Initial Application Date:	4-	9-	14

Nearest Building on same lot

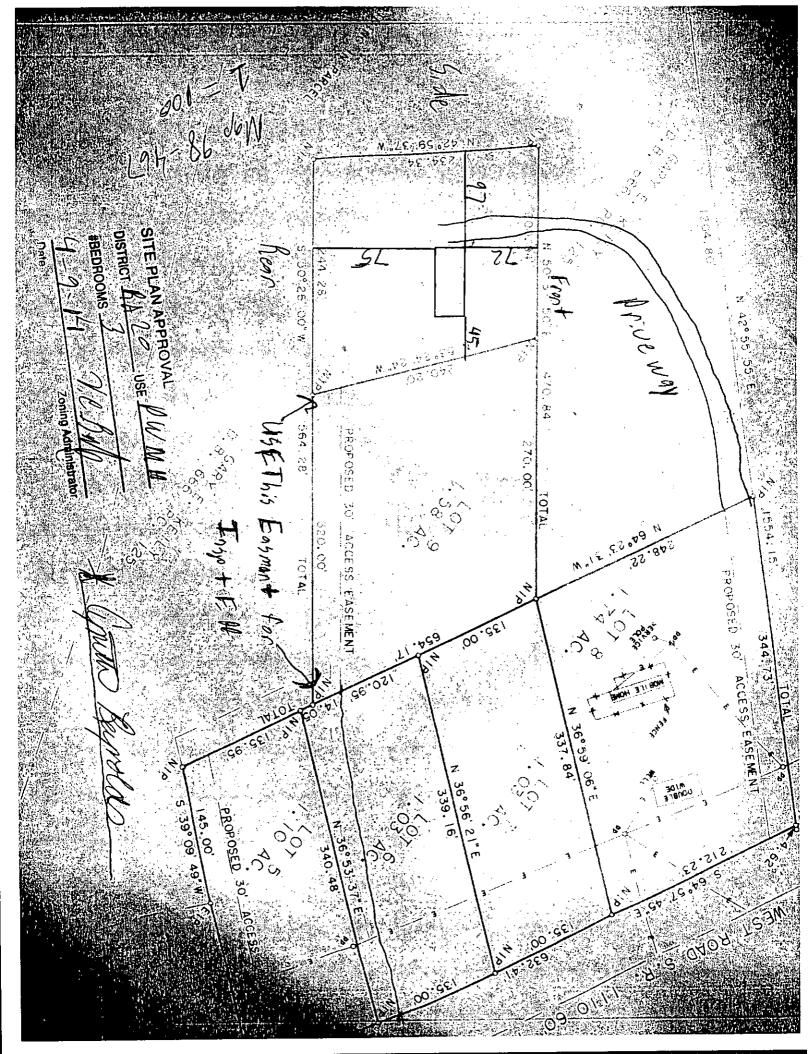
Residential Land Use Application

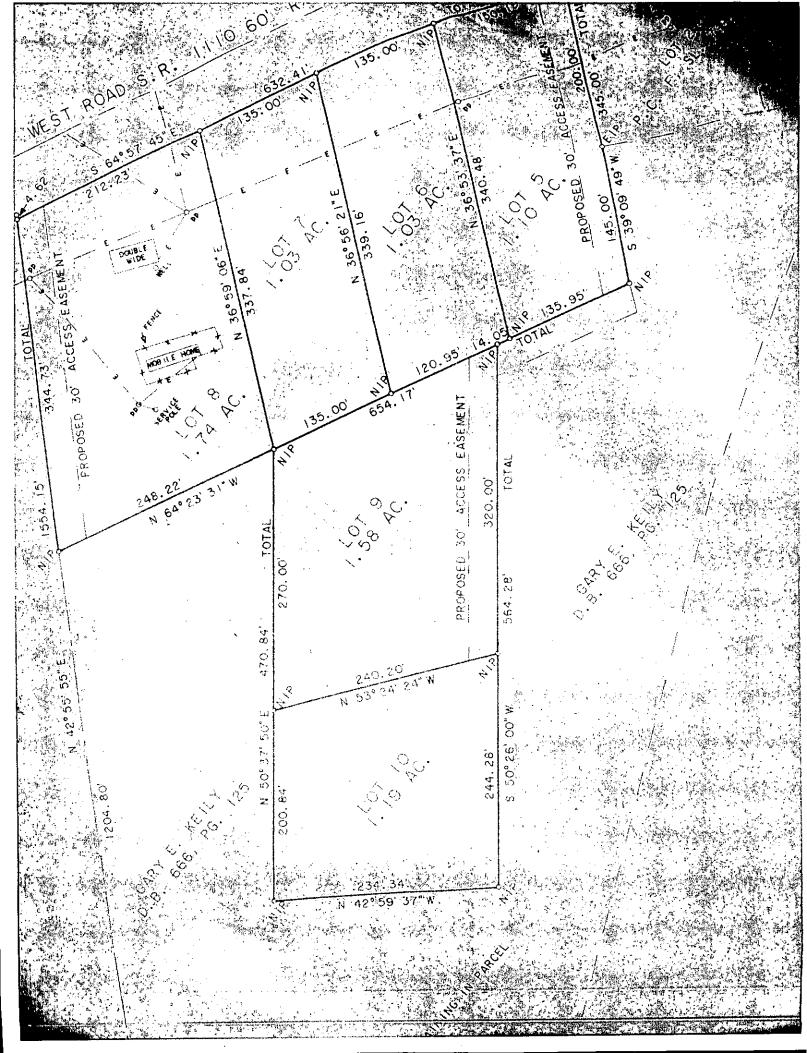
Application # ;	45	00	333	76

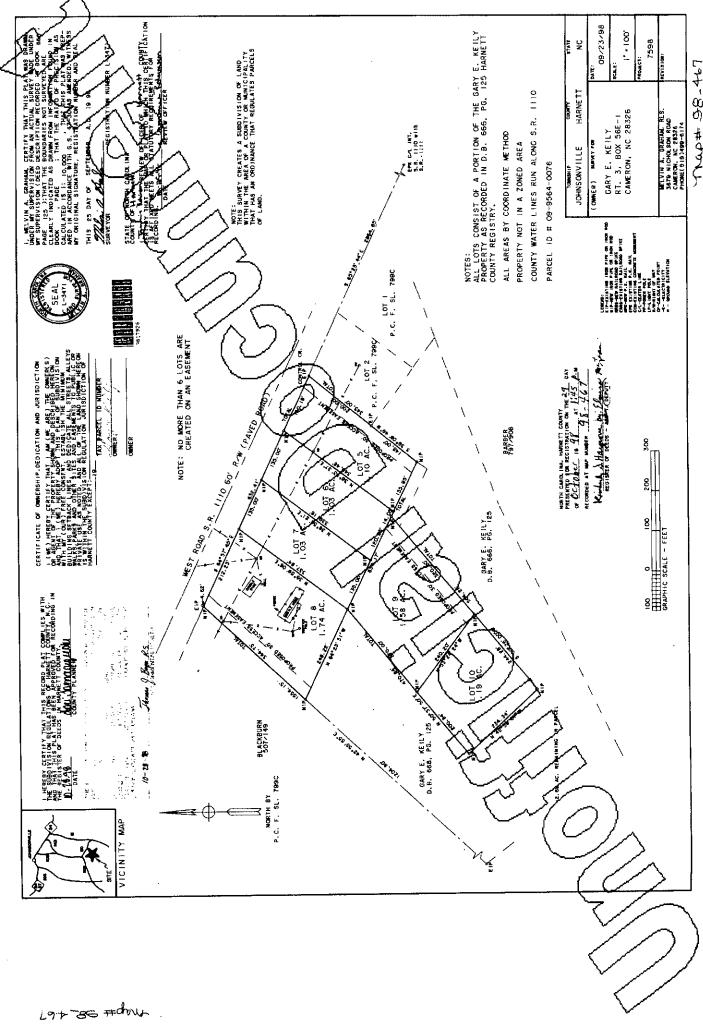
CU# COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 Central Permitting "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" 8326Contact No:919-499-5350 Email: Mailing Address:_ **APPLICANT** Contact No: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE PROPERTY LOCATION: Subdivision: Man Book & Page: State Road Name: __ Deed Book & Page: <u>16</u> 9 <u>2</u> / 4/7_Power Company*: Watershed:_ *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: Monolithic __) # 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) 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 Duplex: (Size ____x___) No. Buildings:_____ No. Bedrooms Per Unit:___ Home Occupation: # Rooms: Use: Hours of Operation: Closets in addition? (___) yes (___) no Addition/Accessory/Other: (Size ____x___) Use:___ County _____ Existing Well _____ New Well (# of dwellings using well ______) *Must have operable water before final 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: Front Minimum Rear Closest Side Sidestreet/corner lot

