

Initial Application Date: 8-26-14

Application # 1450034501 \*

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Stanley & Wilma Ray Mailing Address: 7548 N.C. 210 S.

City: Bunnlevel State: NC Zip: 28533 Contact # 910 893 2748 Email: Cell 910 494 0125

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Mella Canadey Lot #: 5 Lot Size: 22AC

State Road # NC 210 State Road Name: \_\_\_\_\_ Map Book & Page: 845, 401

Parcel: 01 05 36 0081 03 Est. PIN: 0536 27 5124.000

Zoning: R20 Flood Zone: X Watershed: NA Deed Book & Page: 1040, 204 Power Company\*: Duke Progress

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 210 South passed Flat Branch Church and Fire Dept. Go 1/2 mile to iron gate art.

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 14' x 70') # Bedrooms: 2 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

Structures (existing or proposed): Single family dwellings: 1 Exist Manufactured Homes: 1 Proposed Other (specify): \_\_\_\_\_

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>36</u>	<u>119</u>
Rear	<u>25</u>	<u>100+</u>
Closest Side	<u>10</u>	<u>100</u>
Sidestreet/corner lot		
Nearest Building on same lot		<u>100+</u>

Comments: 7548 Exist SIP  
1 Proposed SW MH

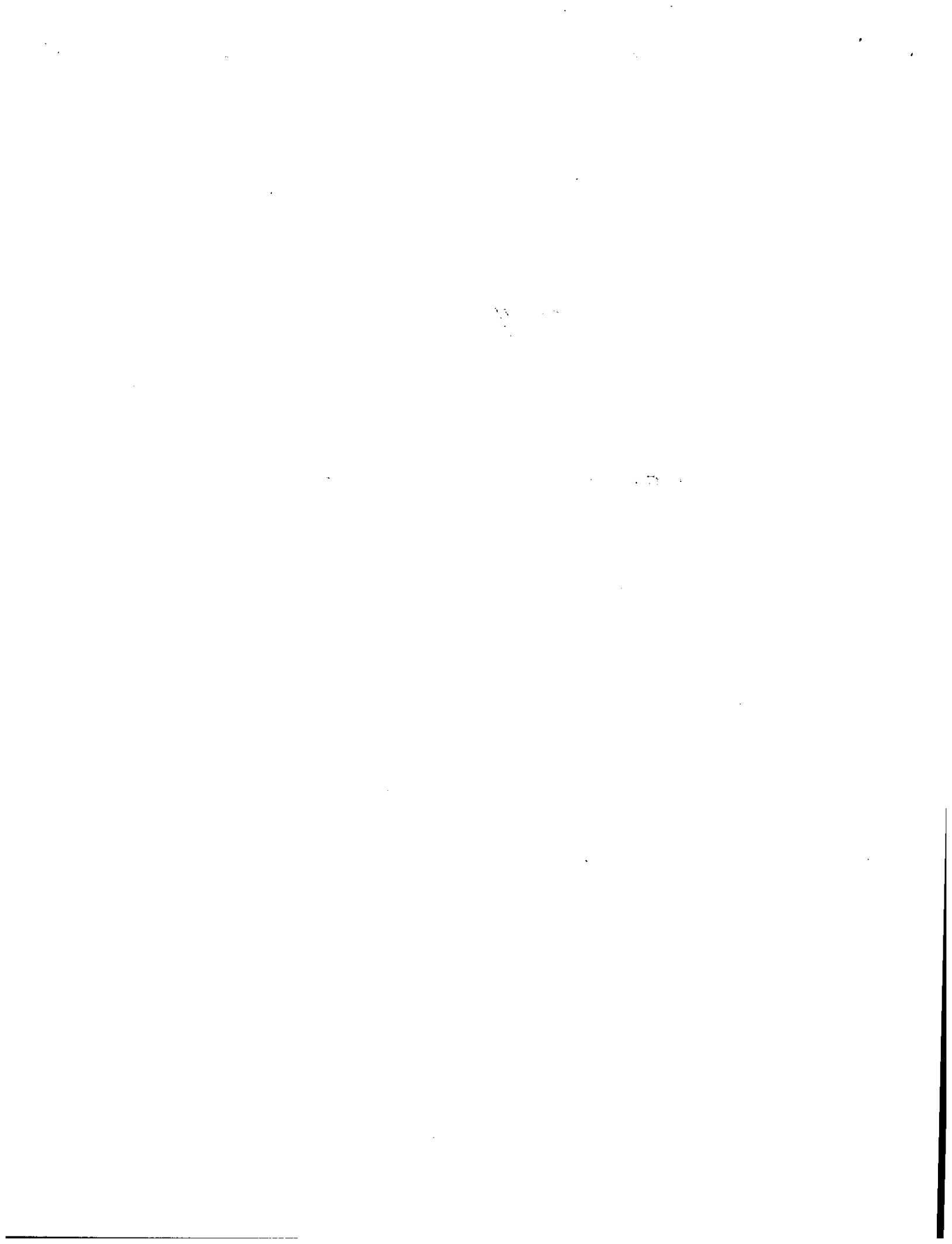
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

