

Initial Application Date: 1-24-14

Application # 1450032831

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: David B. Etheridge Mailing Address: 4732 McArthur rd.
City: Broadway State: NC Zip: 27505 Contact No: 910 890-0002 Email: chkrfamer@windstream.net

APPLICANT*: _____ 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 #: 1 Lot Size: 3.63 AC
State Road # 2771 State Road Name: Mt Pisgah Church RD Map Book & Page: GFS
Parcel: 13 9690 0054 PIN: 9599-39-1136-000
Zoning: BA20R Flood Zone: X Watershed: NA Deed Book & Page: 2513, 202 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 70) # Bedrooms: 2 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 ex + 1 proposed Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	Actual	<u>130</u>
Rear			<u>25' +</u>
Closest Side			<u>25</u>
Sidestreet/corner lot			<u>130'</u>
Nearest Building on same lot			<u>25'</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

VS Hwy 421 N 10 miles. Turn left onto Mt. Pisgah ch. rd.
Drive approx 3 miles to stop sign of Mt. Pisgah ch. rd + McArthur rd.
Travel across intersection from 1/2 mile and property is on
the left. 2221 Mt. Pisgah ch. rd.

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.

David B. Shuster
Signature of Owner or Owner's Agent

1-24-14
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

**HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS**



SITE PLAN APPROVAL
 DISTRICT RA20R USE SEWARD
 #BEDROOMS 2
 Date 1-24-14
 [Signature]
 Zoning Administrator



- AddressPoints
- Road Centerlines
- MajorRoads
- Rivers
- Parcels
- County_Boundary
- CityLimits
- Fort_Bragg_Camp_McCa
- Red: Band_1
- Green: Band_2
- Blue: Band_3
- Hamett.sid
- Red: Band_1
- Green: Band_2
- Blue: Band_3



Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.

Harnett County GIS
 305 W Cornelius Harnett Blvd, Suite 100
 Lillington NC 27546
 Phone: 910-893-7523 www.harnett.org

NAME: _____

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.

David B. Etherton

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

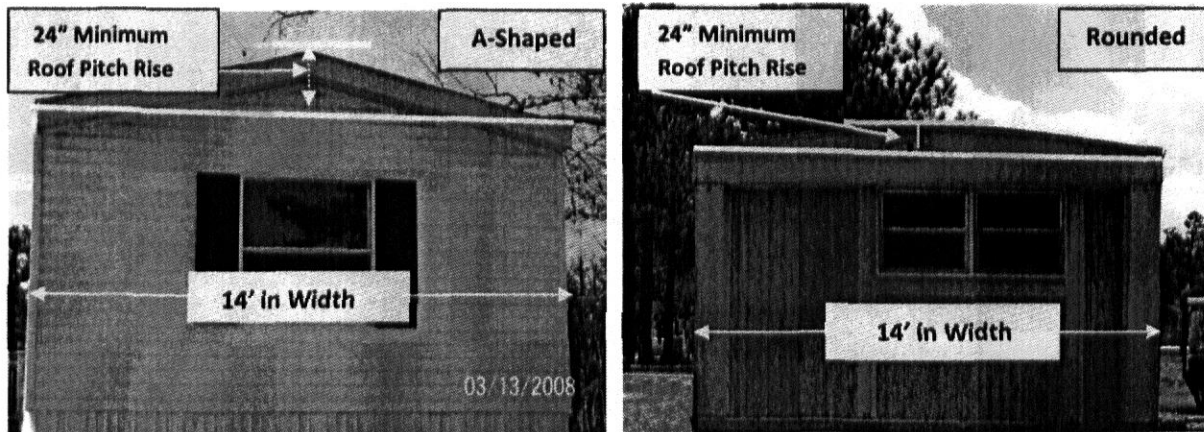
1-24-2014
DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

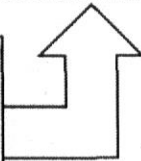
RA-20R & RA- 20M Certification Criteria

I, David B. Etheridge, 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.

