74 /	•		
	2	8	10
Initial Application Date:_	L-	<u> </u>	10

Application #	14	5	00	32	8	79
	01	1.11				

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

Nearest Building on same lot

Residential Land Use Application

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: Phillip Johnson Mailing Address: 496 Purvis Johnson La City: Cameron State: NC Zip: 28326 Contact No: 910 337 2531 Email: Sleepergle @ gol-com APPLICANT GAN Mailing Address: Contact No: _____ Email: State: Zip:__ City: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: State Road Name: *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: Monolithic x____) # Bedrooms:___ # Baths:__' Basement(w/wo bath):___ Garage:___ Deck:___ Crawl Space:___ Slab: (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms)) yes (__) no Any other/site built additions? (_) yes () no _DW __TW (Size ____x ____) # Bedrooms: ___ Garage: ___(site built?____) Deck: ___(site built?____) Duplex: (Size ____x ___) No. Buildings: _____ No. Bedrooms Per Unit:_ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Closets in addition? (___) yes (___) πο Addition/Accessory/Other: (Size ____x___) Use:_____ 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 Manufactured Homes: _____ Other (specify):_____ Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Comments: Actual 25 Front Minimum Rear Closest Side Sidestreet/corner lot_

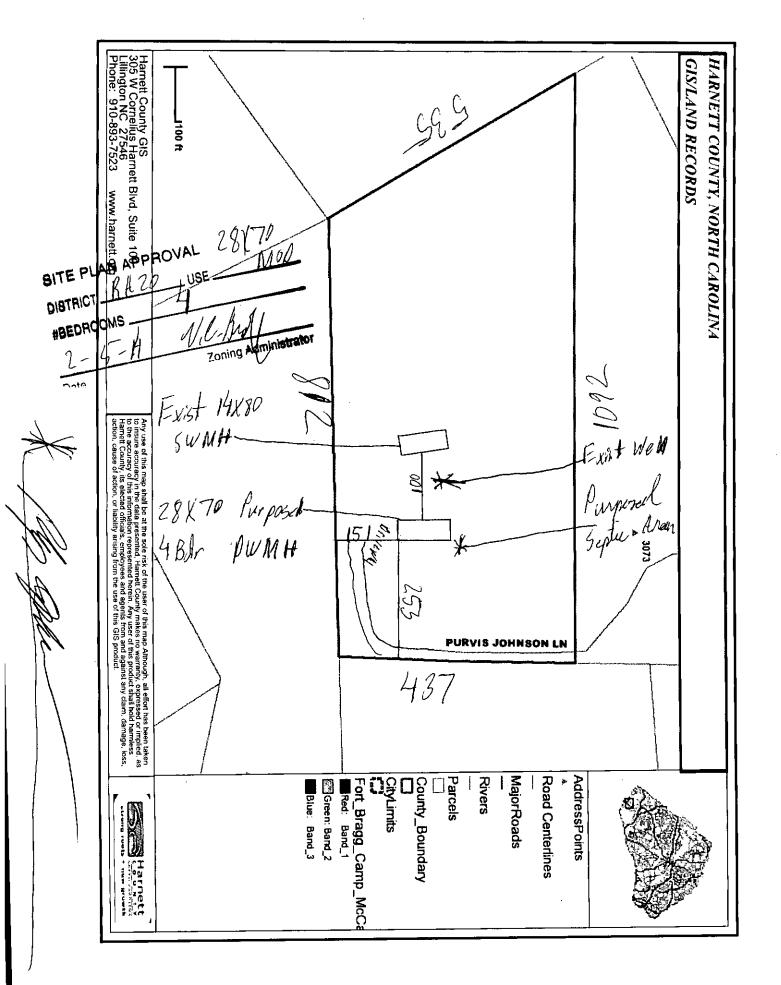
> Page 1 of 2 APPLICATION CONTINUES ON BACK