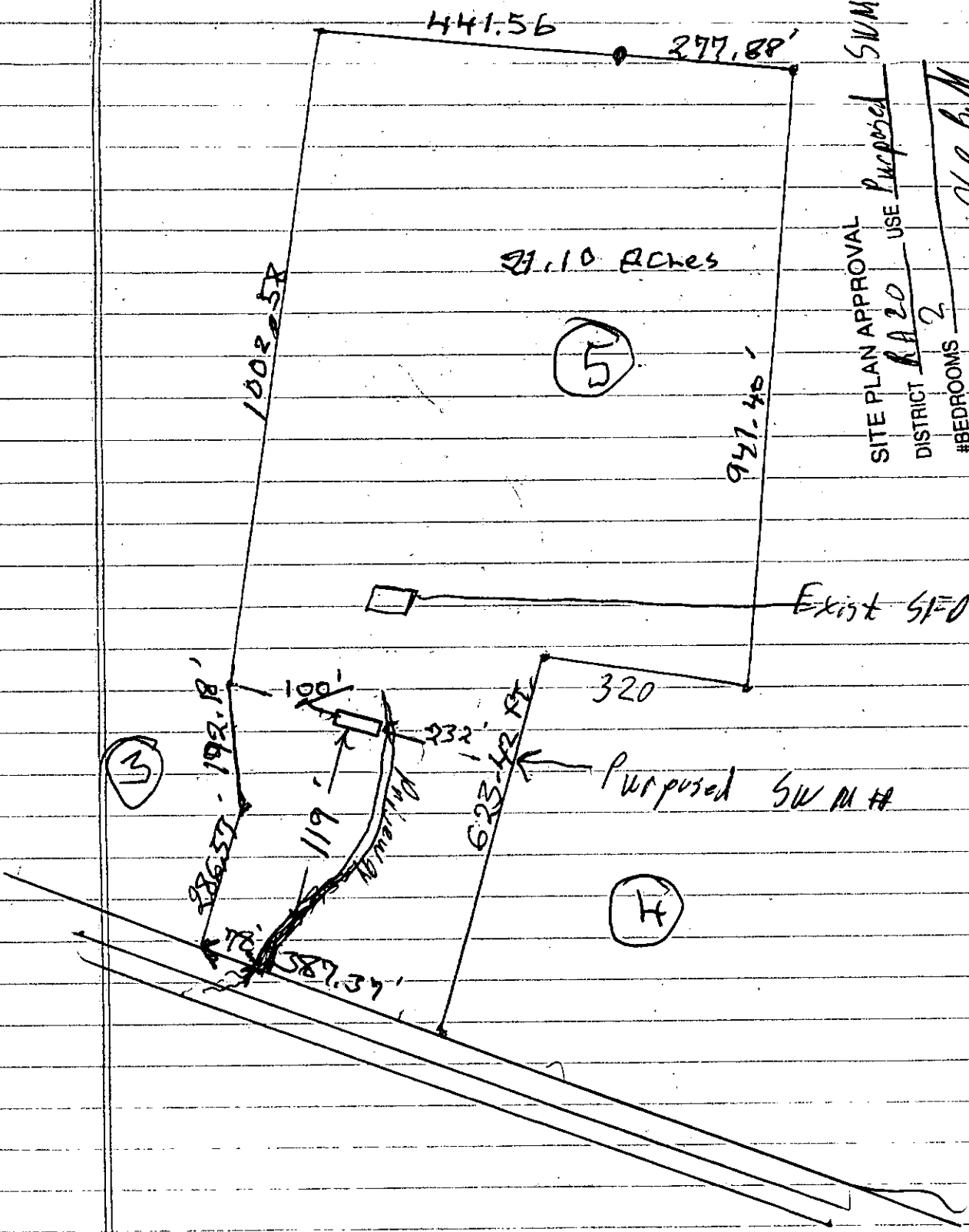
Stanley E. Ray, Sr.  
Signature of Owner or Owner's Agent

