or Moving Permit

Application # 15 5 00 3 5 3 36

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)

| Home (| -Owner Information: Owner Information (To be comple | | | | |
|------------------------|--|--------------------------|--|---|--------|
| Name: | BArry Elliott | <u> </u> | Address: | 90 P.7 ROAD | |
| City: | Evwin State: | NC | Zip: <u>2853</u> | 9 Daytime Phone: (44) 391-0703 | |
| Landov | vner Information (To be complete | d by land | lowner, if diff | ferent than above) | |
| Name: | | | Address: | | |
| City: | State: _ | | Zip: | Daytime Phone: () | |
| Part II - | - Contractor Information (To be | | | | |
| A. | Set-Up Contractor Company N | ame: | 2108 | Home TRANSPORERS UNLINITED | i A |
| | Phone: The Sub-43-10 | Addres | s: <u>3(03</u> k(/ | Gillespie ST FayeTTENille,N | C |
| | | | | mes Ofol. Com | |
| Б | • | _ | · | | |
| B. | | | | | |
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| | | | | Zip: | |
| • | | | | | |
| C. | Mechanical Contractor Compa | iny Name |): | ***** | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | • | | | Zip: | |
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| D. | | | | | |
| | *************************************** | - | · | | |
| | | | | Zip: | |
| | State Lic# | _ Email: ˌ | ······································ | | |
| Dart III | - Manufactured Home Informat | tion | | | |
| | | | | | |
| Model \ | Year: <u>1989 Size: 14 x 7</u> | <u>o</u> | Complete & | follow zoning criteria sheet | |
| Park Na | ame: | | Lot | Number: | |
| informat installati | ion and have obtained their permiss on will conform to the applicable r ce. I understand that if any item is | sion to pui nanufactu | rchase these red home set | nat the application is correct including the contractor permits on their behalf, and that the construction or extrup requirements, and the Harnett County Zoning rmation has been provided that this permit could be $2 \cdot 9 \cdot $ | r) |
| 100 | Signature of Home Owner or Ag | ont | • | Date 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.

SETUP

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 15-50035336 Date 2/09/15 Property Address 90 PIT RD Property Zoning PENDING Contractor Owner ______ ______ S & D HOME TRANSPORTERS ELLIOTT BARRY & WIFE UNLIMITED LLC ELLIOTT BERNADETTE 3103 GILLESPIE STREET FAYETTEVILLE NC 28306 90 PIT ROAD NC 28339 ERWIN (919) 931-7509 Applicant ELLIOTT BARRY #26 Structure Information 000 000 14X70 2BDR SWMH Flood Zone FLOOD ZONE X 2.00 Other struct info # BEDROOMS # BEDROOMS 2.00

MOBILE HOME YEAR 1000.00

PROPOSED USE SWMH

SEPTIC - EXISTING? NEW TANK

WATER SUPPLY NEW WELL Permit LAND USE PERMIT Additional desc . . 1989 14X70 SWMH Phone Access Code . 1072230
Issue Date . . . 2/09/15
Expiration Date . . 8/08/15 Valuation Permit MANFACTURED HOME PERMIT Additional desc . 14X70 SWMH

Phone Access Code . 1072248

Issue Date . . . 2/09/15 Valuation . . .

Expiration Date . . . 2/09/16 0 Special Notes and Comments T/S: 01/15/2015 11:56 AM VBROWN ----401S THRU BUNNLEVEL LEFT ON BYRDS MILL RD 1MI PIT RD ON RIGHT, ONCE ON PIT RD SWMH IN RIGHT.

