lot. Soil depths were greater than 36" and soil texture was sandy clay loam. These soils should support the initial installation and repair of a conventional sewage disposal system. Auger borings were marked with pink flagging.

This 1.00 acre lot was evaluated under rules .1901-.1968 of title 15A subchapter 18A of the NC Administrative Code. Due to variations in citing specific uses and a potential for changes in regulation or soil conditions, issuance of an improvement permit for sewage disposal by Harnett County Environmental Health is not guaranteed.

Sincerely,



Jerry W. Yarborough  
Licensed Soil Scientist # 1127

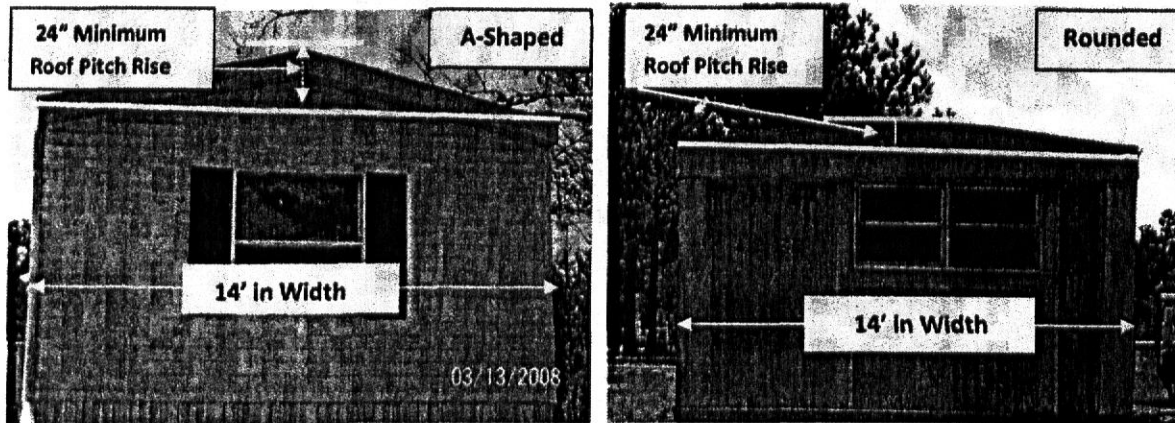


**PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS**

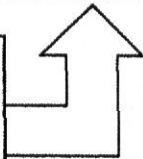
**RA-20R & RA- 20M Certification Criteria**

I, Robert Guernsey, 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.)



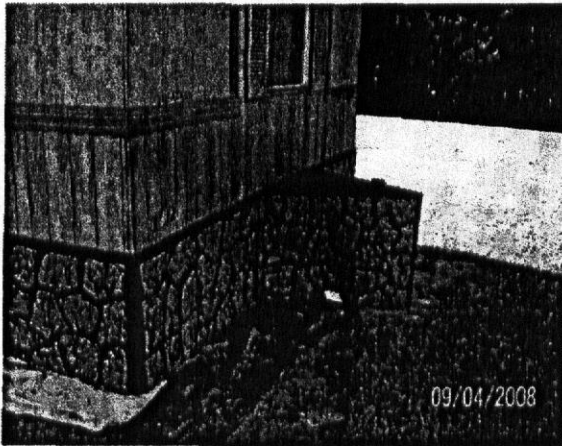
Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



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 1<sup>st</sup> 1976.

*Robert [Signature]*

Signature of Property Owner / Agent

20/4/13

Date

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

Application # 13-5-32242

**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: Clayton Homes Address: Hwy 1

City: Sanford State: NC Zip: 27331 Daytime Phone: 919-708-3351

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

Name: Robert Oversey Address: Hwy 27

City: Cameron State: NC Zip: 27332 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: Bobby Thomas

Phone: 919-422-8623 Address: \_\_\_\_\_

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

State Lic# 2859 Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: Service Solutions

Phone: 910-635-9363 Address: \_\_\_\_\_

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

State Lic# 20934 Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: Swain Elec

Phone: 336-685-9722 Address: \_\_\_\_\_

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

State Lic# 13074-H3 Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: Priority Plumbing

Phone: 919-422-4935 Address: \_\_\_\_\_

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

State Lic# 18550-P-1 Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 2014 Size: 28 x 76 **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.

