

Initial Application Date: 7-18-14

Application # 1450034232

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: JULIO C MEDINA Mailing Address: 32 Harold Dr Lot 26
City: Daguer State: NC Zip: 27501 Contact No: (919) 628-347 Email: _____

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

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: none Lot #: 7 Lot Size: 1.40 acres
State Road # SR156 State Road Name: FESTUS Map Book & Page: 2012/560
Parcel: 071610 00 60 13 PIN: 1610-19-2215-000
Zoning: RA20M Flood Zone: X Watershed: MA Deed Book & Page: 3054/472 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/w 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/w 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 80) # Bedrooms: 3 Garage: 1/2 (site built? _____) Deck: 1/2 (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): _____

Required Residential Property Line Setbacks:		Comments:
Front	Minimum <u>35</u> Actual <u>133 to Rd</u>	<u>-</u>
Rear	<u>25</u> <u>400</u>	
Closest Side	<u>10</u> <u>12/18</u>	
Sidestreet/corner lot		
Nearest Building on same lot		

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

From 421 take 27

Left on Festus rd
Right on

Drive a mile and it will be on your 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.

Julio Medina

Signature of Owner or Owner's Agent

7-2-14

Date

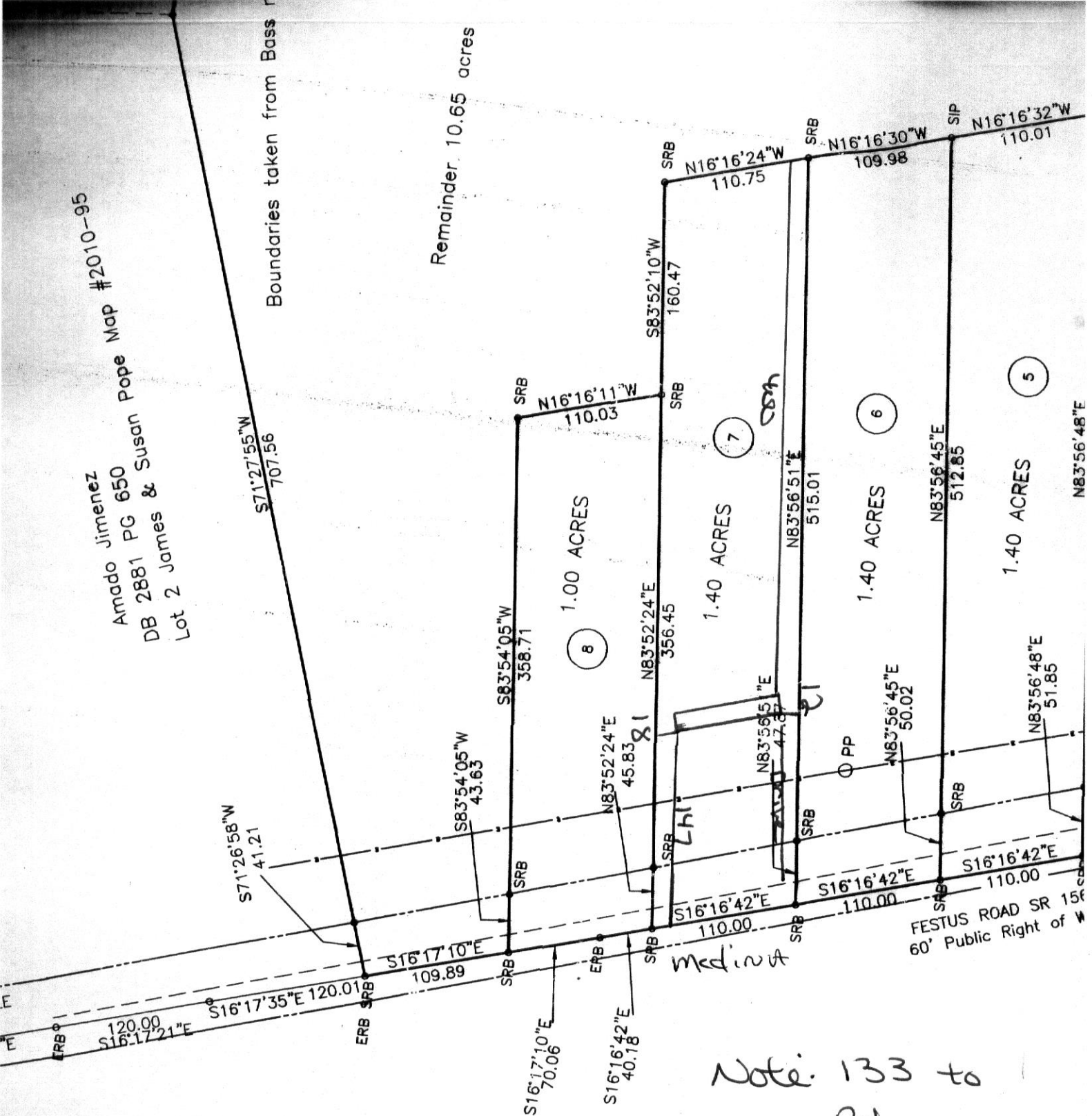
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or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