03/11

SPECIFIC DIRECTIONS	TO THE PROPERTY FRO	M LILLINGTON: 24	1/27 West	t To	Johnson	ville.	Turn
Left on H	wy a4. Appro	ex 1 mile	TURN RIGH	t unto	6 ameros	HILL	Rd
Approx 3.7 MI	les to Stop	Sign. Turn	14t onto	Hilmon	Grove R	d. 101	o vards
Approx 3.7 Mi	cross from W.	Ison MHP)	Turn left	t onto	Purvis-3	Sohnson	LN (DITRO)
	ed at End.						·
· ·							. <u>. </u>
		·					,
Ifit. at.d							- F -
If permits are granted I ago I hereby state that foregoin	ng statements are accurate						
	Phillip Juli	er or Owner's Agent		<u>a.5</u>	/4 ate		
	Signature or Owne	a or Owner's Agent		D.	ile.		

^{***}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 10 AC Lot #7

W
NAN

MR. Phillip Johnson 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) **CONFIRMATION #** 910-893-7525 option 1 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 fallure 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 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. Any {__}} Conventional [__] Innovative Accepted {___} Other _ Alternative 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: Does the site contain any Jurisdictional Wetlands? (X) NO (YES Do you plan to have an irrigation system now or in the future? (X) NO YES Does or will the building contain any drains? Please explain. (X) NO. YES Are there any existing wells springs, waterlines or Wastewater Systems on this property? [__] NO (X)YES Is any wastewater going to be generated on the site other than domestic sewage? (X) NO YES Is the site subject to approval by any other Public Agency? { X}} NO)YES Are there any Easements or Right of Ways on this property? $\{X\}$ NO \YES Does the site contain any existing water, cable, phone or underground electric lines? ON [**K**] _}YES If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. l 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. 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.

ROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Flynn McPherson Road Front Drive way 353 Side 151 14hed conex Existing Trailer

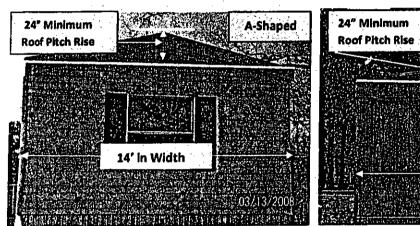
Date:		Application	#	

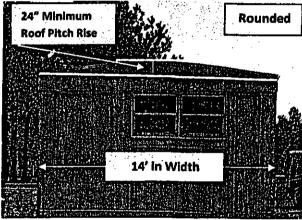
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, will be cause 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.)

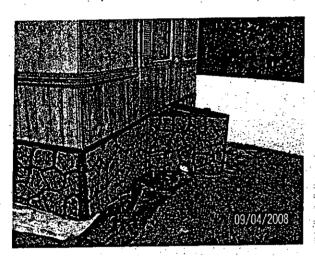




Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....

- 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.

Phillip gahron

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.

Application # 14 5 00 32 87

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)

	-Owner Information: Owner Information (To	be completed by o	owner of the ma	anufactured home)
				196 PURVIS JOHNSON LAN
				© Daytime Phone: 4(15) 237 253 (
Lando	wner Information (To b	e completed by lan	downer, if diffe	rent than above)
Name	<u> </u>		_ Address:	·
City: _		State:	_ Zip:	Daytime Phone: ()
Part II	- Contractor Informa			s or Homeowner, if applicable.
A.	Set-Up Contractor (Name, address, Company Name:	& phone must m	natch information on license)
				BLACK RD
				_Zip: <u>38326</u>
	State Lic#_344/	Email:		
B.	Electrical Contracto	r Company Name:	Owner	
	Phone:	Addres	ss:	-
	City:	State:		Zip:
	State Lic#	Email:		
C.	Mechanical Contrac	tor Company Nam	e: <i>DW 101</i>	
				· · · · · · · · · · · · · · · · · · ·
	City:	State:		Zip:
	State Lic#	Email:		
D.	Plumbing Contracto	r Company Name:	OWNER	
	Phone:	Addres	ss:	
	City:	State:		Zip:
	State Lic#	Email:		
Part III	- Manufactured Hom	e Information		
Model	Year:Size:	X	Complete & fo	ollow zoning criteria sheet
Park N	ame:		Lot N	umber:
informa installat	tion and have obtained to tion will conform to the face. I understand that if	heir permission to pu applicable manufactu	irchase these peured home set-u	the application is correct including the contractor thrmits on their behalf, and that the construction or prequirements, and the Harnett County Zoning ation has been provided that this permit could be
1	Red out			MAR 4 244
-	Signature of Home O	wner or Agent	•	Date 9 244

