

Initial Application Date: 1-12-15

Application # 1550035302

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: Jose Ruvalcaba Mailing Address: 2070 Seneca Dr

City: FAY State: NC Zip: 28301 Contact No: 910 578 6769 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: \_\_\_\_\_ Lot #: 9 Lot Size: 0.49

State Road # \_\_\_\_\_ State Road Name: Marks Map Book & Page: 98 167

Parcel: 09 9575 0025 09 PIN: 9574 12 5030,000

Zoning: BA20B Flood Zone: X Watershed: III Deed Book & Page: 3274, 323 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 14 x 60) # Bedrooms: \_\_\_\_\_ 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 sumit Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Comments: \_\_\_\_\_

Front Minimum 35 Actual 87

Rear 25 104.5

Closest Side 10 21.20

Sidestreet/corner lot \_\_\_\_\_

Nearest Building on same lot \_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

SOUTH ON HWY 27  
TILL INTERSECTION OF HWY 24 SOUTH  
ABOUT A MILE AND HALF RIGHT ON MARK RD  
2 1/2 MILES RIGHT ON RIPLEY RD  
ALMOST TO THE END OF THE ROAD  
WILL BE ON RIGHT HAND SIDE

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.

Jose R. S.  
Signature of Owner or Owner's Agent

1/12/14  
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\*\*

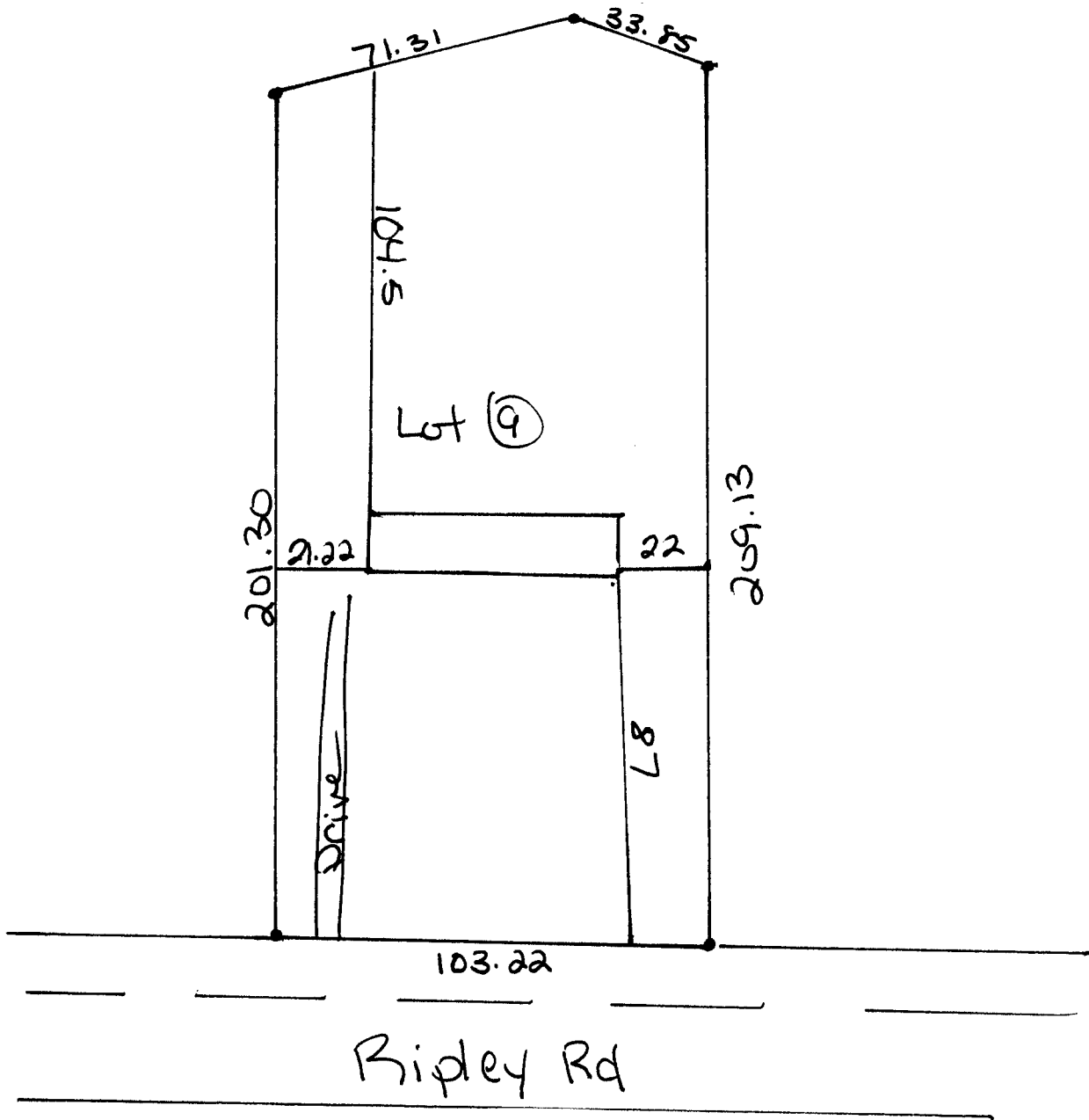
1=60

SITE PLAN APPROVAL

DISTRICT BAZAR USE SumH

#BEDROOMS 2

Date 1-12-15 Zoning Administrator [Signature]





