

Initial Application Date: 5.14.14

Application # 14 50033651

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: Roy McLamb Mailing Address: 988 McCartan Road  
City: Linden State: NC Zip: 28356 Contact No: 910-893-3012 Email: \_\_\_\_\_

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

CONTACT NAME APPLYING IN OFFICE: Roy McLamb Phone # 910-890-4357

PROPERTY LOCATION: Subdivision: Elmore Lee Lot #: 1 Lot Size: 7.08AC

State Road # \_\_\_\_\_ State Road Name: McCartan Rd. Map Book & Page: 2002, 719

Parcel: 01.0544.0014 01 PIN: C545-60-1216

Zoning: RAZOR Flood Zone: AE Watershed: na Deed Book & Page: 1641, 297 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 32x76) # 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 Other (specify): existing  
quinea  
childrens  
pen

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>70.3</u>
Rear	<u>25</u>	<u>409</u>
Closest Side	<u>10</u>	<u>15</u>
Sidestreet/corner lot	<u>20</u>	<u>—</u>
Nearest Building on same lot	<u>10</u>	<u>100+</u>

Comments: \_\_\_\_\_  
1 proposed  
DW MH

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

South on 210 - 7 or 8 miles turn left at Flat Branch  
fire dept. Elliott Bridge Road about 5 miles turn left  
on McLinton Road 1/2 mile on right.

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.

Roy McLamb  
(Signature of Owner or Owner's Agent)

5-14-14  
(Date)

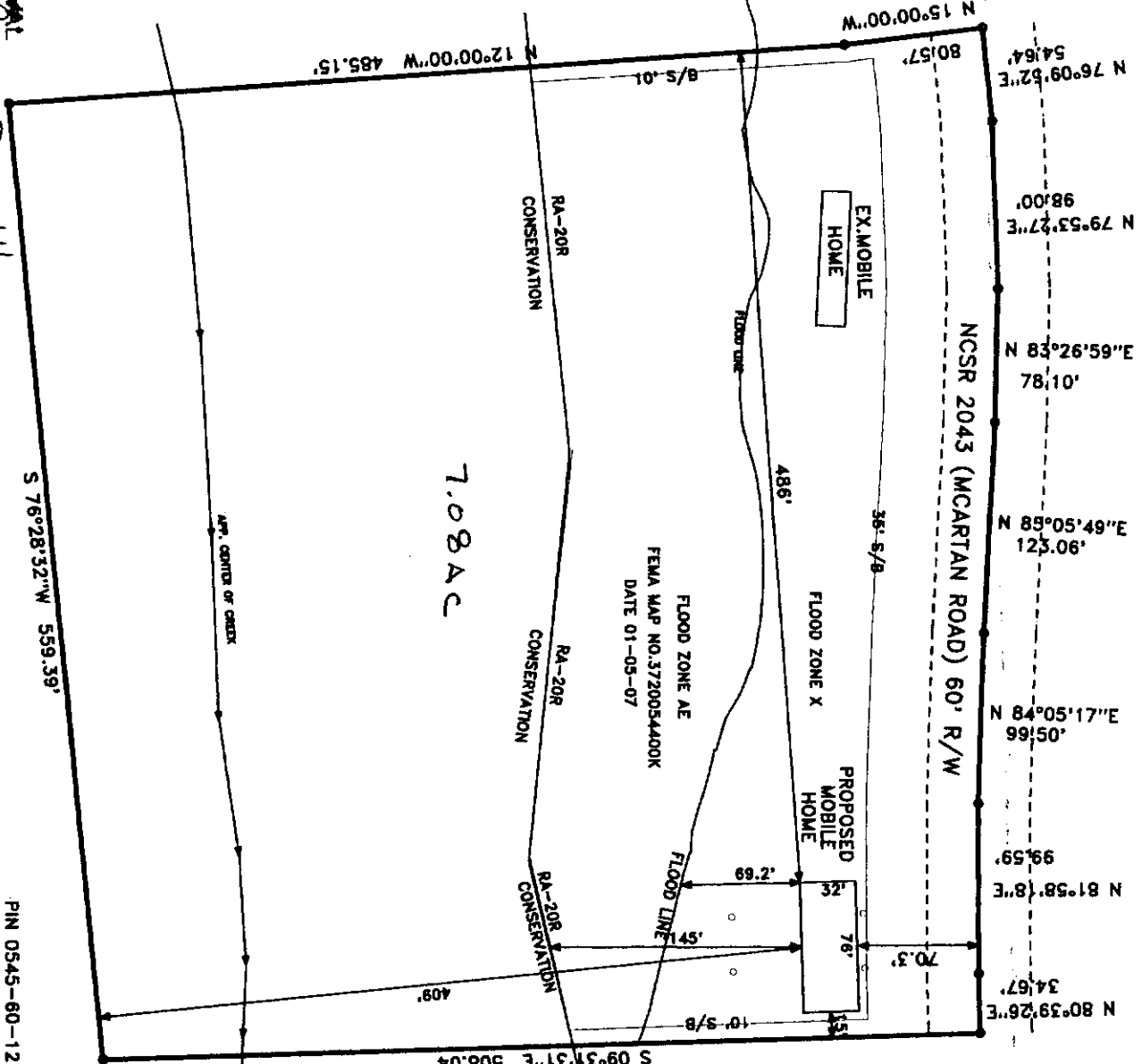
\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