HARNETT COUNTY CENTRAL PERMITTING

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Page Application Number 15-50035336 Date 2/09/15 Property Address 90 PIT RD Application description . . . CP MANUFACTURED HOME RA20R/RA20M CRITERI Subdivision Name Property Zoning PENDING Required Inspections Phone Insp Insp# Code Description Initials Date Permit type . . . LAND USE PERMIT 999 818 Z818 PZ*ZONING INSPECTION 820 Z820 PZ*ZONING/FINAL INSPECTION 999 Permit type MANFACTURED HOME PERMIT 10 501 T501 R*MOBILE HOME FOUND./ M. WALL 307 P307 R*PLUMB WATER CONNECTION 10 20 818 Z818 PZ*ZONING INSPECTION 20. 814 A814 ADDRESS CONFIRMATION 507 T507 R*MANUFACTURED HOME FINAL H824 ENVIR. OPERATIONS PERMIT

H828 ENVIRO. WELL PERMIT

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

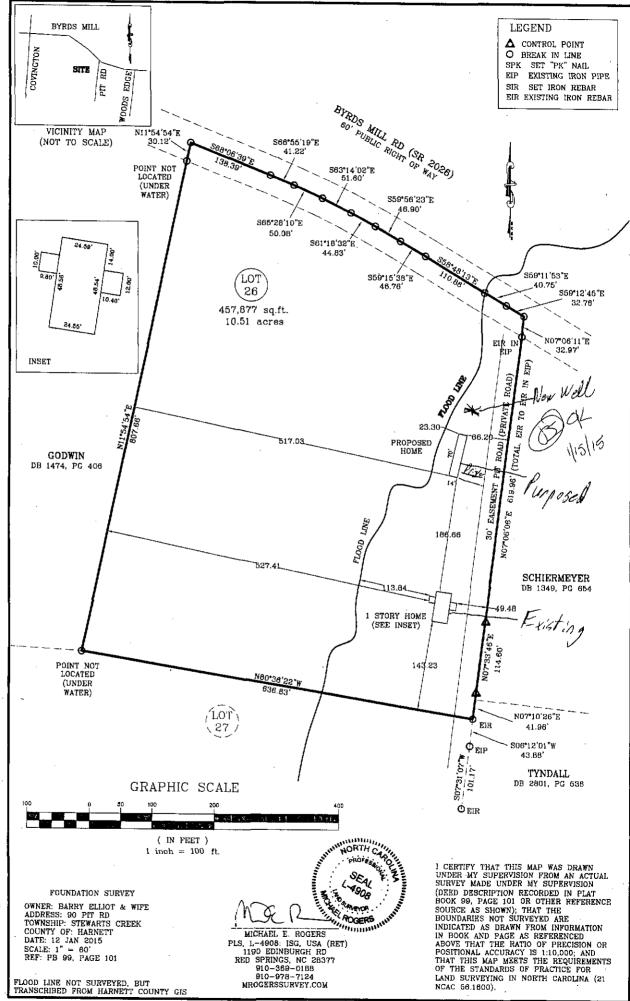
30 999 999

| Initial Application Date: 1-15-15 | Application # 15 5 00 35 336 |
|--|--|
| COUNTY OF HARNETT RESIDENTIAL LAND U Central Pernitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-752 | SE APPLICATION 5 ext:2 Fax: (910) 893-2793 www.harnett.org/permits |
| **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE | |
| LANDOWNER BATTY & Bernadette Elliott Mailing Address: 9 | O PH Road |
| City: Live July State: OC Zip: 28339 Contact No: | Email: |
| APPLICANT*: Mailing Address: | |
| Clty: State: Zip: Contact No: *Please fill out applicant information if different than landowner | Email: |
| CONTACT NAME APPLYING IN OFFICE: | Phone # |
| PROPERTY LOCATION: Subdivision: | Lot #: 26 Lot Size: 10, 57 |
| State Road #State Road Name: By/14 M N R. | Map Book & Page: 19 , 10/ |
| Parcel: 12 3576 0021 25 PIN: 0576 | 82 0511,000 |
| Zoning: K # 20 Flood Zone: Watershed A Deed Book & Page: 13 1/2 / *New structures with Progress Energy as service provider need to supply premise number | Power Company*:from Progress Energy. |
| | nomin Togress Energy. |
| PROPOSED USE: | Monolithic |
| SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage. | : Deck: Crawl Space: Slab: Slab: |
| (Is the bonus room finished? () yes () no_w/ a closet? () ye | es () no (if yes add in with # bedrooms) |
| ☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: | |
| (is the second floor finished? () yes () no Any other site buil | |
| Manufactured Home: SW DW TW (Size 14 x 70) # Bedrooms: 2 Gal | rage:(site built?) Deck:(site built?) |
| ☐ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: | |
| | · · |
| ☐ Home Occupation: # Rooms: Use: Hours of Operation | ion:#Employees |
| ☐ Addition/Accessory/Other: (Sizex) 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 (Comp | |
| Does owner of this tract of land, own land that contains a manufactured home within five hundred fe | |
| Does the property contain any easements whether underground or overhead () yes () no | |
| Structures (existing or proposed): Single family dwellings: 1 Exist Manufactured Homes: | 1 / w posed Other (specify): |
| Required Residential Property Line Setbacks: Comments: 1 From | 90 Pit RJ. I PULLOSED SWMH |
| Front Minimum 35 Actual 66 23,30 OUT OF F | lod Zone Aprian by 15 |
| Rear 25 5/7 | 11/200-1-1-2 |
| Closest Side 10 100 | |
| Sidestreet/corner lot | |
| Nearest Building 6 186 on same lot | |

