

Initial Application Date: 10.25.13

Application # 13.50032383

CU# _____

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: MICHAEL F WARREN Mailing Address: 4280 RAY ROAD
City: Spring Lake State: NC Zip: 28390 Contact No: 910-489-0669 Email: Hike in M T N S wme @ Yahoo.com

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

CONTACT NAME APPLYING IN OFFICE: SAME Phone # _____

PROPERTY LOCATION: Subdivision: ERC IV Lot #: 18 Lot Size: 9.84AC
State Road # _____ State Road Name: Palmer Walker Rd Map Book & Page: 2011, 459
Parcel: 03.9588.0079.14 PIN: 9598.01.0911
Zoning: R20P Flood Zone: V Watershed: NA Deed Book & Page: 2803, 371 Power Company*: Central

*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 24 x 56) # Bedrooms: 4 Garage: _____ (site built? _____) Deck: _____ (site built? _____)
14x24 deck-back
10x20 porch front
- 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
(future)

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 electrical

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 Other (specify): PROP

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35'</u>	<u>180'</u>
Rear	<u>25'</u>	<u>100+</u>
Closest Side	<u>10'</u>	<u>200'</u>
Sidestreet/corner lot	<u>20'</u>	<u>---</u>
Nearest Building on same lot	<u>10'</u>	<u>---</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Rt 27 West to Bella Bridge Rd.
Turn right onto Bella Bridge Rd. ~~Go~~ Go 1 mile,
Turn right on to Palmer Walker Road. TAKE 1st driveway
ON the right that is beyond ~~the~~ sharp left-hand
curve in Palmer Walker Rd. Any questions, call owner

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.