David B. Eshenby

Signature of Property Owner / Agent

1-24-14

Date

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

Att Jennifer

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: Davia Etheridge Address: 2771 Pnt Pisgah Ch Rd
City: Broadway State: NC Zip: 27505 Daytime Phone: 919-890-0002

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: Raven Rock MH Movers
Phone: 919-775-3600 Address: 3335 NC Hwy 87 S
City: Somers State: NC Zip: 27332
State Lic# 3400 Email: _____

B. **Electrical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

C. **Mechanical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

D. **Plumbing Contractor** Company Name: Raven Rock MH Movers
Phone: 919-775-3600 Address: 3335 NC Hwy 87 S
City: Somers State: NC Zip: 27332
State Lic# 3400 Email: _____

Part III - Manufactured Home Information

Model Year: 1986 Size: 14x70 **Complete & follow zoning criteria sheet**

Park Name: Private Lot 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.

Clayton Taylor
Signature of Home Owner or Agent

3/7/14
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.

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: David B. Etheridge Address: 2771 Mt. Pisgah ch. rd.

City: Broadway State: NC Zip: 27505 Daytime Phone: (910) 890-0002

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: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

B. **Electrical Contractor** Company Name: Patrick Electrical contractors

Phone: 910 893-5774 Address: 1309 North Main Street

City: Lillington State: NC Zip: 27546

State Lic# 4910 Email: _____

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

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

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

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

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.

David B. Etheridge
Signature of Home Owner or Agent

3-7-2014
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.

E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES

3335 NC 87 Highway S.
SANFORD, NORTH CAROLINA 27332
(919) 775-3600 • Fax: (919) 775-7533

BUYER'S NAME: David E the ridge PHONE: 010-890-0002 DATE: 3/7/14
 ADDRESS: 2771 mt Pisgah Church Rd SALES PERSON: EJ
 DELIVERY ADDRESS:

MAKE & MODEL: Brid YEAR: 1986 BED ROOMS: 2 FLOOR SIZE: 70 | 14 HITCH SIZE: L | W
 SERIAL NUMBER: _____ COLOR: _____ PROPOSED DELIVERY DATE: _____ STOCK NUMBER: _____
 NEW USED

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
CEILING					\$10,000.00
EXTERIOR				OPTIONAL EQUIPMENT	
FLOORS					
THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR, SECTION 460.16				SUB-TOTAL	\$10,000.00
				SALES TAX	300.00

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES			
Sold AS IS		\$	
	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			

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.

ESTIMATED RATE OF FINANCING _____ %
 NUMBER OF YEARS _____
 ESTIMATED MONTHLY PAYMENTS \$ _____

REMARKS:

BALANCE CARRIED TO OPTIONAL EQUIPMENT \$ _____

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.
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

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.

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE

DESCRIPTION OF TRADE-IN	YEAR	SIZE
MAKE	MODEL	BED ROOMS
TITLE NO	SERIAL NO.	COLOR

AMOUNT OWING TO WHOM _____
 ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY DEALER BUYER

**E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES** DEALER

SIGNED X _____ BUYER
 SOCIAL SECURITY NO _____
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO _____

By _____ Approved _____

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 14-50032831 Date 3/07/14
Property Address 2771 MT PISGAH CHURCH RD
PARCEL NUMBER 13-9690- - -0054- - -
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name W D & FLORENCE HARRINGTON
Property Zoning PENDING

Owner

Contractor

ETHERIDGE DAVID
4732 MCARTHUR RD
BROADWAY NC 27505

RAVEN ROCK MOBILE HOME MOVER
3335 NC 87 HWY.
SANFORD NC 27332
(919) 775-3600

Applicant

ETHERIDGE DAVID
4732 MCARTHUR RD
BROADWAY NC 27505
(910) 890-0002

--- Structure Information 000 000 14X70 2BDR SWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 2000000.00
MOBILE HOME YEAR 10.00
PROPOSED USE SWMH
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1022300
Issue Date 3/07/14 Valuation 0
Expiration Date 9/03/14