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

Amado Jimenez
 DB 2881 PG 650
 Lot 2 James & Susan Pope Map #2010-95

Boundaries taken from Bass

Remainder 10.65 acres



Note: 133 to
 Rel

SITE PLAN APPROVAL
 DISTRICT RAZOR USE SWRUH
 #BEDROOMS 3
 Date 7-18-14
 Zoning Administrator [Signature]

FOR REGISTRATION
 Kimberly S Hargrove
 REGISTER OF DEEDS
 Harnett County, NC
 BK: 2012 PG: 03: 06: 15 PM
 FEE: \$21.00
 INSTRUMENT # 2012018042
 TWESTER



Date: 7-3-14

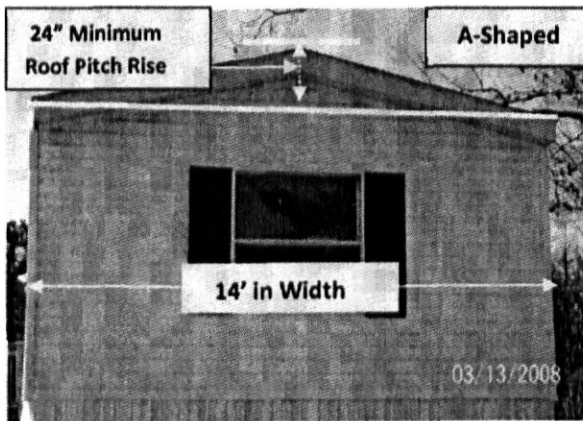
Application# _____

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

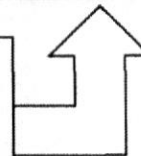
RA-20R & RA- 20M Certification Criteria

I, JULIO MEDINA, 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.....

Handwritten initials or mark.

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.

Jolio Medina

7-2-14

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.

AA

NAME: JULIO MEDINA

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)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 8 00

- **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 over outlet end as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park)
- 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.

Julio Medina

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-3-14
DATE

Application #

1450034232

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: Julio C. Medina Address: 32 Harold Drive

City: Angier State: NC Zip: 27501 Daytime Phone: (919) 628-3147

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

Name: _____ 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: State mobile home movers

Phone: 919) 422-8623 Address: 1085 Aquilla Rd Benson NC

City: Benson State: NC Zip: 27504

State Lic# 2859 Email: _____

B. **Electrical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

C. **Mechanical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

D. **Plumbing Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

The owner will do it

The owner will do it

The owner will do it

Part III - Manufactured Home Information

Model Year: 1996 Size: 14 X 80 **Complete & follow zoning criteria sheet**

Park Name: Taylor village 1 Lot Number: # 26

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.

Julio C Medina
Signature of Home Owner or Agent

8-11-14
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.



MOBILE HOME MOVING PERMIT

COUNTY OF Harnett
STATE OF NORTH CAROLINA

PERMIT NUMBER 1752

Date 8/5/14

Permission is granted to:

Owner Julio C. Medina 32 Harold Dr Angier NC 27501
Address

Carrier State Mobile Home Movers 1885 Aquilla Rd Benson NC 27504
Address
to move the following mobile home:

1996 Dakwood 14K80 Home 3 309861
Make Model Size Serial Number

From: 32 Harold Dr Angier NC 27501
Address

To: 1062 Festus Rd Coats NC 27524
Address

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the general Statutes of North Carolina.