Michael F. Warner

Signature of Owner or Owner's Agent

10-25-13

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

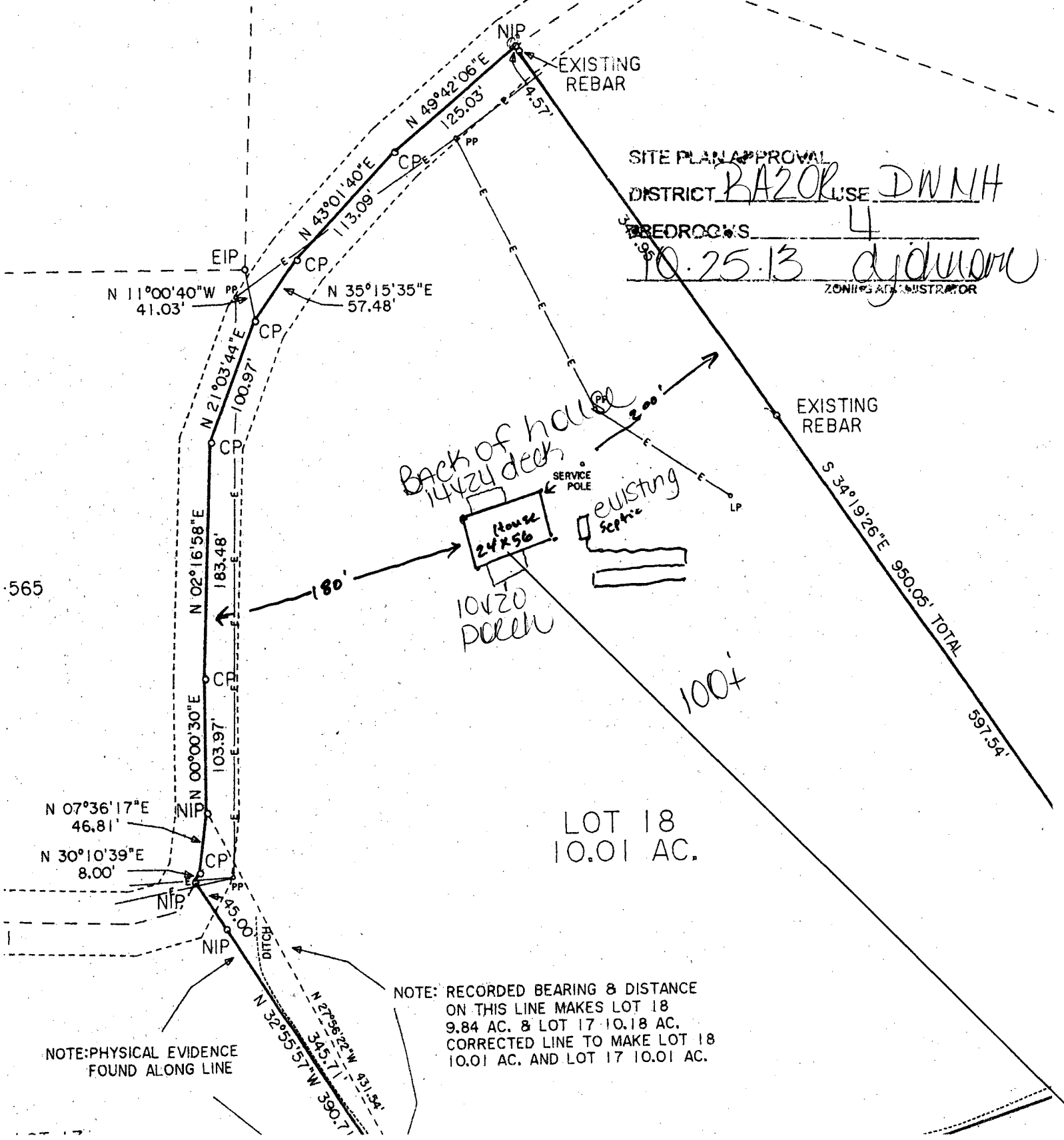
SITE
MERS RD
AP

NOT TO SCALE

1=100

EXISTING 50' ACCESS
& UTILITY EASEMENT
(PALMER WALKER ROAD)
(PRIVATE SOIL ROAD)

LOT 1
MAP # 96



SITE PLAN APPROVAL
 DISTRICT BAZOR USE DWNH
 BEDROCK'S 4
10.25.13 djduomw
 ZONING ADMINISTRATOR

Back of house
 14x24 deck
 House 24x56
 10x20 porch
 SERVICE POLE
 existing septic

LOT 18
 10.01 AC.

NOTE: RECORDED BEARING & DISTANCE
 ON THIS LINE MAKES LOT 18
 9.84 AC. & LOT 17 10.18 AC.
 CORRECTED LINE TO MAKE LOT 18
 10.01 AC. AND LOT 17 10.01 AC.

NOTE: PHYSICAL EVIDENCE
 FOUND ALONG LINE

565

NAME: MICHAEL F. WARREN

APPLICATION #: 13 50032383

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 #

001333
10.25.13

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.

Michael F Warren
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

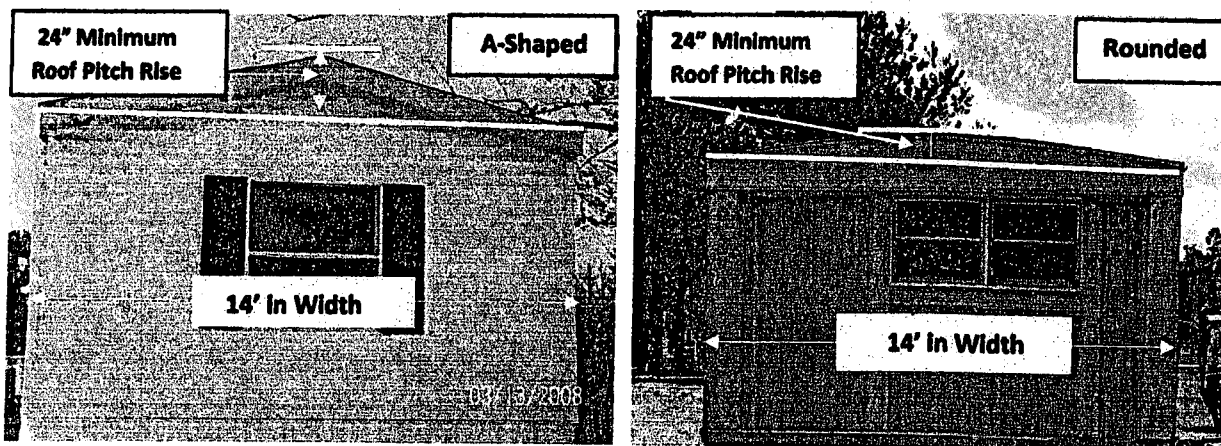
10.25.13
DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, MICHAEL F WARREN, 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.