①

Date: \_\_\_\_\_

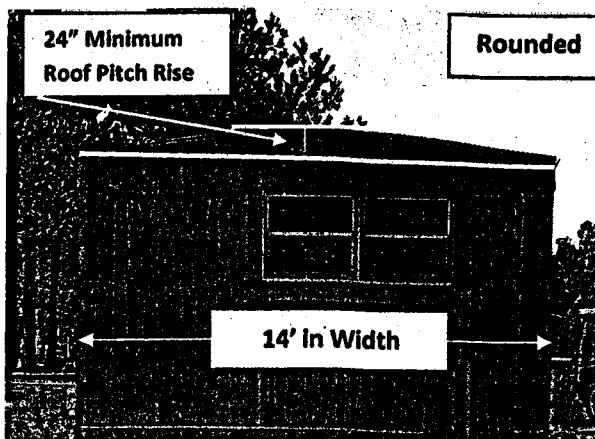
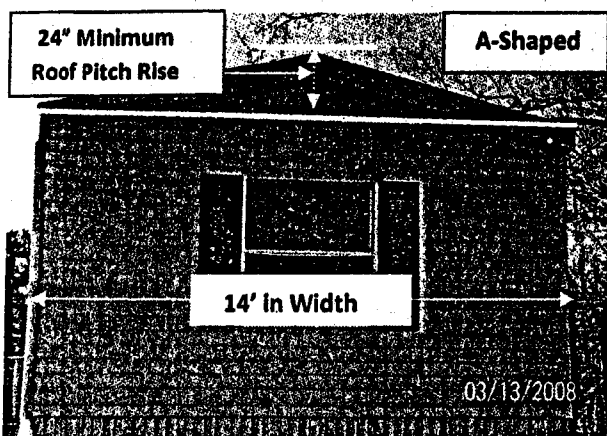
Application# \_\_\_\_\_

### PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

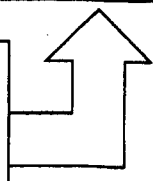
#### RA-20R & RA- 20M Certification Criteria

I, Jose R. [Signature] 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.)

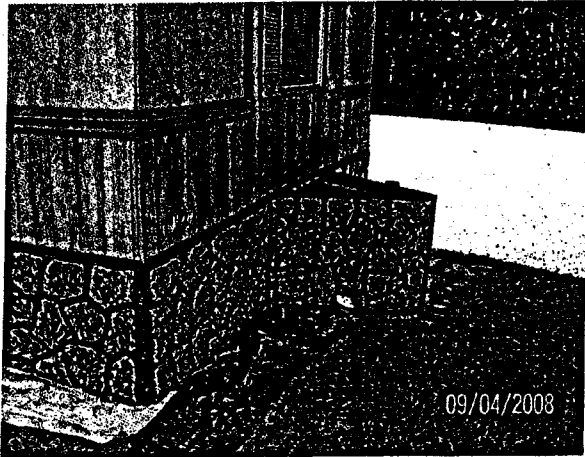


Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



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 1<sup>st</sup> 1976.

Jose R. S.

Signature of Property Owner / Agent

1/12/14

Date

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

RECORDING REQUESTED BY:

Name: Jose de Jesus Ruvalcaba Jaramillo

INSTRUMENT PREPARED BY:

Name: Donna J. Rall  
Address: 220 E. Illinois Ave  
Southern Pines, North Carolina 28387

(Above reserved for official use only)

RETURN DEED TO:

Name: Jose de Jesus Ruvalcaba Jaramillo  
Address: 2070 Seneca Dr  
Fayetteville, North Carolina 28301

SEND TAX STATEMENTS TO:

Name: Jose de Jesus Ruvalcaba Jaramillo  
Address: 2070 Seneca Dr  
Fayetteville, North Carolina 28301

Title Order # [REDACTED]

Tax Parcel/APN # 099575002509  
Escrow # [REDACTED]

General Warranty Deed for North Carolina

STATE OF NORTH CAROLINA  
COUNTY OF HARNETT

DATE: 01/09/2015

KNOW ALL MEN BY THESE PRESENTS THAT, for and in consideration of the sum of \$7000, the receipt and sufficiency of which is hereby acknowledged, the undersigned Grantor(s), Donna J. Rall, hereby conveys, sells, and grants to the undersigned Grantee(s) Jose de Jesus Ruvalcaba Jaramillo, and Grantee(s)'s heirs and assigns forever, all of Grantor(s)'s right, title, interest, and claim, and subject to all easements, encumbrances, protective covenants, rights-of-way, mineral rights, and other conditions and restrictions, if any, in or to the following described real estate (the "Property") located at 220 E. Illinois Ave, Southern Pines, North Carolina 28387.