8-26-14  
Date

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION





29.10 Acres

(5)

947.40'

Exist SFD

Purposed SWM #

(4)

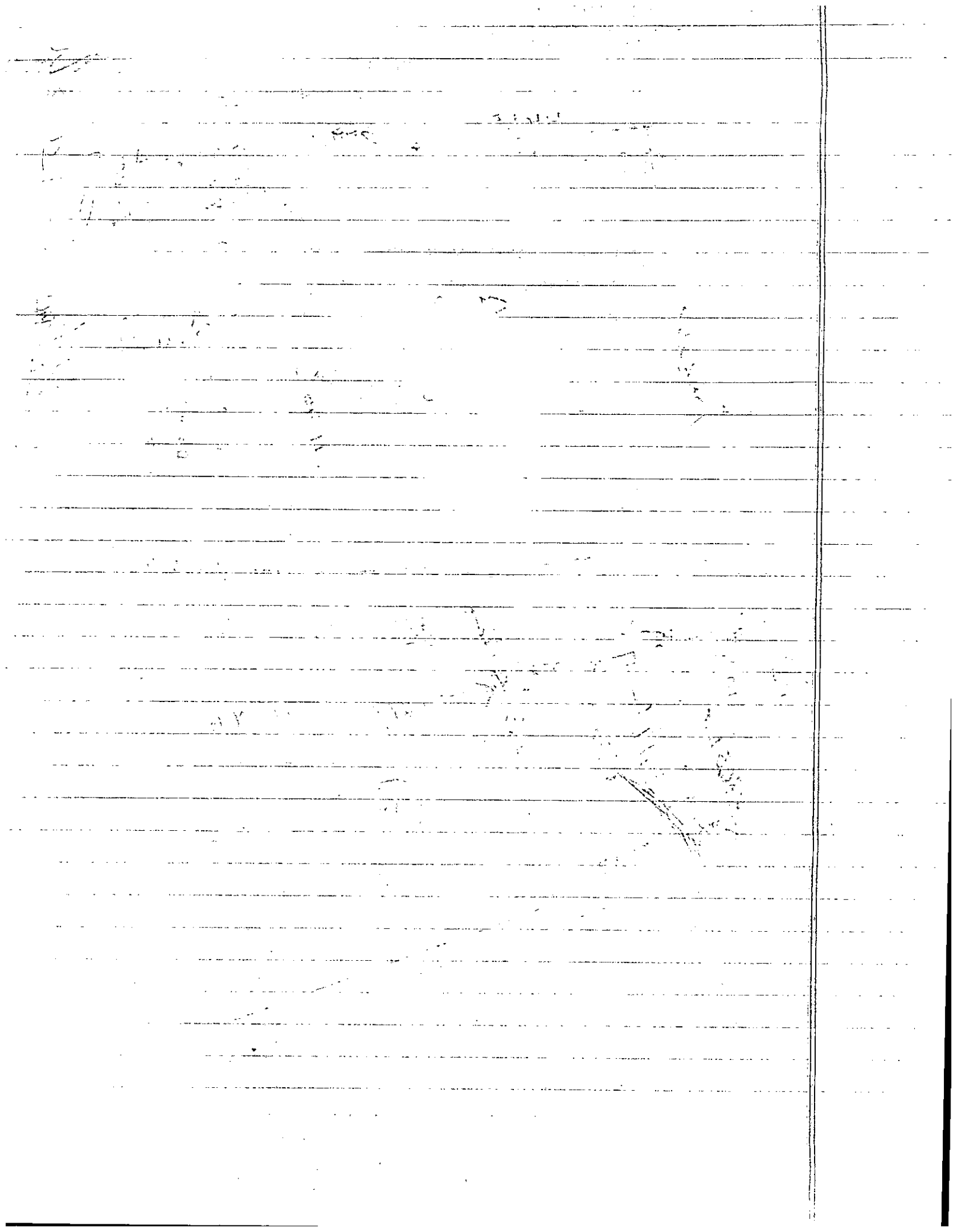
SITE PLAN APPROVAL  
 DISTRICT RA 20 USE Purposed SWM #