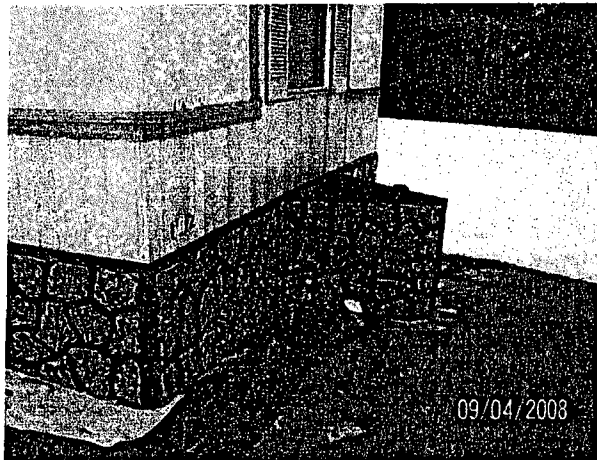
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty 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.)



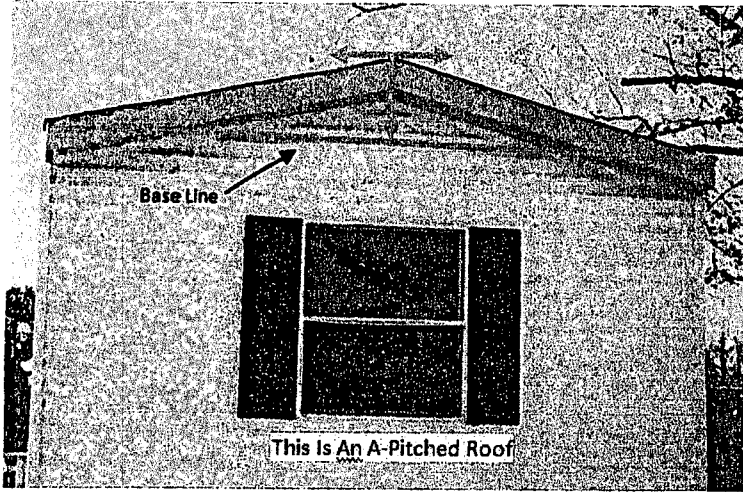
Mitchell F. Warner 10-25-13

Signature of Property Owner / Agent

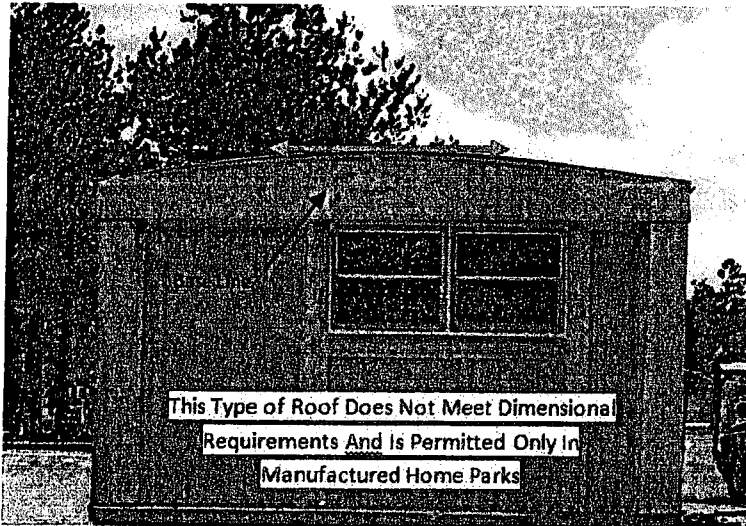
Date

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

How To Measure For Roof Pitch Requirements



Measure Downward From The Center Of The Roof To The Base Line Of The Roof



The Base Line Of The Roof Is Established By The Line Created By Measuring Across The Home From Side To Side At The Edge Of The Roofing Material.

To Be An Approved Roof Pitch, The Measurement Between The Center Of The Roof (Roof Peak) And The Base Line Must Be A Minimum Of 24 Inches.

Pitched Roof Is A Roof For A Manufactured Home, Whether A-Shaped Or Rounded, Which Has A Minimum Rise Of 12 Inches For Every Seven (7) Feet Of Width.

EXAMPLE: A Singlewide Home With A Base Line Of 14 Feet Requires A 24 Inch Vertical Rise.

