| Initial Application Date: 5-27-4 | Applicatio | n# 1450 |
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| Company of the Compan | | CH# |

| | CU# | |
|---|-----|--|
| NAME OF A PARTY DESIDENTIAL LAND HER ADDITION | | |

| "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" |
|---|
| ANDOWNER: JAMES & CHERYL LOWE Mailing Address: 99 DOCKERY LN |
| City: CAMERON State: NC Zip: 28326 Contact No: 919-498-9580 Email: CII: +PE@ Q.DI. CEM |
| CHERYL LOWE Mailing Address: 99 Dock FRY LN. State: NC Zip: 28326 Contact No: 910-518-2183 Email: Cllitpe and Com Please fill out applicant information if different than landowner |
| CONTACT NAME APPLYING IN OFFICE: CHERYL LOWE Phone # 910 - \$78 - 2783 |
| PROPERTY LOCATION: Subdivision: GG DOCKERY IN CAMERON N.C. 28326 Lot # / ACCE Lot Size: |
| State Road # State Road Name: |
| Zoning: [A 20 Flood Zone: Watershed: THE Deed Book & Page: 120 1 100 7 Power Company: Central Caestian Me |
| New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy. |
| PROPOSED USE: Monolithic SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla |
| Mod: (Sizex) # 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 49) # Bedrooms: 3 Garage: (site built?) Deck: (site built?) |
| Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: |
| Home Occupation: # Rooms: Use: Hours of Operation: #Employees: |
| Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no |
| Water Supply: CountyExisting 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? (X) yes () no |
| Does the property contain any easements whether underground or overhead () yes (X) no |
| Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): |
| Required Residential Property Line Setbacks: Comments: |
| Closest Side 10 60° |
| Sidestreet/corner lot |
| Nearest Building on same lot |

Page 1 of 2
APPLICATION CONTINUES ON BACK

Residential Land Use Application

| | ∞ <i>l</i> |
|---|-------------------|
| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: E FRONT ST TO MAIN - TURN ON | ₩ W |
| go to 87 OVERPASS TURN LEFT, go to ay exit turn Right o | FF . |
| Exit, pass Heritage Village Look for Marks Rd sign on | - |
| Right side of Rd but its A LEFT TURN ON MARKS go do | Na |
| to west Rd tuen Right Despecty on 2002 derrown | |
| Right By Mailbores go to top of hill. | |
| | |

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

SITE PLAN APPROVAL Purposed 14848

DISTRICT BAZOS USE Exist 14x705WALA #BEDROOMS 2 Kaley Some 00 % 220 1 Fxist Well 32 60 200 Porticy Lane West Ad

SWMA

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| Date: | |
|-------|--|
| | |

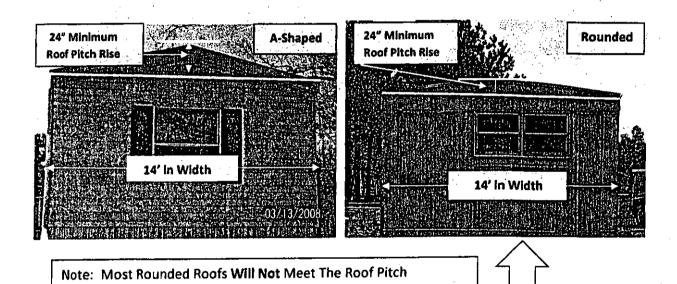
| Application# | · |
|--------------|---|
| , , | |

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

I, LEN 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.

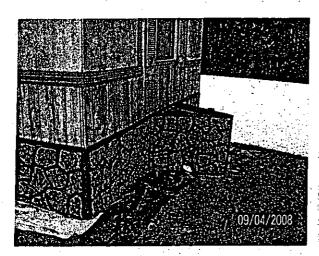
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)

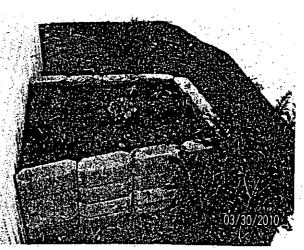


Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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.

