

Initial Application Date: 3.4.15 Replacement Application # 15-50035621  
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: Doris + Victor Koch Mailing Address: 261 Graham Rd.  
City: Sanford State: NC Zip: 27332 Contact No: 919-498-9609 Email: \_\_\_\_\_

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

CONTACT NAME APPLYING IN OFFICE: Doris Koch Phone # 919-498-9609 att before coming

PROPERTY LOCATION: Subdivision: Wesley Douglas Lot #: \_\_\_\_\_ Lot Size: 4.34 Ac.  
State Road # \_\_\_\_\_ State Road Name: Graham Rd. Map Book & Page: 2006/276  
Parcel: 03-9568-0069-01 PIN: 9568-92  
Zoning: R420P Flood Zone: X Watershed: NA Deed Book & Page: 2004/168 Power Company\*: Duke

\*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: \_\_\_\_\_ Monolithic 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 28x70) # 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 Access/Utility

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

#### Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35'</u>	<u>190'</u>
Rear	<u>25'</u>	<u>400'</u>
Closest Side	<u>10'</u>	<u>75'</u>
Sidestreet/corner lot	<u>20'</u>	<u>—</u>
Nearest Building on same lot	<u>10'</u>	<u>260'</u>

#### Comments:

proposed existing

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take 27 From Lillington to Barbacue Church Rd.  
Turn Right on Barbacue Church Rd, Turn Left onto  
Olivia Rd. Turn Left onto Benhaven Rd.  
Turn Right onto Graham Rd. Sight is on  
Left at 261.

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.