SITE
MERS RD

NOT TO SCALE

1=100

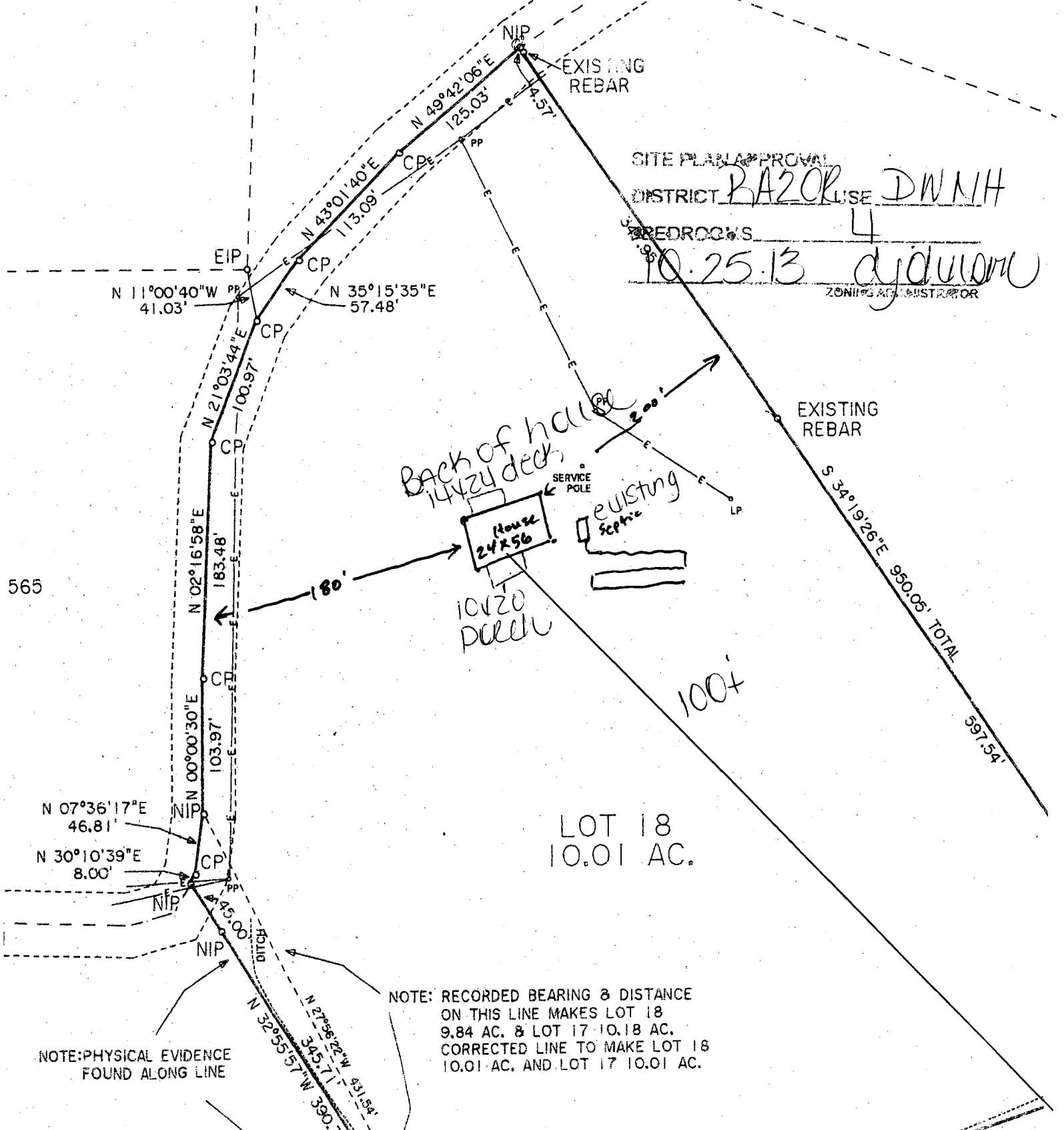
EXISTING 50' ACCESS
& UTILITY EASEMENT
(PALMER WALKER ROAD)
(PRIVATE SOIL ROAD)

LOT 7
MAP # 96

AP

SITE PLAN APPROVAL
DISTRICT RAZOR USE DWNH

RECORD # 4
10.25.13 dydulowu
ZONING ADMINISTRATOR



565

Back of house
14x24 deck

House
24x56
10x20
Porch

existing
septic

LOT 18
10.01 AC.

