

Initial Application Date: 1-20-15

Application # 15 500 35391

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: Michael Newton Mailing Address: 125 Newton Rd
City: Lillington State: NC Zip: 27546 Contact No: 919 774 379 Email: _____

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

CONTACT NAME APPLYING IN OFFICE: EJ Womack Phone # 919 774 379

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 37.7 AC
State Road # 12601 State Road Name: Newton Rd Map Book & Page: GIS
Parcel: 13 0621 0083 PIN: 0621-63-3597.000
Zoning: RABD Flood Zone: IV Watershed: X Deed Book & Page: 3079 416 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: X SW _____ DW _____ TW _____ (Size 14 x 70) # Bedrooms: 3 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 Other (specify): pro. sun H

Required Residential Property Line Setbacks:

Front	Minimum _____	Actual <u>120</u>
Rear	_____	<u>300</u>
Closest Side	_____	<u>150</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

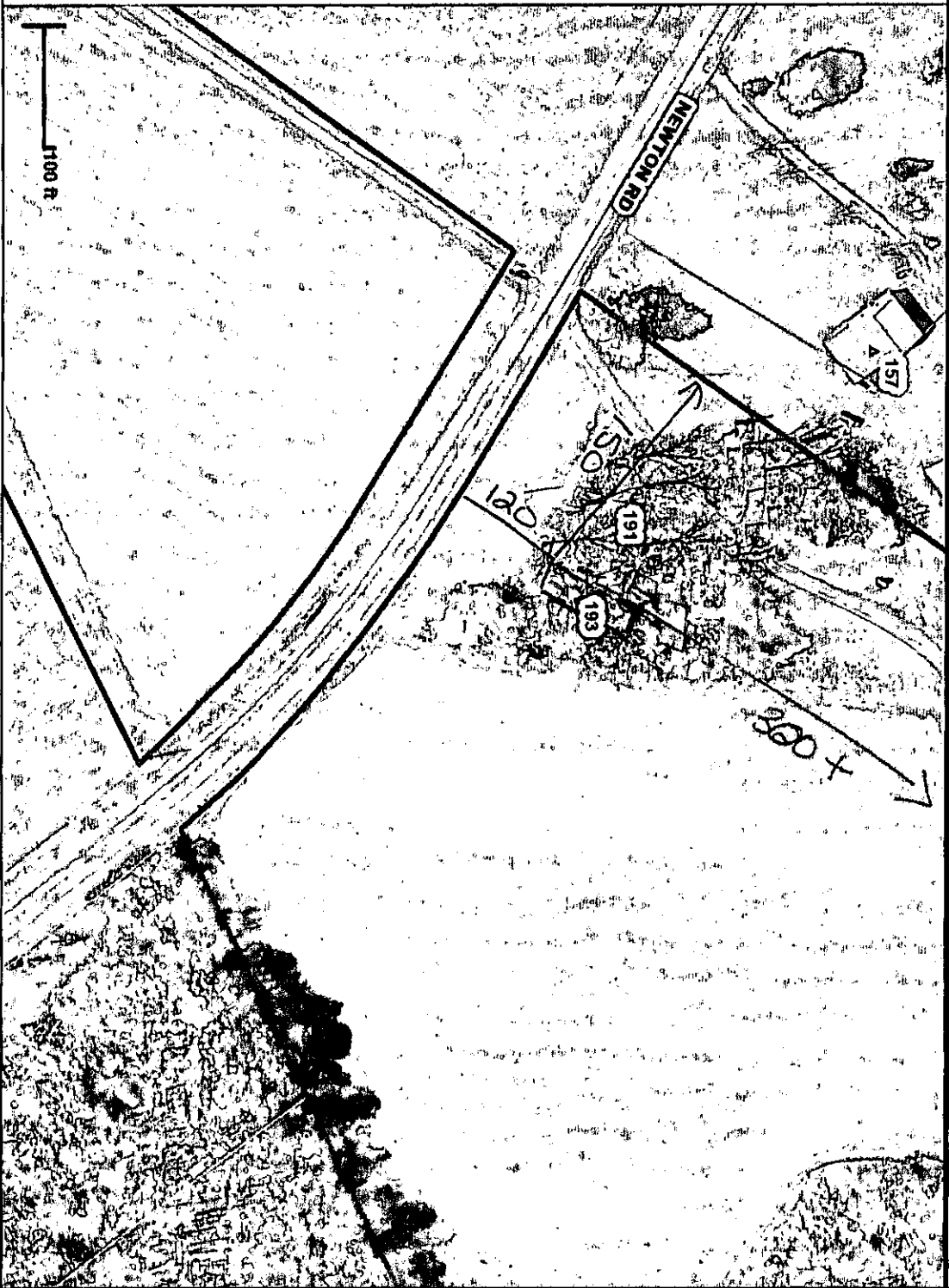
Michael Neuta
Signature of Owner or Owner's Agent