**MINIMUM BUILDING SET BACKS**  
 FRONT YARD 35'  
 REAR YARD 25'  
 SLIDE YARD 10'  
 CORNER LOT SIDE YARD 20'  
 MAXIMUM HEIGHT 35'

DEED REFERENCE  
 DEED BOOK 1641, PAGE 297  
 MAP REFERENCE  
 MAP NO. 2002-779

SITE PLAN APPROVAL  
 DISTRICT BOARD USE  
 #BEDROOMS 4  
 ZONING ADMINISTRATOR



7.08 AC

FLOOD ZONE AE  
 FEMA MAP NO. 5720054400K  
 DATE 01-03-07

NORTH REFERENCE MAP NO. 2002-779

NOTE: ALL INFORMATION SHOWN ON THIS SITE PLAN  
 TAKEN FROM RECORDED PLAT AND HARNETT COUNTY GIS.

*M. P. Bennett*

PIN 0545-60-1216.000  
 PARCEL 010544 0014 01

SITE PLAN

SR 2045		SR 2043		SR 2044	
MCARTAN RD. SITE		MCARTAN RD. SITE		MCARTAN RD. SITE	
BINARY USE: <b>ROY W. MCLAMB AND DORTHY M. MCLAMB</b>					
TOWNSHIP: STEWART'S CREEK		COUNTY: HARNETT		DATE: APRIL 28, 2014	
STATE: NORTH CAROLINA		WATERSHED DISTRICT: 17/2A		TAX PARCEL: 010544 0014 01	
50' 0" 100'		SURVEYED BY: MRB		FIELD BOOK	
SCALE: 1" = 100'		DRAWN BY: MRB		DRAWING NO. 14126	
CHECKED & CLOSED BY: MRB		BENNETT SURVEYS F-1304		1602 CLARK RD., LILLINGTON, N.C. 27546	
		(910) 893-2522			

NAME: Roy Mc Lamb

APPLICATION #: 14 50033051

**\*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.

Roy Mc Lamb  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4-24-14  
DATE

Application #

14 50033651

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: William & Dorothy McLamb Address: 988 McArtan Rd.