Chris Smith  
Signature of Home Owner or Agent

8-28-14  
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.



HTE# 17-5-32242

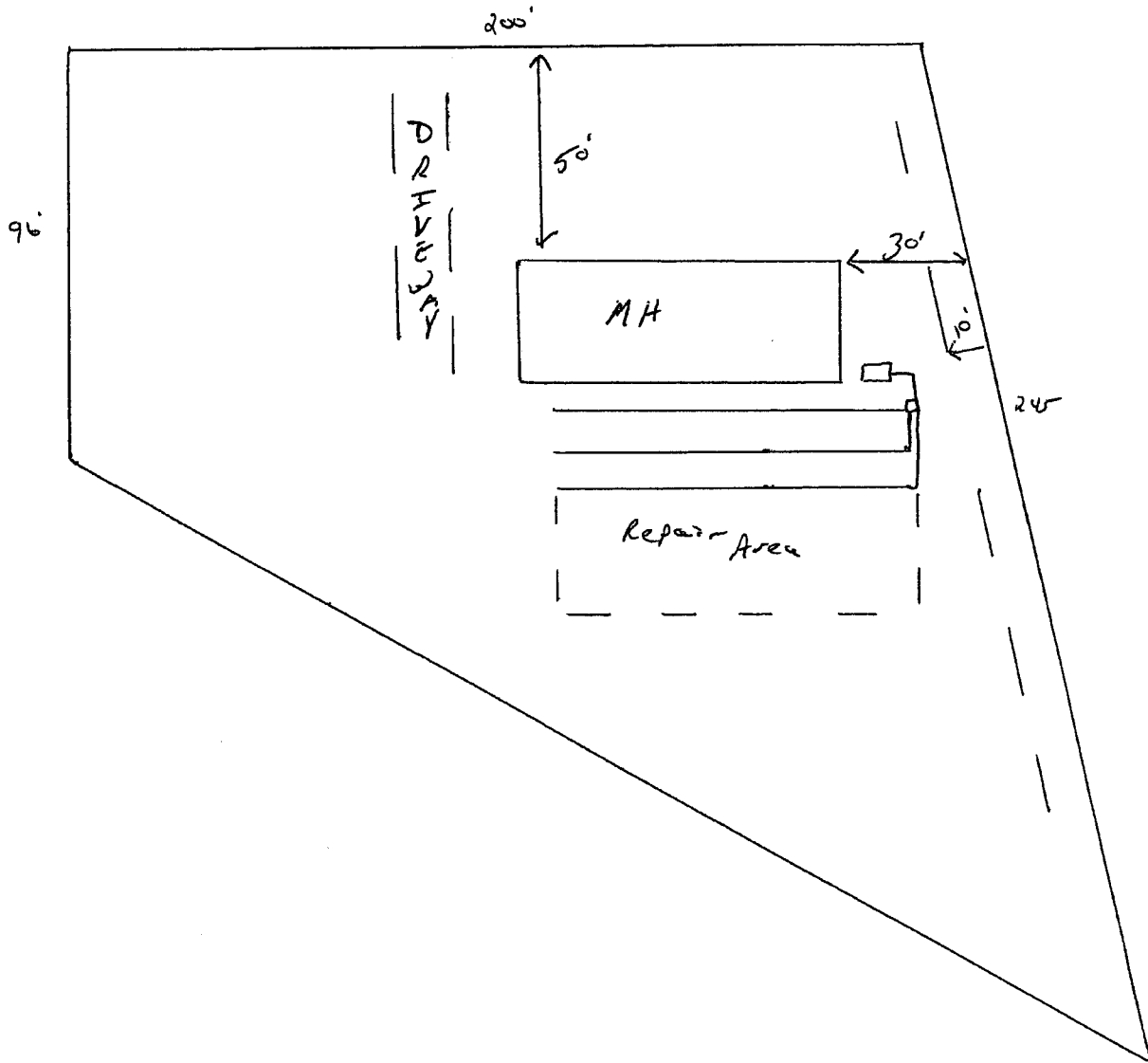
Permit # 27631

# Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR:  Hwy 27

ISSUED TO: Robert Guernsey SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: Bryan McSwain, RCHS Date: 11/18/2013



Rid Spatic Tank Services

Guernsey 3750

HTE# 13-5-32242

# Harnett County Department of Public Health Improvement Permit

27631

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Robert Guernsey PROPERTY LOCATION: Hay 27 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

NEW  REPAIR  EXPANSION  Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Type of Structure: MH 28x76

Proposed Wastewater System Type: 25% Reduction System

Projected Daily Flow: 480 GPD

Number of bedrooms: 4 Number of Occupants: 8 max

Basement  Yes  No

Pump Required:  Yes  No  May be required based on final location and elevations of facilities

Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

Permit valid for:  Five years  No expiration

Permit conditions: \_\_\_\_\_

Authorized State Agent: Bryan McSwain R645 Date: 11/18/2013 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

## Construction Authorization (Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Robert Guernsey PROPERTY LOCATION: Hay 27 SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Facility Type: MH  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* 25% Reduction System (Initial) Wastewater Flow: 480 GPD

(See note below, if applicable  25% Reduction System (Repair))

Installation Requirements/Conditions

Septic Tank Size <u>1000</u> gallons	Number of trenches <u>3</u>	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Exact length of each trench <u>80</u> feet	Soil Cover: <u>6-8</u> inches
	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>18-20</u> inches (Trench bottoms shall be level to +1-1/4" in all directions)	(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM

Aggregate Depth: \_\_\_\_\_ inches below pipe \_\_\_\_\_ inches above pipe \_\_\_\_\_ inches total