Residential Land Use Application

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"



E:\CI_ELIOTYPIT ROAD\HOUND.dwg, 1/13/2015 7:48:37 AM, megges, 1:106

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become invalid.

| <u>APPL</u> | ICANT INFORMA | <u>ATION</u> | |
|--|---|--|--------------|
| Applicant/Owner Street Address, City, State, Zip | 10 UC 283 Code | (90) <u>391-070</u> Phone Number | <u>23</u> |
| The Applicant must submit a Site Plan. To existing and/or proposed property lines and the location of the facility and appurtenants. The location for the proposed well: 4. the location of existing or proposed sewer. The location of any existing wells within left. The above ground and/or underground storage. The and any other known sources of contaminations. | nd easements with dimensions; ice; lines and/or sewage disposal s 00 feet of the property; surface tanks: | ystems within 100 feet or the proposed vewater bodies; | vell; |
| The Applicant shall notify the Harnett Co Division of Environmental Health if any of 1. there is a relocation of the proposed facility 2. there is a change in the intended use of the 3. there is a need for installing the waste wate 4. there are landscape changed that affect site Contact information: Environm | f the following occur prior to by; : facility; er system in an area other than e drainage. | indicated on the well permit; or | $ec{m{\mu}}$ |
| | ERTY INFORMA Proposed use of well | | 7 |
| Single-Family Multifamily Street Address Parcel # 12 0576 000 | Church Restauran Subdivi PIN # | | Bl # 26 |
| HOL South for hyrd's 2 miles 1 miles | Directions to the Site | 9 miles turn 30 down about on the right or | E PH Pd. |
| I have thoroughly read and completed this Applicorrect to the best of my knowledge and is give in state officials are granted right of entry to conduct i understand that I am solely responsible for the property. | good falth. Representatives of tet necessary inspections to determ | he Harnett County Health Department and nine compliance with applicable rules. | |
| making the site accessible so that a will can be prope | erly constructed according to the p | ermii. | |
| Property Owner's Legal Representative S | Signature Required | Date Date | - |