City: Linden State: NC Zip: 28396 Daytime Phone: 910 890-4357

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

Name: Same as above 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: Titan Designs (Mike McNeill)

Phone: 910-258-1348 Address: 175 McNeill Lane

City: Dunn State: NC Zip: 28334

State Lic# 32290 Email:

B. Electrical Contractor Company Name: Triple A Electric (Ronnie Johnson)

Phone: 910-977-8991 Address: PO Box 494

City: Lemon Springs State: NC Zip: 28355

State Lic# 25128 Email:

C. Mechanical Contractor Company Name: Servtechs (Josh Taylor)

Phone: 910-644-5853 Address: 9195 P.O. Box

City: Fayetteville State: NC Zip: 28311

State Lic# 310-2734 Email:

D. Plumbing Contractor Company Name: Owner

Phone: Address:

City: State: Zip:

State Lic# Owner Email:

Part III - Manufactured Home Information

Model Year: 2001 Size: 32x76

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.

Roy McLamb Signature of Home Owner or Agent

6-10-14 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.



OFFICE OF THE TAX ADMINISTRATOR

5th Floor, New Courthouse • PO Box 449 • Suite 527 • Fayetteville, NC 28302-0449  
(910) 678-7507 • Fax (910) 678-7581 • www.co.cumberland.nc.us

# MOBILE HOME MOVING PERMIT

June 03, 2014

County of Cumberland  
State of North Carolina

Permit No. S-119  
Agent: Pam Criscoe

Permission is granted to the following person(s) to move the mobile home identified below:

Name: Maynor, Sharon  
Address: 988 McArtan Rd Linden NC 28356  
Phone: \_\_\_\_\_

Carrier:

Name: Titan Designs  
Address: 175 McNeill Lane Dunn NC 28334  
Phone: \_\_\_\_\_

Property Description:

Make	Year	Size	VIN
Brook	2001	28X80	NCFL14AB66797BF12

Location Moving From: 1214 Wildwood Dr Fayetteville NC 28304

Location Moving To: 988 McArtan Rd Linden NC 28356

This permit is issued in accordance with the provisions of North Carolina General Statute §105-316.1 through §105-316.8.

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

Aaron Donaldson  
Cumberland County Tax Administrator

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 . . . . . 14-50033651 Date 6/10/14  
 Property Address . . . . . 1092 MCARTAN RD  
 PARCEL NUMBER . . . . . 01-0544- - -0014- -01-  
 Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
 Subdivision Name . . . . .  
 Property Zoning . . . . . RES/AGRI DIST - RA-20R

Owner

Contractor

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MCLAMB WILLIAM R & DOROTHY  
 988 MCARTAN RD  
 LINDEN NC 28356

-----

TITAN DESIGNS MANAGEMENT  
 175 MC NEILL LANE  
 DUNN NC 28334  
 (910) 258-1348

--- Structure Information 000 000 32X76 4 BR  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . # BEDROOMS 4.00  
 PROPOSED USE DWMH  
 SEPTIC - EXISTING? NEW  
 WATER SUPPLY COUNTY

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Permit . . . . . MANUFACTURED HOME PERMIT  
 Additional desc . . . . .  
 Phone Access Code . 1039320  
 Issue Date . . . . . 6/10/14 Valuation . . . . . 0  
 Expiration Date . . 6/10/15

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Permit . . . . . LAND USE PERMIT  
 Additional desc . . . . .  
 Phone Access Code . 1039312  
 Issue Date . . . . . 6/10/14 Valuation . . . . . 0  
 Expiration Date . . 12/07/14

Special Notes and Comments

T/S: 05/14/2014 03:07 PM DJOHNSON --  
 210S ABOUT 7-8 MILES TO FLAT BRANCH  
 FIRE DEPARTMENT TAKE ELLIOTT BRIDGE RD  
 ABOUT 5 MILES THEN LEFT ONTO MCARTAN RD  
 1.25 MILE ON RIGHT

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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.

Application Number . . . . .	14-50033651	Page	2
Property Address . . . . .	1092 MCARTAN RD	Date	6/10/14
PARCEL NUMBER . . . . .	01-0544- - -0014- -01-		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-20R		

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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___