Conditions: \_\_\_\_\_

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

\*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: Bryan McSwain R645 Date: 11/18/2013  
Construction Authorization Expiration Date: 11/18/2018

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 . . . . . 13-50032242 Date 8/28/14  
 Property Address . . . . . 17195 NC 27 W  
 PARCEL NUMBER . . . . . 03-0507- - -0167- -03-  
 Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
 Subdivision Name . . . . .  
 Property Zoning . . . . . PENDING

Owner Contractor

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GUERNSEY ROBERT JUSTIN OWNER  
 60 CONCORD LANE  
 CAMERON NC 28326  
 (910) 578-4502

Applicant

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GUERNSEY ROBERT JUSTIN  
 60 CONCORD LANE  
 CAMERON NC 28326  
 (910) 578-4502

--- Structure Information 000 000 28X76 4BDR DWMH  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 4000000.00  
 MOBILE HOME YEAR 2013000.00  
 PROPOSED USE DWMH  
 SEPTIC - EXISTING? NEW TANK  
 WATER SUPPLY COUNTY

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Permit . . . . . MANUFACTURED HOME PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1052273  
 Issue Date . . . . . 8/28/14 Valuation . . . . . 0  
 Expiration Date . . . . . 8/28/15

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Permit . . . . . LAND USE PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1052265  
 Issue Date . . . . . 8/28/14 Valuation . . . . . 0  
 Expiration Date . . . . . 2/24/15

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Special Notes and Comments  
 TAKE HWY 27 OUT OF LILLINGTON LEFT ONTO  
 17199 BEFORE HWY 87 OVERPASS

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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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Property Address . . . . .	17195 NC 27 W	Date	8/28/14
PARCEL NUMBER . . . . .	03-0507- - -0167- -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	_____	__/__/__
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	_____	__/__/__
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__