#BEDROOMS 2  
 V.C.B.M.

8-26-14  
 Zoning Administrator

Date

*[Signature]*



Date: 8-26-14

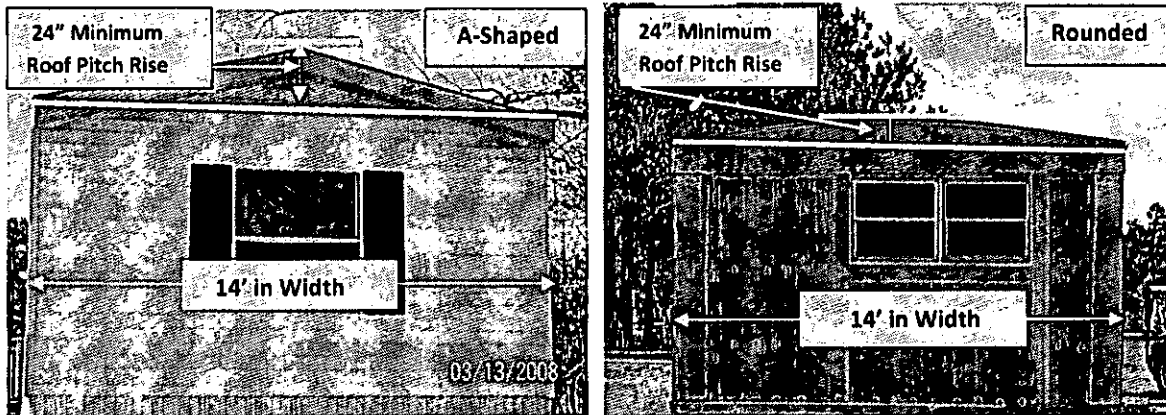
Application# \_\_\_\_\_

## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

### RA-20R & RA- 20M Certification Criteria

I, Stanley Ray, 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.)



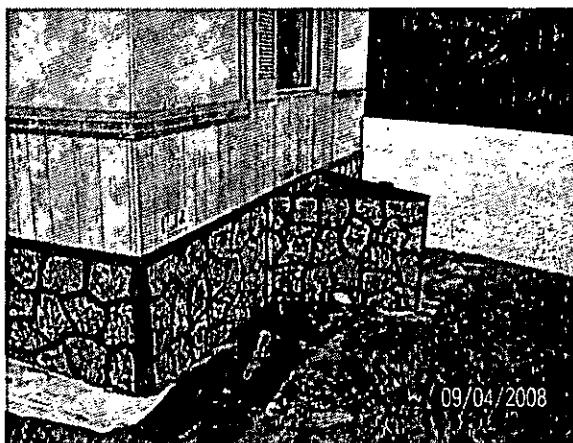
Note: Most Rounded Roofs **Will Not Meet** The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued.....