NOTE: RECORDED BEARING & DISTANCE
ON THIS LINE MAKES LOT 18
9.84 AC. & LOT 17 10.18 AC.
CORRECTED LINE TO MAKE LOT 18
10.01 AC. AND LOT 17 10.01 AC.

NOTE: PHYSICAL EVIDENCE
FOUND ALONG LINE

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: Michael Warren Address: 440 Palmer Walker Rd.

City: Broadway State: NC Zip: 27505 Daytime Phone: () 910-489-0669

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

Phone: 919-422-8623 Address: 1085 Aquilla Rd.

City: Benson State: NC Zip: 27504

State Lic# 2859 Email: _____

B. **Electrical Contractor** Company Name: Service Solutions - Tony Smith

Phone: (910)635-9363 Address: 5798 McDonald Rd.

City: Parkton State: NC Zip: 28371

State Lic# 20934 Email: _____

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

Phone: (336)685-9722 Address: 3702 New Salem Rd.

City: Climax State: NC Zip: 27233

State Lic# 13074-H3 Email: _____

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

Phone: 919-639-7200 Address: 2836 Echo Pines Rd.

City: Fuquay Varha State: NC Zip: 27526

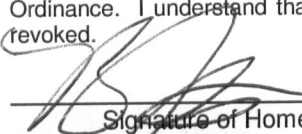
State Lic# 18550-P-1 Email: _____

Part III – Manufactured Home Information

Model Year: 2012 Size: 28 X 56 **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 of Home Owner or Agent

12-9-13

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.

SALES AGREEMENT

DATE: 12/7/13

BUYER(S): MICHAEL WARREN
CHRISTINA WARREN

ADDRESS: 4280 RAY SPRING LAKE NC 28390

DELIVERY ADDRESS: 440 PALMER WALKER RD. BROADWAY NC 27505

TELEPHONE: (910) 489-0669 SALES PERSON FULL NAME: Kristi Wilkie

BASE PRICE: \$86,000.00

 State Tax \$600.00
 Local Tax \$.00

Make: CAVALIER HOMES OF NC Model: TERMINATOR
 Year N/A Length N/A Width N/A Stock# CN7002
 Serial No. CBG047002NCAB New Used

1. CASH PRICE \$86,600.00

TRADE: Make: N/A Model: N/A
 Year N/A Length N/A Width N/A Title #
 Serial No.
 Amount owed will be paid by: Buyer Seller
 Owed to:

TITLE FEES \$40.00

OPTIONS:

2. TOTAL PACKAGE PRICE \$86,640.00

SELLER RESPONSIBILITIES:
 Home delivered and set up, trim out, heat pump installed, electrical and plumbing connections to home, perimeter footers, brick skirting, wood steps to code, building permit, all furniture and decor in home

BUYER RESPONSIBILITIES:
 Septic inspection, sufficient access to property

Trade Allowance N/A
 Less Amount Owed N/A
 Trade Equity N/A
 Cash Down Payment \$500.00

May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.

3. LESS ALL CREDITS \$500.00

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 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.
 ESTIMATED RATE OF FINANCING N/A% NUMBER OF YEARS N/A
 ESTIMATED MONTHLY PAYMENTS N/A

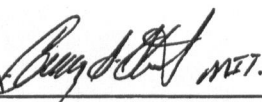
4. REMAINING BALANCE \$86,140.00

Buyer(s) agree: (1) that the terms and conditions on page two are part of this agreement; (2) to purchase the above home including the options; (3) they received and acknowledge receiving a completed copy of this agreement; (4) that all promises and representations made are listed on this agreement; and (5) there are no other agreements, written or verbal, unless evidenced in writing and signed by the parties.

Location	Type of Insulation	Thickness	R-Value
Floors	fiberglass	7.00	22
Exterior	fiberglass	3.50	11
Ceilings	fiberglass	11.43	33

This insulation information was furnished by the Manufacturer and is disclosed in compliance with the Federal Trade Commission Rule 16CRF, SECTION 460.16.