Signature of Property Owner / Agent

Data

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

| if flagged approximately every 50 feet between the tructure. Also flag driveways, garages, deck se corner flags" at each corner of the proposed structure. Also flag driveways, garages, deck ming pools, etc. Place flags per site plan developed at/for Central Permitting. Commental Health card in location that is easily viewed from road to assist in locating property. It wooded, Environmental Health requires that you clean out the undergrowth to allow the so downed. Inspectors should be able to walk freely around site. Do not grade property. It is essed within 10 business days after confirmation. \$25.00 return trip fee may be incurred and use confirmed lid. Mark house corners and property lines, etc. once lot confirmed ready, were outlet lid, mark house corners and property lines, etc. once lot confirmed ready, lossed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code notification permit if multiple permits exist) for Environmental Health inspection. Please note of given at end of recording for proof of request. R to verify results. Once approved, proceed to Central Permitting for permits. Existing Tank Inspections. |
|--|
| riment Application for Improvement Permit and/or Authorization to Construct its APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT IN TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration submitted. (Complete site plan = 60 months; Complete plat = without expiration) on 1 **CONFIRMATION #* **New Septic System**Code 800 **Smust be made visible.** Place "pink property flags" on each corner iron of lot. All property flagged approximately every 50 feet between corners. The corner flags at each corner of the proposed structure. Also flag driveways, garages, deck ming pools, etc. Place flags per site plan developed at/for Central Permitting. Commental Health card in location that is easily viewed from road to assist in locating property. It wooded, Environmental Health requires that you clean out the undergrowth to allow the solution does not inspectors should be able to walk freely around site. Do not grade property. Passed within 10 business days after confirmation. \$25.00 return trip fee may be incurred ever outlet lid. mark house corners and property lines, etc. once lot confirmed ready. Please within 10 business days after confirmation. \$25.00 return trip fee may be incurred ever outlet lid. mark house corners and property lines, etc. once lot confirmed ready. Please not notification permit if multiple permits exist) for Environmental Health inspection. Please not on given at end of recording for proof of request. R to verify results. Once approved, proceed to Central Permitting for permits. Existing Tank Inspections Code 800 tions for placing flags and card on property. The permit and inspections are sulted and of tank as diagram indicates, and lift lid straight up (iii). |
| in to Construct site plan = 60 months; Complete plat = without expiration) In New Septic System Code 800 In New Septic System Code 800 In Mew Septic Sys |
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| ming pools, etc. Place flags per site plan developed at/for Central Permitting. onmental Health card in location that is easily viewed from road to assist in locating property. wooded, Environmental Health requires that you clean out the undergrowth to allow the so formed. Inspectors should be able to walk freely around site. Do not grade property. essed within 10 business days after confirmation. \$25.00 return trip fee may be incurred essed within 10 business days after confirmation. \$25.00 return trip fee may be incurred essed within 10 business days after confirmation. \$25.00 return trip fee may be incurred essed within 10 business days after confirmation. \$25.00 return trip fee may be incurred essed within 10 business days after confirmation. \$25.00 return trip fee may be incurred essed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code notification permit if multiple permits exist) for Environmental Health inspection. Please note return at end of recording for proof of request. R to verify results. Once approved, proceed to Central Permitting for permits. Existing Tank Inspections Code 800 trank as diagram indicates, and lift lid straight up (iii) |
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| tions for placing hags and call on property. |
| 41 HM BANKET WY P *** |
| OFF OF SEPTIC TANK |
| OFF OF SEPTIC TANK let end call the voice permitting system, at 910-893-7525 option 1 & select notification permit hen use code 800 for Environmental Health inspection. Please note confirmation number |
| |
| to hear results. Once approved, proceed to Central Community for Community permissi |
| nstruct please indicate desired system type(s): can be ranked in order of preference, must choose one. |
| Innovative (_) Conventional (_) Any |
| <u> </u> |
| other |
| he site contain any Jurisdictional Wetlands? |
| plan to have an irrigation system now or in the future? |
| r will the building contain any drains? Please explain. |
| re any existing wells, springs, waterlines or Wastewater Systems on this property? |
| vastewater going to be generated on the site other than domestic sewage? |
| vastewater going to be generally other Public Agency? |
| te subject to approval by any other Public Agency? |
| re any Easements or Right of Ways on this property? |
| e site contain any existing water, cable, phone or underground electric lines? |
| contained by the state of the s |
| The Information Provided Herein Is True, Complete And Correct. Authorized County And |
| - A Look Maggegry Inchesticus I U Presentation |
| entry To Conduct Necessary Improvements onsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making |
| lete Site Evaluation Can Be Performed. |
| NERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE |
| o lé |