8

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 1<sup>st</sup> 1976.

Shondy E. Reez Sr.

Signature of Property Owner / Agent

8-26-14

Date

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





NAME: Stanley Ray

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.

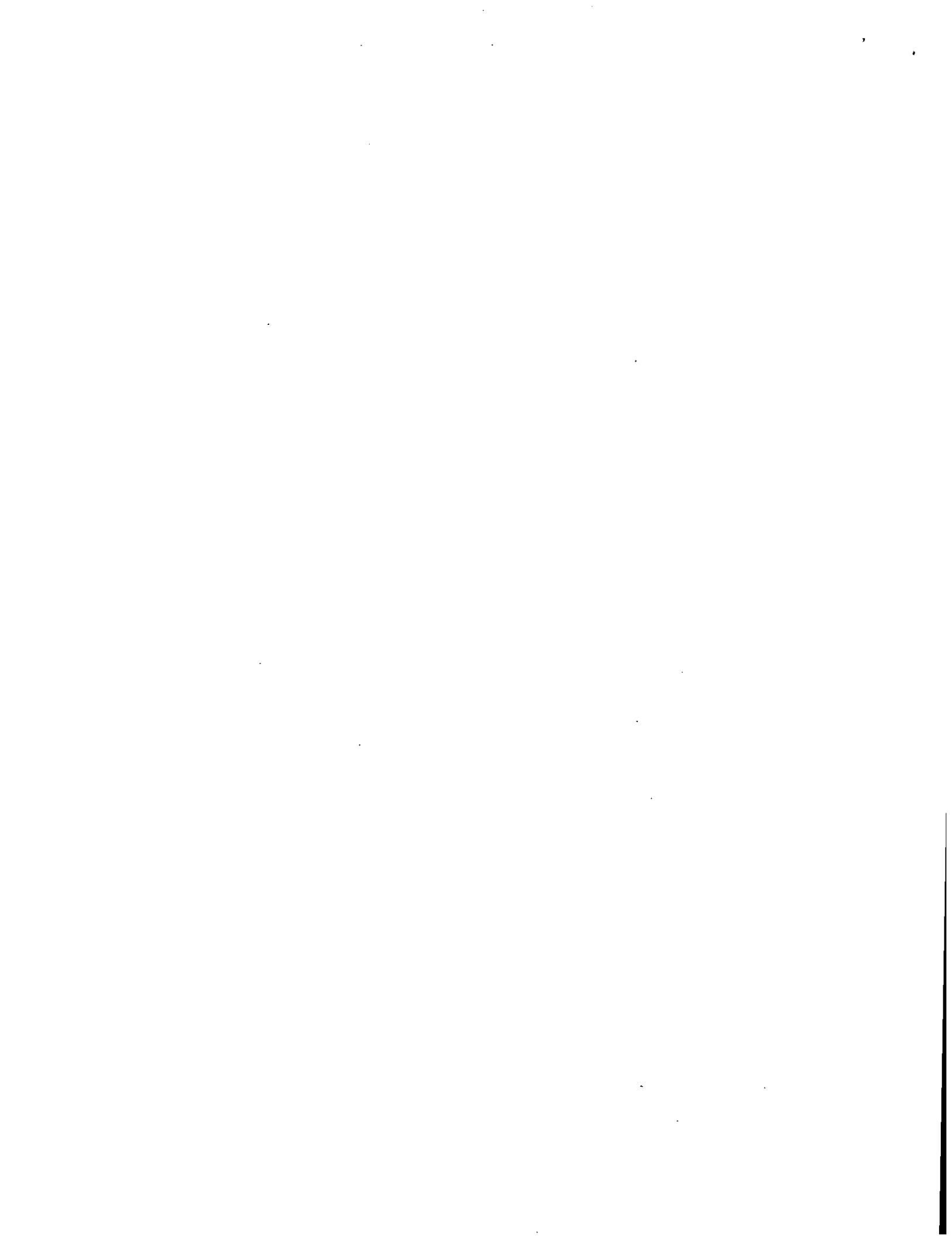
- YES  NO Does the site contain any Jurisdictional Wetlands?  
 YES  NO Do you plan to have an irrigation system now or in the future?  
 YES  NO Does or will the building contain any drains? Please explain. \_\_\_\_\_  
 YES  NO Are there any existing wells, springs, waterlines or Wastewater Systems 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.**