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1022318
Issue Date 3/07/14 Valuation 0
Expiration Date 3/07/15

Special Notes and Comments

T/S: 01/24/2014 01:24 PM JBROCK ----
HWY 421 N 10 MIES TURN L ONTO MT PISGAH
CHURCH RD APPROX 3 MILES TO STOP SIGN
OF MT PISGAH CHURCH RD MCARTHUR RD
TRAVEL ACROSS INTER TRAVEL 1/2 MILE AND
PROPERTY IS ON THE L 2771 MT PISAGH

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 14-50032831	Page 2
	Date 3/07/14

Special Notes and Comments

CHURCH RD

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	14-50032831	Page	3
Property Address	2771 MT PISGAH CHURCH RD	Date	3/07/14
PARCEL NUMBER	13-9690- - -0054- - -		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name	W D & FLORENCE HARRINGTON		
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	_____	___/___/___

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: V M- HOME

Name: DAVID FHERIDGE

Address: 2773 MA DISBACH
BROADWAY 27505

Date: 4-8-14

Building Official: [Signature]

Permit Numbers

Building: _____

Electrical: _____

Insulation: _____

Plumbing: _____

Mechanical: _____

MFG Home: 14-5-32831

ADDRESS : 2771 MT PISGAH CHURCH RD SUBDIV: W D & FLORENCE HARRINGTON
CONTRACTOR : RAVEN ROCK MOBILE HOME MOVER PHONE : (919) 775-3600
OWNER : ETHERIDGE DAVID PHONE :
PARCEL : 13-9690 - - -0054 - - -
APPL NUMBER: 14-50032831 CP MANUFACTURED HOME RA20R/RA20M CRITERIA
DIRECTIONS : T/S: 01/24/2014 01:24 PM JBROCK ----
HWY 421 N 10 MIES TURN L ONTO MT PISGAH
CHURCH RD APPROX 3 MILES TO STOP SIGN
OF MT PISGAH CHURCH RD MCARTHUR RD
TRAVEL ACROSS INTER TRAVEL 1/2 MILE AND
PROPERTY IS ON THE L 2771 MT PISAGH
CHURCH RD

STRUCTURE: 000 000 14X70 2BDR SWMH

FLOOD ZONE : FLOOD ZONE X
BEDROOMS : 2000000.00 MOBILE HOME YEAR : 10.00
PROPOSED USE : SWMH SEPTIC - EXISTING? : NEW TANK
WATER SUPPLY : COUNTY

PERMIT: CPSW 00 CP MOBILE HOME SINGLEWIDE

TYP/SQ	REQUESTED COMPLETED	INSP RESULT	DESCRIPTION RESULTS/COMMENTS
H824 01	3/28/14	BM	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002509487
	3/28/14	AP	T/S: 03/31/2014 10:59 AM SSTEWARD ----- T/S: 03/31/2014 10:59 AM SSTEWARD -----
T501 01	4/03/14	FS	R*MOBILE HOME FOUND./ M. WALL TIME: 17:00 VRU #: 002511210
	4/03/14	AP	T/S: 04/02/2014 03:08 PM VBROWN ----- T/S: 04/03/2014 03:06 PM FSPIVEY -----
A814 01	4/04/14	TW	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002511897
	4/07/14	AP	2773 MT PISGAH CHURCH RD BROADWAY 27505 ----- T/S: 04/07/2014 11:33 AM TWARD -----
Z818 01	4/04/14	RB	PZ*ZONING INSPECTION TIME: 17:00 VRU #: 002511889
	4/04/14	AP	
T507 01	4/08/14	TI	R*MANUFACTURED HOME FINAL TIME: 17:00 VRU #: 002512689
			T/S: 04/07/2014 11:33 AM VBROWN -----

Handwritten signature and date: 4-8-14

COMMENTS AND NOTES

Large handwritten signature: FS