1-20-15
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

HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS

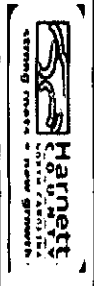


Harnett County GIS
305 W Cornelius Harnett Blvd, Suite 100
Lillington NC 27546
Phone: 910-893-7523 www.harnett.org

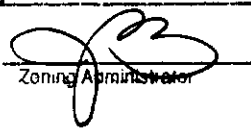
Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.



- AddressPoints
- Road Centerlines
- MajorRoads
- Rivers
- Parcels
- County_Boundary
- CityLimits
- Harnett_2013.sid
- Red: Band_1
- Green: Band_2
- Blue: Band_3



SITE PLAN APPROVAL
DISTRICT R30 USE SLM H

#BEDROOMS 3
1-26-14 
Date Zoning Administrator

NAME: _____

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 800

- **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 **outlet end** of tank as diagram indicates, and lift lid straight up (*if 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**
- 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.

 _____ 1-26-15
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

Conditional Use Certification

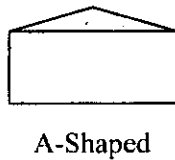
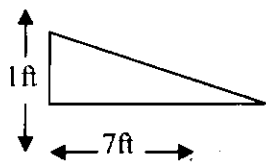
I, Michael Newton understand that because I have obtained a Conditional
(Print Name)

Use Permit from the Harnett County Board of Adjustment for the use of a _____
located in a RABD Zoning District, I am required to meet the following Special
Conditions before a final Certificate of Occupancy will be issued for the home/business.

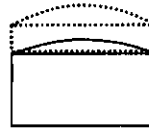
Conditions: See Letter

***Note:** If you have obtained a Conditional Use Permit for a manufactured home and are required to meet any of the following conditions (**Pitched Roof, Masonry Foundation, Underpinning, Removal or Landscaping of the Towing Apparatus**) then please be aware of the minimum standards below.

Pitched Roof: The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise of twelve (12) inches for every seven (7) feet of width. (See diagram)



A-Shaped



Rounded

Note: Most Rounded roofs will not meet this requirement! Some raised/boxed round roofs will pass.

Masonry Foundation: The home must be underpinned, the underpinning must be installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: brick, cinder block, or stone masonry.

Standard Underpinning: The home must be underpinned, the underpinning must be designed for a manufactured home & installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked-on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.

Towing Device: The homes moving apparatus must be removed, underpinned or landscaped.

Michael Newton
Signature of Property Owner

1-26-15
Date



Harnett
C O U N T Y
NORTH CAROLINA

Planning Department

www.harnett.org

PO Box 65
108 E. Front St.
Lillington, NC 27546

Ph: 910-893-7525
Fax: 910-814-6459

January 22, 2015

Michael Newton
125 Newton Rd
Lillington NC, 27546

RE: BA-CU-01-15 SWMH
PIN#0624-63-3597

To whom it may concern:

On January 12, 2015, the Harnett County Board of Adjustment approved a conditional use permit for the above referenced request with no conditions.