Doris Koch

Signature of Owner or Owner's Agent

3-4-15

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\*\*

1-100

SITE PLAN APPROVAL

DISTRICT RA202 USE DWVH

#BEDROOMS 3

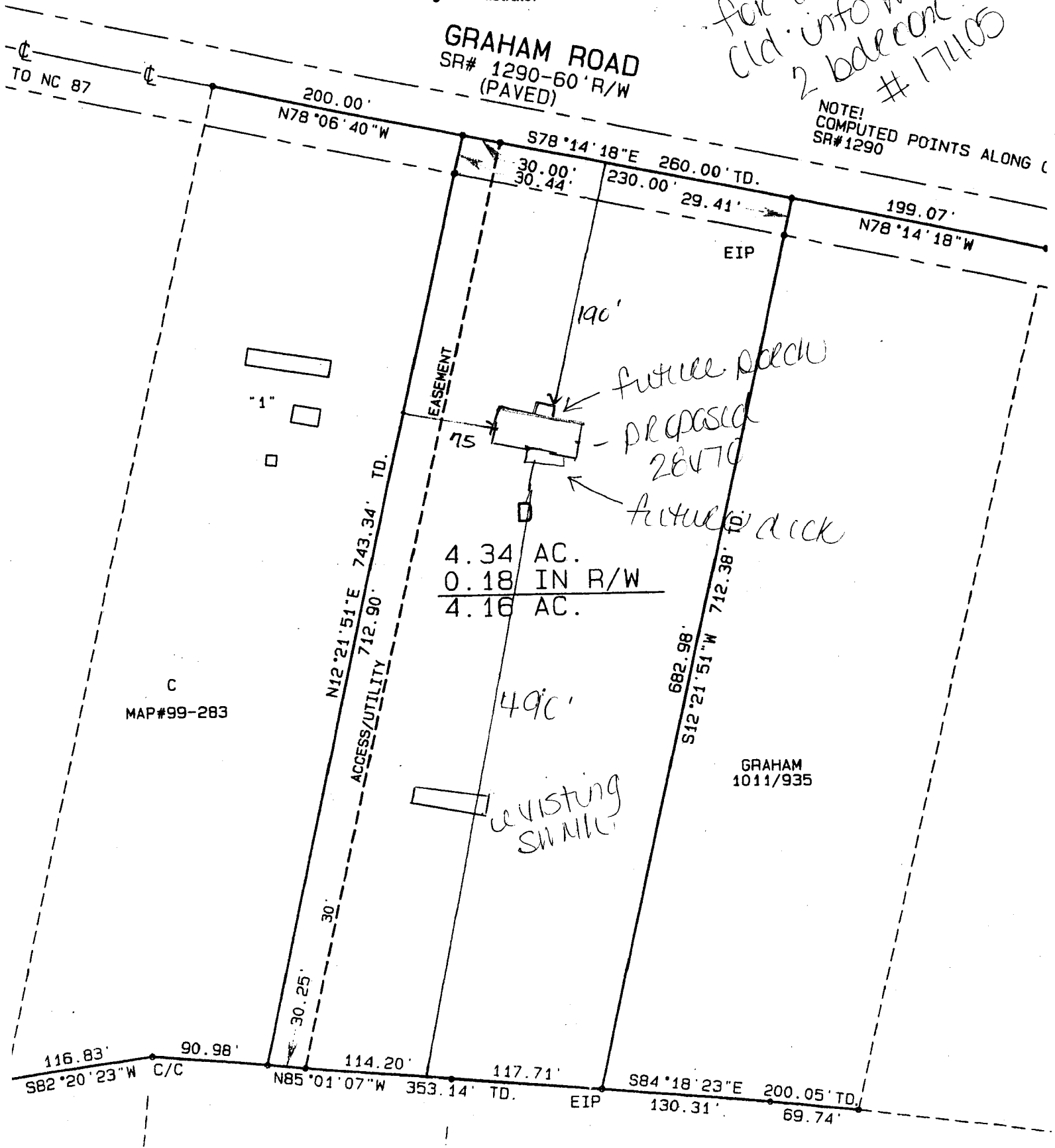
3.4.15 D. Johnson

Date

Zoning Administrator

Reference note.  
an old improvement  
for a three bedroom  
old info was for  
2 bedroom  
#17405

NOTE!  
COMPUTED POINTS ALONG C  
SR#1290



NAME: Doris KochAPPLICATION #: 15-50035621

\*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.

Doris Koch

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-4-15

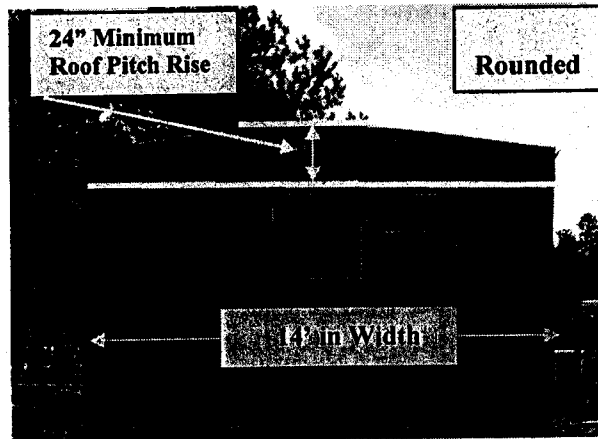
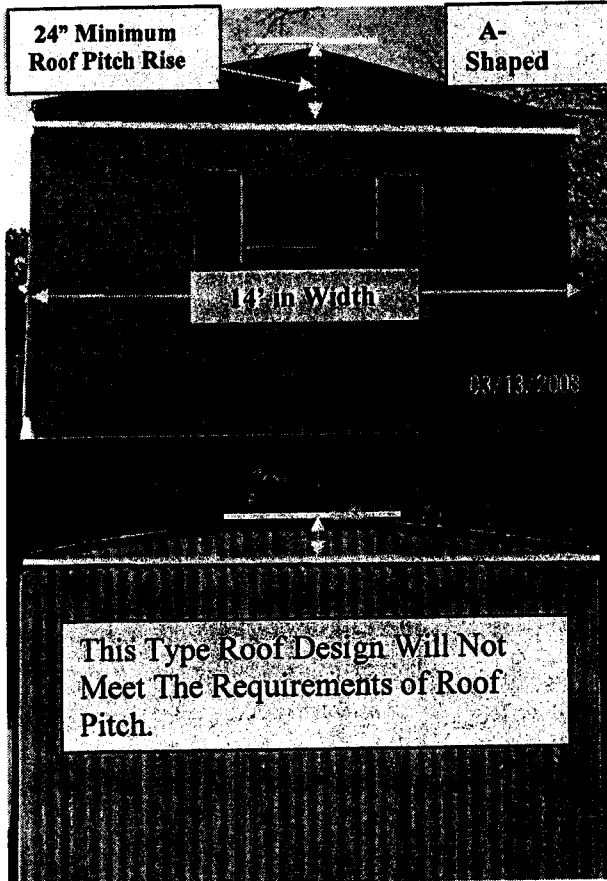
DATE

# PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

## Replacement & Removal Criteria

I, Doris Koch, do hereby certify the following:  
(Print Name)

1. That I own a tract of land located on SR \_\_\_\_\_ in an RA-30 / RA-40 or RA-20R / RA-20M district which has a functional septic tank;
2. That the existing single / double-wide manufactured home is to be removed or was removed on after (date)
3. That I am replacing an existing single / double wide manufactured home with a single / double wide manufactured home, and;
4. That the replacement of this manufactured home creates 2 residence(s) on this single tract of land, and;
5. That there will be 2 manufactured home(s) on this single tract of land and I do/do not own property within 500 feet of this tract that contains a manufactured home.
6. 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. (14' Wide Home = 24" Roof Rise)

7. The home must be underpinned, the underpinning must be designed for manufactured homes & 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.
8. The homes moving apparatus removed, underpinned or landscaped.
9. Select One of the Following Options Below:
- a. The current manufactured home will be removed prior to the Zoning Inspection.
- b. The current manufactured home is scheduled to be removed through Project AMPI
- c. The current manufactured home will be removed after the final inspection has been performed and the certificate of occupancy has been issued. **(Additional Fees & Requirements Shall Apply)**
- \*see back of form for additional information.