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

THIS PERMIT VALID FOR THIS MOVE ONLY.

Prima McArthur Tax Collector
County-City Tax Collector Assistant

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	14-50034232	Date	8/13/14
Property Address	1062 FESTUS RD		
PARCEL NUMBER	07-1610- - -0060- -13-		
Application type description	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-20M		

Owner

MEDINA JULIO & JUANA
 1062 FESTUS RD
 COATS NC 27521

Contractor

STATE MOBILE HOME MOVERS
 1085 A AQUILLA RD
 BENSON NC 27504
 (910) 894-8038

Applicant

MEDINA JULIO
 32 HAROLD DR
 ANGIER NC 27501
 (919) 628-3147

--- Structure Information 000 000 14X80 3BDR SWMH
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 3000000.00
 PROPOSED USE SWMH
 SEPTIC - EXISTING? NEW TANK
 WATER SUPPLY COUNTY

Permit LAND USE PERMIT

Additional desc . . .
 Phone Access Code . 1049691
 Issue Date 8/13/14 Valuation 0
 Expiration Date . . 2/09/15

Permit MANUFACTURED HOME PERMIT

Additional desc . . .
 Phone Access Code . 1049675
 Issue Date 8/13/14 Valuation 0
 Expiration Date . . 8/13/15

Special Notes and Comments

T/S: 07/18/2014 03:22 PM JBROCK ----
 FROM 421 TAKE 27 L ON FESTUS RD DRIVE A
 MILE & IT WILL BE ON YOUR R

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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PARCEL NUMBER	07-1610- - -0060- -13-		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-20M		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__
Permit type MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	__/__/__
10	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/__
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	_____	__/__/__

HTE# 14-5-34232

Harnett County Department of Public Health

28059

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Julio C Medina PROPERTY LOCATION: 321560 Festus RD
 NEW REPAIR EXPANSION SUBDIVISION: James Pope LOT # 7
 Type of Structure: SWMH Site Improvements required prior to Construction Authorization Issuance:
 Proposed Wastewater System Type: 25% DRAINAGE
 Projected Daily Flow: 300 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: [Signature] Date: 8-12-14 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Julio C Medina PROPERTY LOCATION: 321560 Festus RD
 SUBDIVISION: James Pope LOT # 7
 Facility Type: SWMH New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% DRAINAGE SYSTEM (Initial) Wastewater Flow: 300 GPD
 (See note below, if applicable)
25% DRAINAGE SYSTEM (Repair)
 Installation Requirements/Conditions
 Septic Tank Size 1000 gallons Number of trenches 3
 Pump Tank Size _____ gallons Exact length of each trench 80 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Maximum Trench Depth of: 24-18 inches Soil Cover: 6 inches
 (Trench bottoms shall be level to +1-1/4" in all directions) (Maximum soil cover shall not exceed 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
2 inches above pipe
12 inches total
 Conditions: _____

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

**If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: _____ Date: _____
 This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
 Authorized State Agent: [Signature] Date: 8-12-14
 Construction Authorization Expiration Date: 8-12-19