SELLER:
 CMH Homes, Inc. d/b/a -

 CLAYTON HOMES SANFORD, NC
 1921 KELLER ANDREWS RD
 SANFORD NC 27330

BUYER:
 Michael Warren
 Signature of: MICHAEL WARREN
 Christina Warren
 Signature of: CHRISTINA WARREN

 Signature of:

 Signature of:

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 13-50032383 Date 12/09/13
Property Address 440 PALMER WALKER RD
PARCEL NUMBER 03-9588- - -0079- -14-
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner	Contractor
-----	-----
WARREN MICHAEL F	STATE MOBILE HOME MOVERS
4280 RAY ROAD	1085 A AQUILLA RD
SPRING LAKE NC 28390	BENSON NC 27504
	(910) 894-8038

----- Structure Information 000 000 -----
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 4.00
MOBILE HOME YEAR .00
PROPOSED USE DWMH
SEPTIC - EXISTING? YES
WATER SUPPLY WELL

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code . 1011485
Issue Date 12/09/13 Valuation 0
Expiration Date . . 12/09/14

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1011469
Issue Date 12/09/13 Valuation 0
Expiration Date . . 6/07/14

Special Notes and Comments
T/S: 10/25/2013 08:25 AM DJOHNSON --
RIGHT ON 27 W TO BELLA BRIDGE RD TURN
RIGHT GO APPROX 1.25 MILES AND TURN
RIGHT ONTO PALMER WALKER RD PROPERTY IS
ON RIGHT AT TOP OF HILL.

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 2
Date 12/09/13

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PARCEL NUMBER 03-9588- - -0079- -14-
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	_____	__/__/__

COUNTY OF HARNETT
Building Inspections Department
Planning Services

Certificate of Compliance: _____ **Occupancy:**

Certificate issued pursuant to the requirements of North Carolina General Statute 153A-363 and Harnett County Zoning Ordinances. This certifies at the time of issuance, this structure was in compliance with the various ordinances of the County of Harnett and the North Carolina State Building Codes. For the following:

Use Classification: M-Home

Name: MICHAEL WARREN

Address: 440 PALMER WALKER

BROADWAY 27505

Date: 12-23-13

Building Official: [Signature]

Permit Numbers

Building: _____

Electrical: _____

Insulation: _____

Plumbing: _____

Mechanical: _____

MFG Home: LE-5-32383

ADDRESS : 440 PALMER WALKER RD SUBDIV:
CONTRACTOR : STATE MOBILE HOME MOVERS PHONE : (910) 894-8038
OWNER : WARREN MICHAEL F PHONE :
PARCEL : 03-9588- - -0079- -14-
APPL NUMBER: 13-50032383 CP MANUFACTURED HOME RA20R/RA20M CRITERIA
DIRECTIONS : T/S: 10/25/2013 08:25 AM DJOHNSON --
RIGHT ON 27 W TO BELLA BRIDGE RD TURN
RIGHT GO APPROX 1.25 MILES AND TURN
RIGHT ONTO PALMER WALKER RD PROPERTY IS
ON RIGHT AT TOP OF HILL.

STRUCTURE: 000 000

FLOOD ZONE : FLOOD ZONE X
BEDROOMS : 4.00 MOBILE HOME YEAR : 00
PROPOSED USE : DWMH SEPTIC - EXISTING? : YES
WATER SUPPLY : WELL

PERMIT: CPDW 00 CP MOBILE HOME DOUBLEWIDE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
B101 01	12/16/13 12/17/13	FS AE	R*BLDG FOOTING / TEMP SVC POLE TIME: 17:00 VRU #: 002477362 T/S: 12/17/2013 10:47 AM VBROWN T/S: 12/17/2013 10:48 AM VBROWN FOOTING FOR VA LOAN.
T501 01	12/18/13 12/18/13	FS AP	R*MOBILE HOME FOUND./ M. WALL TIME: 17:00 VRU #: 002475978 T/S: 12/13/2013 08:27 AM VBROWN T/S: 12/17/2013 10:47 AM VBROWN T/S: 12/18/2013 03:16 PM FSPIVEY
A814 01	12/20/13 12/20/13	TW AP	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002478501 440 palmer walker rd roadway 27505 T/S: 12/20/2013 11:06 AM TWARD
Z818 01	12/20/13 12/20/13	RB AP	PZ*ZONING INSPECTION TIME: 17:00 VRU #: 002478493 need inspection in the afternoon T/S: 12/20/2013 10:59 AM RBAKER
T507 01	12/23/13 12-23-13	TW AE	R*MANUFACTURED HOME FINAL TIME: 17:00 VRU #: 002479418 T/S: 12/20/2013 11:07 AM VBROWN

COMMENTS AND NOTES

FS Door Must Be Unlocked

919 774
1125

