Residential Land Use Application

Application #	1	4	5	00	33	711
• •						

Central Permitting	COUNTY OF 108 E. Front Street, Lillington, N		LAND USE APPLICATION 893-7525 ext:2 Fax: (9		nett.org/permits
**A RECORDED SUR	RVEY MAP, RECORDED DEED (OR O	FFER TO PURCHASE) & SITE	PLAN ARE REQUIRED WHEN S	SUBMITTING A LAND USE API	PLICATION**
	gel Parks Chane	$\omega$ .		•	
//	State: N Zip:	1		•	
APPLICANT*:		Mailing Address:	<del></del>	<del></del>	
City:*Please fill out applicant informa	State: Zip:	Contact No:	Em	ail:	
CONTACT NAME APPLYIN	IG IN OFFICE:		Phone #_		<del></del>
PROPERTY LOCATION: So				Lat #: Lot Size	161
17 01	State Road Name: <u>                                     </u>		-1-1 12 2	Map Book & Page: <u>619</u> 381. 0a	
Zoning: 1 H 20 Flood Zo	79 /		209,633 Power		
<del></del>	ss Energy as service provider ne				Energy.
PROPOSED USE:		·		·	
SFD: (Sizex	) # Bedrooms: # Baths: (Is the bonus room finished? (				Monolithic Slab:
☐ Mod: (Sizex	_) # Bedrooms # Baths				Off Frame
Manufactured Home:	(Is the second floor finished? (SWTW (Size		•		ilt?)
Duplex: (Sizex_	) No. Buildings:	No. Bedrooms Per U	Init:		
☐ Home Occupation: # Ro	oms:Use:	Hour	s of Operation:	#Emplo	yees:
Addition/Accessory/Othe	er: (Sizex) Use:	-		Closets in addition? (	_) yes () no
Water Supply:County	Existing WellN	lew Well (# of dwellings us	ing well) *Must	have operable water befo	ore final
	Septic Tank (Complete Checklis				
	nd, own land that contains a mar			•	() no
	y easements whether undergrou				
Structures (existing or propos	ed): Single family dwellings:	Manufactu	red Homes:	Other (specify):	
Required Residential Propo	<del>-</del>	Comments:		· · · · · · · · · · · · · · · · · · ·	·
Front Minimum 27	_ Actual TO				
Rear	_ <u>130</u>	····			
Closest Side	_ 40_				
Sidestreet/corner lot					<del></del>
Nearest Building on same lot		Page 1 of 2			03/11

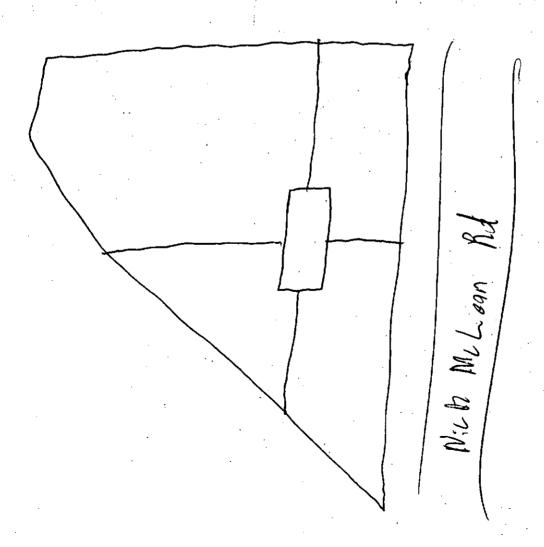
Page 1 of 2
APPLICATION CONTINUES ON BACK