Page 1 of 2

APPLICATION CONTINUES ON BACK







Nap# 98-467

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NAME:	APPLICATION #:
County Health	*This application to be filled out when applying for a septic system inspection.* 1 Department Application for Improvement Permit and/or Authorization to Construct N IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT IZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration IZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
depending upon docume	entation submitted. (Complete site plan = 00 months, Complete plan = CONTRIBMATION #
Environmental All propert	Health New Septic System Code 800 virons must be made visible. Place "pink property flags" on each corner iron of lot. All property flags on each corner iron of lot. All property flags on each corner iron of lot.
	ge house corner flags" at each corner of the proposition developed at/for Central Permitting
 Place orang If property is evaluation to 	e Environmental Health card in location that is easily violed on the undergrowth to allow the so thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the so thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the so thickly wooded, inspectors should be able to walk freely around site. Do not grade property.
for fallure to After prepari	o uncover outlet lid, mark nouse corners and property of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code permits exist property of Environmental Health inspection. Please note that the permit is multiple permits exist) for Environmental Health inspection.
confirmation	number given at end of recording for proof of request. over IVB to verify results. Once approved, proceed to Central Permitting for permits.
Environmental I	lealth Existing Tank Inspections Code and Proporty
 Prepare for i possible) and 	then put lid back in place . (Unless inspection is for a septic tank in a mobile home park)
	ELIDS OFF OF SEPTIC TANK ing outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit rmits, then use code 800 for Environmental Health inspection. Please note confirmation number
 Use Click2Go 	v or IVR to hear results. Once approved, proceed to centuary community por more
EPTIC If applying for authorizat	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
Accepted	[_] Innovative [_] Conventional [_] Any
Alternative	() Other
he applicant shall notifuestion. If the answer i	the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
YES (NO	Does the site contain any Jurisdictional Wetlands?
YES (NO	Do you plan to have an <u>irrigation system</u> 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 (YNO	Are there any Easements or Right of Ways on this property?
	Does the site contain any existing water, cable, phone or underground electric lines?
_}YES {∠} NO	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
- comb t A . Mr at	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
ave Read This Application	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
te Officials Are Granted	ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
nderstand That I Am Sol	
Site Accessible So That	Complete Site Evaluation Can Be Performed. (And 2, 2014

Date	e:		

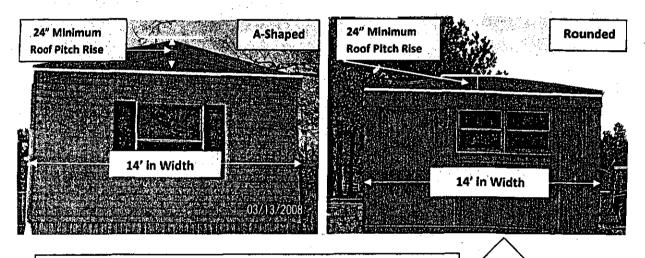
Application#		
Annications		
ADDICATION		

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

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.....