Legal Description: Lot 9 Seven Oaks Subdivision containing .80 acre more or less. Street name Ripley Road. Map Book 98 Page 67.

Grantor(s) hereby covenants as follows: that Grantor(s) is lawfully seized of the Property in fee simple, that Grantor(s) has good title to sell the Property, that Grantor(s) and Grantor(s)'s successors and assigns will warrant and forever defend Grantee(s) and Grantee(s)'s heirs and assigns against all lawful claims on title to the Property, and

that the Property is free from all encumbrances and other restrictions unless otherwise stated below.

Encumbrances and Other Restrictions: Restrictive covenants contained in instrument recorded in Book 1275 Page 279, Harnett County Registry.

Grantor 1: Donna J. Rall  
Marital Status: N/A  
Address: 220 E. Illinois Ave  
Southern Pines, North Carolina 28387

Grantee 1: Jose de Jesus Ruvalcaba Jaramillo  
Marital Status: N/A  
Address: 2070 Seneca Dr  
Fayetteville, North Carolina 28301

Vesting Information/ Property Interest: Sole Owner

Signatures

Grantor 1 (or authorized agent)  
*Donna J. Rall*  
Print Name: Donna J. Rall

Notary Public

STATE OF N.C.  
COUNTY OF Moore

On this the 9 day of January 2015, the foregoing instrument was sworn to and acknowledged before me by Donna Jean Rall known or proven to me to be the person(s) whose name(s) were subscribed to the within instrument.

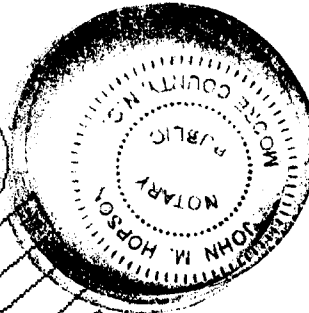
WITNESS my hand and official seal.

John M. Hopson  
(Print Name)

John M. Hopson [Affix seal]  
(Signature)

NOTARY PUBLIC

My Commission Expires: June 15, 2019



Unrecorded



NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

Unofficial Document

2

Application # 35302

**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: JOE RUVALCABA Address: 250 RIPLEY RD  
City: CAMERON State: NC Zip: 28326 Daytime Phone: 910 578 6769

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: MILLERS MOBILE HOME  
Phone: 910 308 1254 Address: 3600 BELLEDGE DRIVE  
City: FAY State: NC Zip: 28306  
State Lic# 3674 Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# owner Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# owner Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# owner Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: \_\_\_\_\_ Size: X **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.

JOE RUVALCABA  
Signature of Home Owner or Agent

2/10/15  
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

January 20, 2015

County of Cumberland  
State of North Carolina

Permit No. J-5  
Agent: RENA CAMERON

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

Name: JARAMILLO-RUVALCABA, JOSE D.  
Address: 250 RIPLEY RD CAMERON NC 28306  
Phone: \_\_\_\_\_

Carrier:

Name: MILLER MOBILE HOME  
Address: 3600 BELRIDGE DR FAYETTEVILLE NC 28306  
Phone: \_\_\_\_\_

Property Description:

Make	Year	Size	VIN
REDMAN	1995	14X65	13832367

Location Moving From: 1920 BOXWOOD LN FAYETTEVILLE NC 28311

Location Moving To: 250 RIPLEY RD CAMERON NC 28306

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.

Application Number . . . . . 15-50035302 Date 2/10/15  
Property Address . . . . . 250 RIPLEY RD  
PARCEL NUMBER . . . . . 09-9575- - -0025- -09-  
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI  
Subdivision Name . . . . .  
Property Zoning . . . . . PENDING

Owner	Contractor
-----	
JARAMILLO-RUVALCABA JOSE DE JE SUS 88 LONESTAR COURT CAMERON NC 28326	MILLER MOBILE HOME SERVICE, INC 3600 BELRIDGE DRIVE FAYETTEVILLE NC 28306 (910) 308-1254

Applicant  
-----  
RUVALCABA JOSE  
2070 SENICA DR  
FAYETTEVILLE NC 28301  
(910) 578-6769

--- Structure Information 000 000 14X60 2BDR SWMH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 2000000.00  
PROPOSED USE SWMH  
SEPTIC - EXISTING? EXT TANK  
WATER SUPPLY COUNTY

Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1072800  
Issue Date . . . . . 2/10/15 Valuation . . . . . 0  
Expiration Date . . . . . 8/09/15

Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1072792  
Issue Date . . . . . 2/10/15 Valuation . . . . . 0  
Expiration Date . . . . . 2/10/16

Special Notes and Comments  
T/S: 01/12/2015 11:50 AM JBROCK ----  
27 S UNTIL INTERSECTION OF 24 R ON  
MARKS RD ABOUT 2.5 MILES R ON RIPLEY RD  
TO LOT 9 ON R HAND SIDE

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

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 . . . . .	15-50035302	Page	2
Property Address . . . . .	250 RIPLEY RD	Date	2/10/15
PARCEL NUMBER . . . . .	09-9575- - -0025- -09-		
Application description . . . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

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	_____	___/___/___