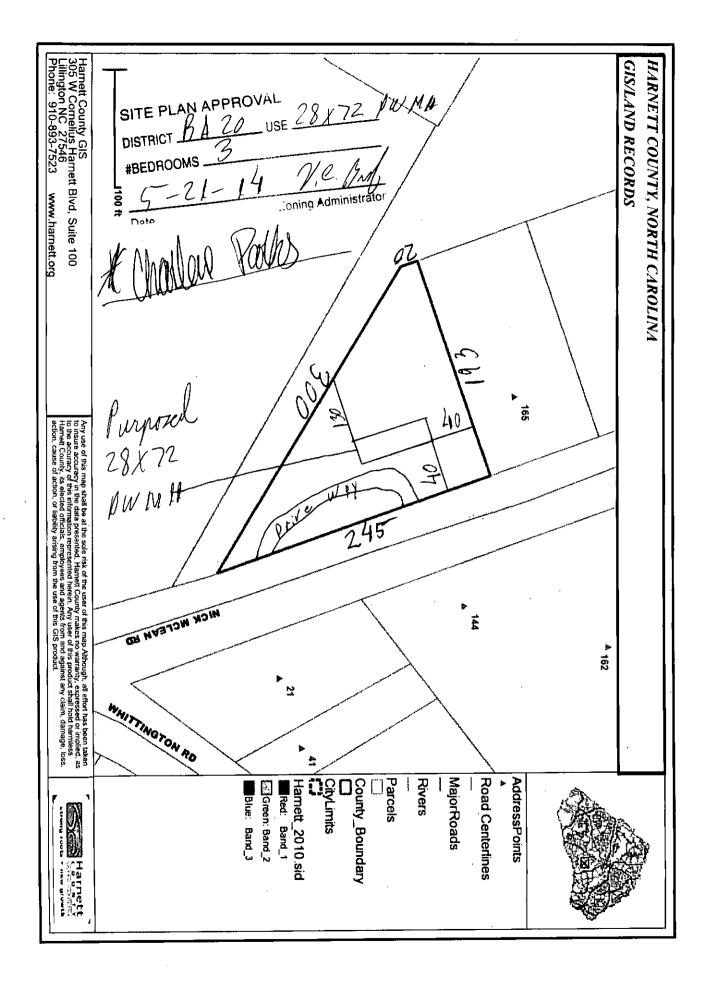
03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 40150Uth to bunlevel
right on McLeans Chapel road go about Thines
and take a right on Nick Mclean Ro property
is the first lot on the left 141 Nick Rollean
RA.
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.
Signature of Owner or Owner's Agent 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\*