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

SETUP

^{*}Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

State of North Carolina County: Cumberland	Sales Tax \$	22,000.00 1045.00 23045.00	\$23,0	45.00 USD	
	Bill of Sale of P	ersonal Prope	<u>rty</u>		 -
	nsideration is acknowledge 'Seller'), SELLS AN 'Purchaser'), the follower # 773434082040909 VIN #	ledged, John H D DELIVERS Dwing personal	to Phillipp Johnson property (the 'P.	of of roperty'):	
Seller does not warrant any appliance					
Unit must be moved from it's current I				execution.	
All monies received by the seller are					orth Carolina
The Seller warrants that (1) the seller warrants and (1) the seller will warrant demands of all persons. The Property is being sold in whether expressed or implied fitness for a particular purpose Property. The Seller does not Seller, any liability in connect warranties does not, in any woof the Property.	an 'as is' condition and, including but not lire. Further, the Seller assume, or authorize tion with the sale of t	nd the Seller ex mited to, any ir disclaims any any other pers	rity to sell and try against any and appressly disclaim uplied warranty warranty as to the son to assume on the Seller's above	ansfer the Proper all claims and all warranties, of merchantabilities condition of the the behalf of the edisclaimer of	rty; ty or ne
The Purchaser has been given Purchaser has accepted the P accordance with and governe	roperty in its existing	condition. Thi	s Bill of Sale wi		
I certify that John H Wellons Jr. Person above. Notary Signature Wellons Jr. (Seller) Date Of Contract Execution	My	otary name printed of Commission Expire NOTARY	r typed Eleno	(Buyer)	purpose sta

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 14-50032879 Date 3/04/14 Property Address 496 PURVIS JOHNSON LN Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI Subdivision Name PENDING Owner Contractor ----------MARKS MOBILE HOME SET-UP JOHNSON PHILLIP JAMES 377 N. FORSYTHELN 1256 BLACK ROAD CAMERON CAMERON, NC NC 28326 NC 28326 CAMERON (919) 499-2768 Applicant -----JOHNSON PHILLIP --- Structure Information 000 000 28X70 4BDR 2.5BATH MOD Flood Zone FLOOD ZONE X Other struct info # BEDROOMS 4.00 MOBILE HOME YEAR 1000.00 PROPOSED USE DWMH SEPTIC - EXISTING? NEW TANK WATER SUPPLY EXIST WELL Permit MANUFACTURED HOME PERMIT Additional desc . . Phone Access Code . 1021435 Issue Date . . . 3/04/14 Valuation 0
Expiration Date . . 3/04/15 Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1021427 Issue Date . . . 3/04/14 Valuation Expiration Date . . 8/31/14

Special Notes and Comments

T/S: 02/05/2014 03:58 PM VBROWN ---ON SAME PARCELL AS 496 PURVIS JOHNSON
27W, LEFT ON HILLMAN GROVE RD, LEFT ON
PURVIS JOHNSON LANE GO WAY DOWN PURVIS
JOHNSON LANE (LONG DRIVEWAY) ALL THE

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
Application Number 14-50032879 Date 3/04/14

Special Notes and Comments
WAY TO THE END. 10AC TRACT WITH A
EXISTING SWMH 496 PURVIS JOHNSON LANE,
DWMH WILL BE IN FRONT OF 496.