Stanley E Ray Sr.  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-26-14  
DATE



**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: Stanley Ray Address: 7548 NC 210 South  
City: Bunlevel State: NC Zip: 28323 Daytime Phone: (910) 893 2748

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)

cell # 919 499 4579

A. **Set-Up Contractor** Company Name: Mark's Mobile Home Movers  
Phone: 919 499-2768 Address: 1258 Black Rd.  
City: Cameron State: NC Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Setup Signature: \_\_\_\_\_ State Lic# 3441

B. **Electrical Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Electrician's Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

C. **Mechanical Contractor** Company Name: N/A  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
HVAC Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

D. **Plumbing Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Plumber's Signature: \_\_\_\_\_ State Lic# \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1993 Size: 14 x 70 **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 signatures, 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.

Stanley E. Ray  
Signature of Home Owner or Agent

11-24-15  
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

April 21, 2015

County of Cumberland  
State of North Carolina

Permit No. R-34  
Agent: Romona Russell

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

Name: RAY, STANLEY EUGENE SR  
Address: 7548 S NC 210 HWY BUNNLEVEL NC 28323  
Phone: 910-494-0125

Carrier:

Name: MARKS MOBILE HOME MOVERS  
Address: 1258 BLACK RD CAMERON NC  
Phone: \_\_\_\_\_

Property Description:

Make	Year	Size	VIN
HORTON	1993	14X70	H99536G

Location Moving From: 2181 DUNN RD EASTOVER NC 28312

Location Moving To: 7540 NC HWY 210 BUNNLEVEL NC 28323

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.

Joseph R Utley Jr  
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.

Application Number . . . . . 14-50034501 Date 4/24/15  
Property Address . . . . . 7548 NC 210 S  
PARCEL NUMBER . . . . . 01-0536- - -0081- -03-  
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . . MELBA CANADAY ESTATE  
Property Zoning . . . . . RES/AGRI DIST - RA-20R

Owner	Contractor
-----	-----
RAY STANLEY E & WILMA	MARKS MOBILE HOME SET-UP
7548 NC 210 S	1256 BLACK ROAD
BUNNLEVEL NC 28323	CAMERON NC 28326
	(919) 499-2768

Applicant  
-----  
RAY STANLEY & WILMA

--- Structure Information 000 000 14X70 2BDR SWMH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 2.00  
MOBILE HOME YEAR 1000.00  
PROPOSED USE SWMH  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY COUNTY

Permit . . . . . LAND USE PERMIT  
Additional desc . . .  
Phone Access Code . 1083989  
Issue Date . . . . . 4/24/15 Valuation . . . . . 0  
Expiration Date . . 10/21/15

Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . .  
Phone Access Code . 1083971  
Issue Date . . . . . 4/24/15 Valuation . . . . . 0  
Expiration Date . . 4/23/16

Special Notes and Comments  
T/S: 08/26/2014 11:38 AM VBROWN ----  
7548 NC 210 S BUNNLEVEL 28323. 2ND  
HOME ON THE 22 AC TRACT OF LAND 7548 IS  
ON THE SFD AND THE SWMH WILL NEED TO  
ADDRESSED. THE SWMH IS THE 2ND HOME ON  
THE 22 AC TRACT

\_\_\_\_\_  
\_\_\_\_\_

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.

	Page	2
Application Number . . . . .	Date	4/24/15
Property Address . . . . .		
PARCEL NUMBER . . . . .		
Application description . . .		
Subdivision Name . . . . .		
Property Zoning . . . . .		

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	_____	__/__/__