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(1)							
<i>"</i>							
61 1 K FT				APPLICA	TION #:		· · · · · · · · · · · · · · · · · · ·
NAME:		ication to be filled out	when annivino	for a septic sys	tem inspectio	on.*	
County I							Construct
IF THE INFORM	MATION IN THIS APP	LICATION IS PAUSIFIE	D, CHANGED, OF COMPINIVALID	The permit is val	id for either 60	EN THE IMPE I mouths of wi	(OVEMENT thout expiration
denending upon o	documentation submitted	ONSTRUCT SHALL BE i. (Complete site plan = 0	60 months; Comple	te plat = without (			•••
910-8	93-7525 option 1		. 000	00113 152-15			
• All pr	operty frons must	<u>Septic System</u> Code be made visible. P ed approximately eve	lace "pink prop	erty flags" on een corners.	each corne	r iron of lot	. All property
<ul> <li>Place</li> </ul>	"orange house corn	er flags" at each com	iei oi sie biobo:	oveloped st/for	Also flag of Central Pel	iveways, ga rmitting.	rages, decks
out bul	idings, swimming programen	pols, etc. Place mags tal Health card in loca	ation that is easi	ily viewed from	road to ass	ist in locatin	ig property.
<ul><li>If prop</li></ul>	erty is thickly woode	ed, Environmental me	sann requires in	freely around s	site. Do not	aradė prop	erty.
evalua Ali loti	ion to be performed : <i>to be addressed</i>	i. Inspectors should by thin 10 business	davs after cont	firmation. \$25	.00 return t	rip tee may	be incurred
for fall	ure to uncover out	let lid. mark nouse	corners and pr	4 010-993-752	5 option 1 to	schedule a	ind use code
					ntal Health	inspection.	Please note
confirm	ation number given	at end of recording for rify results. Once ap	or proof of reque poroved, proceed	d to Central Pe	ermitting for	permits.	
	meal Waalth Evicela	a Tank Inspections				A committee of the comm	· · · · · · · · · · · · · · · · · · ·
/ Follow 8	bove instructions for	or placing hays and co	uitet and at tar	nk as diagram	indicates, a	and lift lid st	raight up (if
nossible	) and then <b>out lid b</b>	ack in place. (Unios	s inspection is f	for a septic tan	k in a mobile	home park	)
• DO NOT	LEAVE LIDS OFF O	SEPTIC IANA	و هم المحالية الله الله وال	040 803-7525	antion 1 & s	elect notifics	ation narmit
if multip	le permits, then us	6 CODE BOO JOLE IN	ironmental Hea	ith inspection.	Please not	e confirmat	ion number
given at	end of recording for	proof of request. ar results. Once appre	oved proceed t	o Central Pern	nitting for rei	naining pern	nits.
• Use Clic SEPTIC	(2Gov or IVH to nea	ar-results. Chice appr	••••••••••••••••••••••••••••••••••••••	La vantrad in or	der of prefere	ne must aboa	nea Atte
If applying for auth	orization to construct	please indicate desired sy	ystem type(s): car	Anv	der or prefere	· .	
{} Accepted	{}} Innova	tive {} Con	ventional	() Any			
Alternative	{}} Other _		inal of this anni	Reation if any of	the following	apply to the	property in
The applicant shall question. If the ans	wer is "yes", applicar	department upon submit MUST ATTACH SI		OCUMENTA1	TION:	, cpp., 12 and	
(_)YES (_) N	O Does the site of	contain any Jurisdiction	al Wetlands?	*			•
(_)YES (_)N	O Do you plan to	have an <u>intigation syst</u>	em now or in the	future?		* *-	•
(_)YES (_)N	O Does or will th	e building contain any	drains? Please ex	kplain		·	<del></del>
YES {} N	O Are there any	existing wells, springs,	waterlines or Wa	astewater Systen	is on this proj	perty?	
	Is any wastews	ter going to be generate	ed on the site oth	er than domestic	c sewage?	•	
<b>-</b> '	To the site subia	ct to approval by any o	ther Public Agen	icy?			
	Are there any F	asements or Right of W	Vays on this prop	perty?			
رسا ا	Does the site of	ntain any existing wate	er, cable, phone of	or underground e	electric lines?		
_}YES {_} NO	Does the site of	II No Cuts at 800-632-4	1949 to locate the	e lines. This is a	a free service.		
	If yes please ca	hat The Information Pro	wided Herein Is 1	Frue. Complete A	and Correct.	Authorized Co	unty And
Have Read This App	lication And Certify T	hat The Information 110 To Conduct Necessary In	enactions To Dete	ermine Compliar	ice With Appli	cable Laws Ai	nd Rules.
ate Officials Are Gra	inted Right Of Entry T	o Conduct Necessary In or The Proper Identifica	otion And Fahelir	ng Of All Proper	ty Lines And C	Corners And N	<b>Taking</b>
Inderstand That I A	m Solely Responsible F	or The Proper Identifica	enon mue mecon.	eg = cerce ce∎er.	-	/	/ 1
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Evaluation Can Be Perfo			· ·	5/21	/14
	PS OP AWARDS	EGAL REPRESENTA	ATIVE SIGNA	TURE (REQUI	RED)	DATE	7
OPERTY OWNE	rd or own <b>ers</b> l	DAUM HER SAME					·

Holf Ff.

20th

20th

16'0

18'0

190'

Nick McLend Rd.

Good measured

Date:	<del></del>	·	Application#
	•		

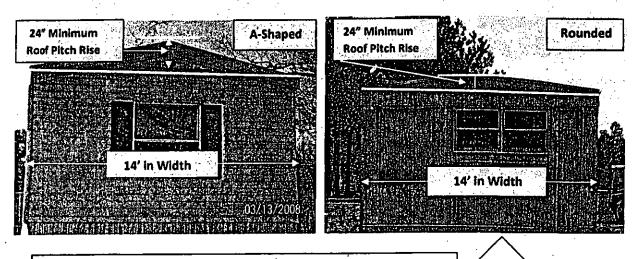
## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, 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.