Application # 1450633376

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.hamett.org/permits
Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: <u>Gary E Keily Jv</u> Phone: 9103936038
Owner (s) Mailing Address: 496 West Rd
Cameron, NC 28326
Land Owner Name (s): Gary E Keily Jr. Phone:
Construction or Site Address: West Rd Cameron, NC
PIN # Parcel #
Job Cost:Description of Work to be done
Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other * For Progress Energy customers we need the premise number
Plumbing: Water/Sewer Tap V Number of Baths Water Heater Water Heater
Specific Directions to Job from Lillington:
Subdivision:Lot #:
Jary & Kilayiff provide the Water labor on this structure. (Contractors Name) (Trade)
I am the building owner or my NC state license number is, which entitles me to
perform such work on the above structure legally. All work shall comply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.
Contractor's Company Name Telephone
Address Email Address
Structure Owner Contractor Signature: Mary E Kerly J.R. Date: 6 20-14
By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

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 14-50033376 Date 6/20/14

Owner Contractor

------KEILY GARY E JR OWNER

403 WEST ROAD NC 28326 CAMERON

Applicant

KEILY GARY E JR

Structure Information 000 000 30X80 DWMH Flood Zone FLOOD ZONE X Other struct info # BEDROOMS

3.00 MOBILE HOME YEAR PROPOSED USE 1000.00

SEPTIC - EXISTING?

DWMH NEW TANK WATER SUPPLY COUNTY

Permit RESIDENTIAL PLUMBING PERMIT

Additional desc . .

Phone Access Code . 1041151
Issue Date . . . 6/20/14 Valuation Expiration Date . . 6/20/15

Special Notes and Comments T/S: 04/10/2014 08:28 AM VBROWN ----PROPERTY IS 500 FEET BEHIND 436 WEST RD CAMERON 28326.

PREPARED 7/09/15, 16:37:47
Harnett County

INSPECTION TICKET

PAGE

DATE 7/10/15

INSPECTOR: IVR

ADDRESS . : 380 WEST RD

SUBDIV: PHONE: (910) 671-4411

CONTRACTOR : L & D TRANSPORT OWNER . . : KEILY GARY E JR

PHONE :

T/S: 07/08/2015 02:44 PM RBAKER -----

PZ*ZONING INSPECTION TIME: 17:00 VRU #: 002686087

PARCEL . .: 09-9564- - -0076- -08-

APPL NUMBER: 14-50033376 CP MANUFACTURED HOME RA20R/RA20M CRITERIA

DIRECTIONS: T/S: 04/10/2014 08:28 AM VBROWN ----

PROPERTY IS 500 FEET BEHIND 436 WEST RD

CAMERON 28326.

STRUCTURE: 000 000 30X80 DWMH

FLOOD ZONE . . . : FLOOD ZONE X

3.00 MOBILE HOME YEAR : 1000.00 # BEDROOMS : SEPTIC - EXISTING? . . . : NEW TANK

PROPOSED USE : DWMH

7/08/15 DA

TI

7/10/15

Z818 02

WATER SUPPLY : COUNTY

PERMIT: C	CPDW 00 CP MOBILE HOME REQUESTED INSP COMPLETED RESULT	DOUBLEWIDE DESCRIPTION RESULTS/COMMENTS
T501 01	10/22/14 TSG 10/22/14 AP	R*MOBILE HOME FOUND./ M. WALL TIME: 17:00 VRU #: 002590743 T/S: 10/21/2014 09:21 AM VBROWN T/S: 10/21/2014 09:23 AM VBROWN problems can't find it call customer gary keils 910 393 6038
H824 01	11/06/14 OT 11/06/14 AP	ENVIR. OPERATIONS PERMIT TIME: 17:00 VRU #: 002596922 T/S: 11/07/2014 10:03 AM SSTEWART
A814 01	7/08/15 SB 7/08/15 AP	ADDRESS CONFIRMATION TIME: 17:00 VRU #: 002683563 380 WEST RD CAMERON 28326 T/S: 07/08/2015 11:58 AM SBENNETT
Z818 01	7/08/15 RB	PZ*ZONING INSPECTION TIME: 17:00 VRU #: 002683571

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

Towing device remains visible.

7-10-15 R.B/AP T/S: 07/09/2015 04:37 PM DJOHNSON -----