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| APPLICATION #: |
|--|
| NAME:*This application to be filled out when applying for a septic system inspection.* |
| "This application to be filled out when applying for a separate system of Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and Permit Application for Improvement Permit and Permit Application for Improvement Permit and Permit Application for Improvement Permit Pe |
| County Health Department Application for Improvement Permit and/of Authorization to Construct the County Health Department Application is Falsified, Changed, OR the Site is altered. Then the improvement if the information in this application is Falsified, Changed, OR the permit is valid for either 60 months or without expiration. |
| PERMIT OR AUTHORIZATION TO CONSTRUCT site also = 60 months: Compilete plat = without expiration) |
| depending upon documentation submitted. (Complete site plan = 0 months) CONFIRMATION # 910-893-7525 option 1 |
| |
| All property irons must be made visible. Place plink property corners. |
| lines must be clearly flagged approximately every 50 feet detween corners. Also flag driveways, garages, dec. Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, dec. |
| out buildings, swimming pools, etc. Place mays per site plant and from road to assist in locating property. |
| • Place grange Environmental Health card in locality applies that you clean out the undergrowth to allow the s |
| 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 and other party lines, all once lot confirmed ready. |
| for failure to uncover outlet lid. mark house corners and property lines, sto, bytes by committee and use coo. After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use coo. After preparing proposed site call the voice permits exist) for Environmental Health inspection. Please not |
| |
| 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. |
| _ ' |
| Follow above instructions for placing riags and cutter and of tank as diagram indicates, and lift lid straight up () |
| • Prepare for inspection by removing soil over outlet end of tank as diagram. possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) |
| • DO NOT LEAVE LIDS OFF OF SEPTIC TANK |
| DO NOT LEAVE LIDS OFF OF SEPTIC TANK After uncovering outlet end call the voice permitting system, at 910-893-7525 option 1 & select notification permit 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 tVR to hear results. Once approved, proceed to Central and Section 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| 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 (YNO 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? |
| WYES (_) 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. |
| we Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And |
| Of the Are Cronted Bight Of Party, To Conduct Necessary Inspections To Determine Compniance with Applicable Laws And Rules. |
| derstand That I Am Solely Responsible For The Proper Identification And Labeling Or All Property Lines And Corners and Making |
| Site Aggessible So That A Complete Site Eyalpation Can Be Performed. |

DERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

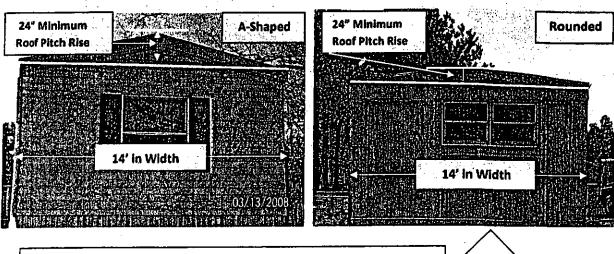
| Date: | , | Application# | |
|-------|---|---------------|--|
| Date | | Applicationii | |

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.

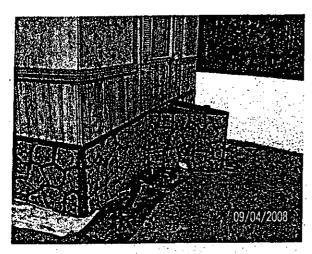
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty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

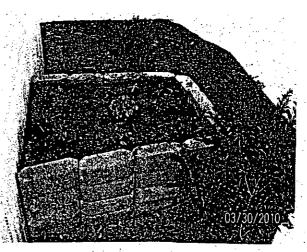


Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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.

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.

1550035336



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

| SETTE SINCE | | | | | | |
|-----------------------|-----------------------------|---|------------------|---|------------------------|--|
| February 2 | 5, 2015 | | | · | | |
| County of C | Cumberland | | | Permit No. | E-15 | |
| State of No | rth Carolina | | | Agent: | Pam Criscoe | |
| Permission | is granted to | the following pers | son(s) to move t | the mobile hon | ne identified below: | |
| Name: | ELLIOTT, B. | ARRY | | | | |
| Address: | 90 PITT RD | ERWIN NC 28339 | | | <u> </u> | |
| Phone: | | | | | | |
| Carrier: | | | | | | |
| Name: | CARTER CO | UNTRY HOMES | | , <u>, , , , , , , , , , , , , , , , , , </u> | | |
| Address: | 3103 GILLE | SPIE ST FAYETTE | /ILLE NC 28306 | | | |
| Phone: | T | | | | | |
| Property De | escription: | | | | | |
| Make | | Year | Size_ | VIN | | |
| OAKWOOD | | 1989 | 14X70 | HONC564 | 14CK2509226 | |
| Location Moving From: | | 3103 GILLESPIE ST FAYETTEVILLE NC 28306 | | | | |
| Location Moving To: | | 90 PITT RD ERWIN NC 28339 | | | | |
| | | • | | | | |
| | is issued in igh §105-31 | | he provisions of | North Carolin | a General Statute §105 | |

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.

aren Donalden

Aaron Donaldson Cumberland County Tax Administrator