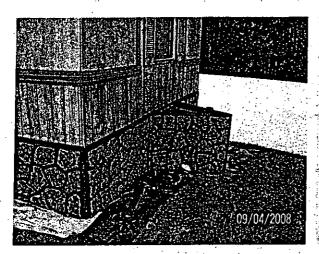
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty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

Mallow Pashs

Signature of Property Owner / Agent

5/21/14

Date

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

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)

	<b>-Owner Informatior</b> Owner Information (		ęd by o	ः wner of the manu	ufactured home)
Name:	Jamael Parks	/Charlene	Parks	Address: [4]	Nick mclean Hoad
City:B	unnlevel	State: _	nc	Zip: <b>28323</b>	90 Daytime Phone: ( ) 101-1058
	vner Information (To				
Name:		<del></del>		Address:	
City: _		State: _	<u></u>	Zip:	Daytime Phone: ( )
Part II	- Contractor Inform	nation (To be o	complete	d by Contractors o	r Homeowner, if applicable.
A.	Set-Up Contracto	r Company Na	ıme: <u>5</u>	tate MH	ch information on license)  MOVEYS  AGUILLO RUACL
	City: Benson		State:	NC	zip:0 27504
	State Lic# 285	9	Email:		Pools
B.					in beasley i meleod lane
	· •	-			Zip: <u>27521</u>
	State Lic# 26	139	Email:		Shockey
C.	Mechanical Contr	actor Compar	ny Name	: Mark S	Shockey
					tober Brive
					Zip: <u>21592</u>
	State Lic# / 27	30 H3.	Email:		71 15-
D.		_			Plumbing
	Phone: 919-10	34-1200	Addres	e: <u>れの 126X</u>	254
	City: William 5	bridz	State:_	<u>nc</u>	zip: 31592
	State Lic# 1855	5/1/2 r	Email:		
Part III	~ Manufactured Ho	ome Informati	ion		
	Year: <u>2014</u> Siz			Complete & foli	low zoning criteria sheet
	ame:			Lot Nun	nber:
				·	
informal	tion and have obtained ion will conform to the ce. I understand the	d their permissi e applicable m	on to pur anufactu	rchase these pern red home set-up	ne application is correct including the contractor nits on their behalf, and that the construction or requirements, and the Harnett County Zoning on has been provided that this permit could be
	[ [ [ [ ] ]				9/15/14
<u>////</u>	Signature of Home	Owner or Age	nt	•	Date

\*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.

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

## SALES AGREEMENT

CUSTOMER NO.: 3522	797	DATE: 5/23/14		
BUYER(S): JAMAEL	PARKS	SSN:		
	PARKS	SSN:		
ADDRESS: 141 Nick	McLenn	Rd. Burn Level, NC. 28323		
DELIVERY ADDRESS: SAM		•		
TELEPHONE: 910-701-	L058	SALES PERSON: CAthy Long		
BASE PRICE:	\$ <i>80,</i> 470.ºº	Make: CMH Model: TRU		
Dealer Prep	S NIA CO	Year: WA Length: 1/2 Width: 1/8 Stock #: RSO		
SUB-TOTAL	\$ <u>80,470.</u>	Serial No.: New Used		
Sales Tax	\$ 3,822.33	TRADE: Make: Model:		
Title Fees	\$	Year: Length: Width: Title #:		
	\$	Serial No.:  Amount owed will be paid by:  Buyer  Seller		
	\$ 22			
1. CASH PRICE	\$84,292	Owed to:		
Trade Allowance	\$	OPTIONS: /3SEER HEAT DUMM, 2 sets of Steps, Wine		
Less Amount Owed	\$	Home For DOWER Plumb WATER HINE 40 70 75		
Trade Equity	\$ 3,800	SENERLINE UPTO 20', White VINYL SKATING INSTALLED		
Cash Down Payment Other Payments	\$ 600.=	SELLER RESPONSIBILITIES: DELIVERY AND SET UP PER COUNTY		
2. LESS ALL CREDITS	\$ 4.400.00	cone,		
3. REMAINING BALANCE	\$79.892 ==			
Location R-Value Thickness	Type of Insulation	BUYER RESPONSIBILITIES: ZONING, HEALTH, contracting permits		
Ceiling Ceiling	Type of Insulation			
Exterior ENEAGU STAN	RATED	Note: CLUSING COSTAND ATTORNESFEES Added to Remaining BAL at Closing.		
Floors				
This insulation information was furnish and is disclosed in compliance with the		May not meet local codes and standards. New homes meet Federal Manufactured Home Standards.		
Commission Rule 16CRF, Section 460.		I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE		
ESTIMATED MORTGAGE, Buyer is v	oluntarily parchasing	THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND		
estimated.	wyaymuniper sale co	That this cancellation must be in writing. If I cancel the purchase after the three-		
Formes millo	ddback	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 OF THE TERMS OF		
Property insurance 50	water Tax	THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.		
HBPPAnsurance 35. a	3/00 1	ESTIMATED RATE OF FINANCING: N/A % NUMBER OF YEARS: NULL		
License Fees	\$ 1	ESTIMATED MONTHLY PAYMENTS \$ N/A		
Permis	self (V)			
	scal	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		
TOTAL	\$	received and acknowledge receiving a completed copy of this agreement; (4)		
B. Unpaid Bal/Amt Fin. (3+A)	\$	that all promises and representations made are listed on this agreement; and (5)		
C. Interest Rate %	•	there are no other agreements, written or verbal, unless evidenced in writing and signed-by the parties.		
D. Finance Charge	ф			
E. Total of Payments (B+D) F. Total Sales Price (I+A+D)	\$	SELLER: // // BUYER:		
G. Number of Payments #		haline aff & langer		
H. Payment Amount	\$	1 Millin (Standary)		
This is not a loan co	mmitment	(Signature)		
i nis is not a tour co.	14011546116L F8E	X		
		(Signature)		
		X(Signature)		
		Lagranie,		