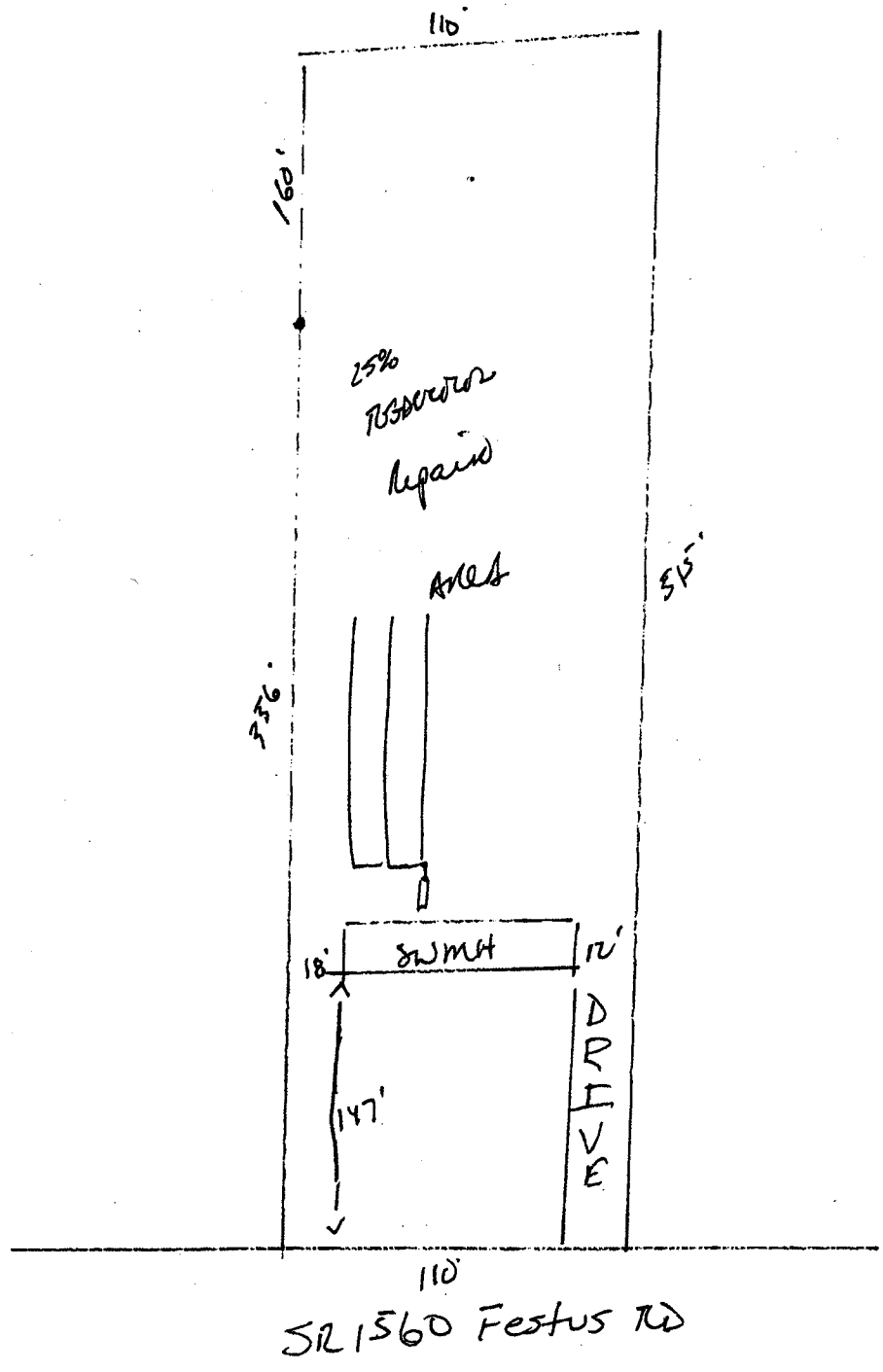
HTE# 14-5-34232

Permit # 28059

Harnett County Department of Public Health Site Sketch

ISSUED TO: Julio C Medina PROPERTY LOCATOR: SR1560 Festus RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: James E Markham Date: 8-12-14



Change of Contractor

Application # 1450034232

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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City: Angier State: NC Zip: 27501 Daytime Phone: 919 628-3147

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

Name: _____ 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: EATMON mobile Home movers

Phone: 252-232-0810 Address: 205 BURN Rd

City: Kenly State: N.C. Zip: 27542

State Lic# 3552 Email: _____

B. Electrical Contractor Company Name: owner

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

C. Mechanical Contractor Company Name: owner

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

D. Plumbing Contractor Company Name: owner

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ Email: _____

Part III - Manufactured Home Information

Model Year: 1996 Size: 14 X 80 Complete & follow zoning criteria sheet

Park Name: Taylor Village 1 Lot Number: # 26

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.

Juan Medina
Signature of Home Owner or Agent

9-17-14
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.