Please be aware that a conditional use permit is valid for a period of one year from the date of approval. If no further action is taken before that period expires, the conditional use permit will become invalid. The next step will be to complete a land use application with Harnett County Central Permitting and submit it with a site plan.

With further questions or concerns, the Harnett County Planning Department can be reached at (910)893-7525, option 4.

Thank you,

Matt Talbott
Planner I

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: Michael Newton Address: 113 Newton Rd

City: _____ State: _____ Zip: _____ Daytime Phone: () _____

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: Raven Rock MH Movers

Phone: 919-775-3600 Address: 3335 NC Hwy 87 S

City: Sanford State: NC Zip: 27332

State Lic# 3400 Email: N/A

B. **Electrical Contractor** Company Name: Collins HTG ATR

Phone: 919-258-5664 Address: 9490 Old 421

City: Broadway State: NC Zip: 27505

State Lic# 17277 Email: _____

C. **Mechanical Contractor** Company Name: Collins HTG ATR

Phone: 919-258-5664 Address: 9490 Old 421

City: Broadway State: NC Zip: 27505

State Lic# 08276 Email: _____

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

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# _____ 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.

Michael Newton
Signature of Home Owner or Agent

2-23-14
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.

**E. J. WOMACK ENTERPRISES INC.
DBA COUNTRY FAIR HOMES**

3335 NC 87 Highway S.
SANFORD, NORTH CAROLINA 27332
(919) 775-3600 • Fax: (919) 775-7533

Michael Newton
193 Newton Rd
Champion

2/23/15

EJ

1994 2 70 14 70 14

NEW USED

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION	BASE PRICE OF UNIT	
				10,000.00	
OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES					
Delivery + Set					
				19000.00	
				19000.00	
<p>3. Unpaid Balance of Cash Sale Price \$</p> <p>Dealer and Buyer certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories; the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.</p>					
ESTIMATED RATE OF FINANCING					
NUMBER OF YEARS					
ESTIMATED MONTHLY PAYMENTS \$					
<p>THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS CONTRACT.</p> <p>BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.</p>					
<p>I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.</p>					
<p>NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE</p>					
<p>DESCRIPTION OF TRADE-IN</p>					
<p>ANY DEFERRED PAYMENTS ON TRADE-IN TO BE PAID BY</p>					
<p>E. J. WOMACK ENTERPRISES INC. DBA COUNTRY FAIR HOMES</p>					

FORM 500NC

ORIGINAL

A PLAIN LANGUAGE PURCHASE AGREEMENT Rev 01/04
Copyright ©1983 JENKINS BUSINESS FORMS LUTZ, FL 33548

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 15-50035391 Date 2/23/15
Property Address 193 NEWTON RD
PARCEL NUMBER 13-0621- - -0083- - -
PIN 0621-63-3597.000
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner

NEWTON MICHAEL
125 NEWTON RD
LILLINGTON NC 27546
(910) 893-2242

Contractor

RAVEN ROCK MOBILE HOME MOVER
3335 NC 87 HWY.
SANFORD NC 27332
(919) 775-3600

Applicant

NEWTON MICHAEL
125 NEWTON RD
LILLINGTON NC 27546
(919) 777-4379

--- Structure Information 000 000 14X70 3BDR SWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1074145
Issue Date 2/23/15
Expiration Date 8/22/15

Valuation 0

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1074137
Issue Date 2/23/15
Expiration Date 2/23/16

Valuation 40000

Special Notes and Comments

T/S: 01/26/2015 09:07 AM JBROCK ----
NEWTON RD

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.

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PARCEL NUMBER	13-0621- - -0083- - -		
PIN	0621-63-3597.000		
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	_____	___/___/___