	•			
			,	

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 . . . . 14-50033711
Property Address . . . . . 141 NICK MCLEAN RD Date 9/15/14 Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI Subdivision Name . . . . MCCLEAN CHAPEL SUBDIVISION Property Zoning . . . . . PENDING Contractor Owner STATE MOBILE HOME MOVERS PARKS JAMAEL & CHARLENE 1085 A AQUILLA RD 70 ENGLISH COURT NC 27504 NC 27521 BENSON COATS (910) 894-8038 Applicant \_\_\_\_\_\_\_ PARKS CHARLENE Structure Information 000 000 28X72 3BDR DWMH Flood Zone . . . . . . . FLOOD ZONE X 3.00 Other struct info . . . . # BEDROOMS MOBILE HOME YEAR 1000.00 DWMH PROPOSED USE SEPTIC - EXISTING? EXIST WATER SUPPLY COUNTY Permit . . . . . MANUFACTURED HOME PERMIT Additional desc . . 2014 28X72 DWMH Issue Date . . . 9/15/14 Valuation . . . . Expiration Date . . . 9/15/15 \_ Permit . . . . . LAND USE PERMIT Additional desc . . 2014 28X72 DWMH Phone Access Code . 1054006
Issue Date . . . 9/15/14 Valuation . . . .
Expiration Date . . 3/14/15 Special Notes and Comments T/S: 05/22/2014 09:48 AM VBROWN ----141 NICK MCLEAN ROAD BUNNLEVEL 28323.

HARNETT COUNTY CENTRAL PERMITTING

]	LILLINGTO For Inspe Bldg Insp	ections	27546 Call: (910) 893-7525 Fax: uled before 2pm available r	(910) 893-2 next business	2793 s day.
Prop PAR( Appl Subc	perty Add CEL NUMBE lication division	lress ER descri Name	14-50033711	Da N RD 0072 D HOME RA201	age 2 ate 9/15/14 R/RA20M CRITERI
		-	Required Inspections		
Seq	Phone Insp#		Description	Initia	als Date
Perm	it type		. MANUFACTURED HOME PERMIT		
10 10 20 20 30 999 999	501 307 818 814 507	P307 Z818 A814 T507	PZ*ZONING INSPECTION ADDRESS CONFIRMATION R*MANUFACTURED HOME FINAL ENVIR. OPERATIONS PERMIT	ALL	
Perm	it type		LAND USE PERMIT		
999 999	818 820	Z818 Z820	PZ*ZONING INSPECTION PZ*ZONING/FINAL INSPECTION		

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65