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 14-50032879 Date 3/04/14 Property Address 496 PURVIS JOHNSON LN PARCEL NUMBER					
			Required Inspections		
Seq	Phone Insp#	-	Description	Initials	Date
Permi	t type		. MANUFACTURED HOME PERMIT		
10 20 20 30 999	501 818 814 507	T501 Z818 A814 T507 H824	R*MOBILE HOME FOUND./ M. WALL PZ*ZONING INSPECTION ADDRESS CONFIRMATION R*MANUFACTURED HOME FINAL 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: **Permit Numbers** Name: ##/AI/A CHRISTR Building: ____ Electrical: VIS SCHNSONLA Insulation: AMERORI 28320 Plumbing: Mechanical: MEG Home: 14535 Date: 3 - 14 **Building Official:**

PAGE 10 DATE

3/31/14

ADDRESS . : 494 PURVIS JOHNSON LN

CONTRACTOR : MARKS MOBILE HOME SET-UP

PHONE: (919) 499-2768

OWNER . . : JOHNSON PHILLIP JAMES

PHONE :

SUBDIV:

PARCEL . . : 09-9564- - -0024-- -

APPL NUMBER: 14-50032879 CP MANUFACTURED HOME RA20R/RA20M CRITERIA

DIRECTIONS: T/S: 02/05/2014 03:58 PM VBROWN ----

ON SAME PARCELL AS 496 PURVIS JOHNSON 27W, LEFT ON HILLMAN GROVE RD, LEFT ON PURVIS JOHNSON LANE GO WAY DOWN PURVIS JOHNSON LANE (LONG DRIVEWAY) ALL THE WAY TO THE END. 10AC TRACT WITH A EXISTING SWMH 496 PURVIS JOHNSON LANE,

DWMH WILL BE IN FRONT OF 496.

STRUCTURE: 000 000 28X70 4BDR 2.5BATH MOD

FLOOD ZONE . . . : FLOOD ZONE X

BEDROOMS : 4.00 MOBILE HOME YEAR : 1000.00 PROPOSED USE : DWMH SEPTIC - EXISTING? : NEW TANK

WATER SUPPLY : EXIST WELL

PERMIT:	CPDW 00 CP MOBILE HOME	DOUBLEWIDE
	REQUESTED INSP	DESCRIPTION
TYP/SQ	COMPLETED RESULT	RESULTS/COMMENTS
T501 01	3/17/14 FS	R*MOBILE HOME FOUND./ M. WALL TIME: 17:00 VRU #: 002503399
	3/17/14 AP	T/S: 03/14/2014 10:51 AM VBROWN
A814 01	3/19/14 TW	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002504140
	3/21/14 AP	494 PURVIS JOHNSON LN CAMERON 28326
		NOTE #494 AND #496 SHOULD BE POSTED AT END OF PURVIS
		JOHNSON LN ON RIGHT SIDE BY THE DRIVEWAY ACCESS TO THOSE 2
		HOMES AND SHOULD BE POSTED ON THE HOME TWARD 910-814-2038
		T/S: 03/21/2014 11:40 AM TWARD
H824 01	3/20/14 OT	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002506020
	3/20/14 AP	T/S: 03/21/2014 10:44 AM SSTEWART
		T/S: 03/21/2014 10:45 AM SSTEWART
Z818 01	3/25/14 RB	PZ*ZONING INSPECTION TIME: 17:00 VRU #: 002506715
	3/25/14 DA	T/S: 03/24/2014 10:33 AM VBROWN
		T/S: 03/25/2014 10:18 AM RBAKER
		Towing device must be removed or concealed.
Z818 02	3/27/14 RB	PZ*ZONING INSPECTION TIME: 17:00 VRU #: 002507887
	3/27/14 AP	T/S: 03/26/2014 11:44 AM VBROWN
		T/S: 03/27/2014 03:10 PM DJOHNSON
T507 01	3/31/14 TI//	R*MANUFACTURED HOME FINAL TIME: 17:00 VRU #: 002508950
	331-14 4	T/S: 03/27/2014 03:45 PM VBROWN

----- COMMENTS AND NOTES ------