**\*(Additional Information for Option C) Temporary approval for replacement of a manufactured home is allowed only under the procedures and limitations stated below.**

*Please initial next to each item to indicate that you understand and have or will comply as necessary.*

- ☐ 1) A valid manufactured home moving permit must be submitted for the removal of the existing home located on the property.
- ☐ 2) A copy of a Bill of Sale or a Title Transfer of the existing home must be submitted.
- ☐ 3) Items 1 & 2 must be submitted to Central Permitting prior to your permit issuance.
- ☐ 4) **Property owner/agent** acknowledges that due to the fact that a second zoning inspection is required, in order to facilitate this request, a re-inspection fee in the amount of fifty (\$50.00) dollars shall be paid during the permitting process.
- ☐ 5) Once the home has met all other zoning requirements, a temporary approval shall be granted in order to proceed with obtaining a certificate of occupancy. From the date the certificate of occupancy is issued, the property owner shall have five (5) business days to remove the pre-existing manufactured home.
- ☐ 6) **Property owner/agent** acknowledges that if the pre-existing manufactured home is not removed by the specified time of five (5) business days that he / or she shall be in direct violation of the Harnett County Zoning Ordinance. And by creating a violation of the Harnett County Zoning Ordinance shall subject themselves to enforcement actions, penalties, and fines specified within *Article XV, (Administration, Enforcement, and Penalties)* of the Harnett County Zoning Ordinance. Each day the violation continues is a separate offence and is a misdemeanor punishable by a fine not to exceed one hundred (\$100.00) dollars or imprisonment not to exceed thirty (30) days.
- ☐ 7) **Property owner/agent** acknowledges and affirms that the guidelines, procedures, and requirements associated with the replacement of a manufactured home and the penalties for creating a violation of the Harnett County Zoning Ordinance have been explained and accepts this document as an initial notice of violation.

Doris Koch 3-4-15  
Signature of Property Owner Date  
**\*By signing this form the owner/agent is stating that they have read and understand the information on this form**

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: Doris + Victor Koch Address: 261 Graham Road  
City: Sanford State: NC Zip: 27332 Daytime Phone: 919-356-4776

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

Name: - Same - 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: Charles Stone  
Phone: 910-736-0618 Address: 1755 Normant Road  
City: Lumberton State: NC Zip: 28358  
State Lic# 3556 Email: \_\_\_\_\_
- B. **Electrical Contractor** Company Name: Service Solutions  
Phone: 910-635-9363 Address: 5798 McDonald Rd  
City: Parkton State: NC Zip: 28371  
State Lic# 20934-005F1 Email: \_\_\_\_\_
- C. **Mechanical Contractor** Company Name: Spells Mechanical  
Phone: 910-525-5976 Address: P.O. Box 93  
City: Autryville State: NC Zip: 28318  
State Lic# 10574 Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: Jessie E. Fisher, Jr  
Phone: 910-705-0231 Address: 5141 Beniah Church Rd  
City: Lumberton State: NC Zip: 28358  
State Lic# 18280 Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 2015 Size: 28 x 70 **Complete & follow zoning criteria sheet**

Park Name: - NA - 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.

Maime Koch  
Signature of Home Owner or Agent

4-7-15  
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.

HTE #: 15-5-35621

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
307 CORNELIUS HARNETT BOULEVARD  
LILLINGTON, NC 27546

**EXISTING SEPTIC SYSTEM INSPECTION**

Name: Doris & Victor Koch

Phone #: 919-498-9609

Address: 261 Graham Rd. Sanford, NC 27332

Name of Mobile Home Park or S/D: Wesly Douglas lot D

Name of Owner (if different): \_\_\_\_\_

Address of Owner (if different): \_\_\_\_\_

Property Location (State Road name and #): Graham

Purpose of Inspection: replace home

The aforementioned site has been evaluated by the Harnett County Health Department Environmental Health Section. At the time of inspection, there appeared to be a septic system serving this site. If the system should malfunction, the owner is responsible for any necessary repairs.

**THIS INSPECTION IS VOID IF:**

1. the intended use of the septic system should change, and/or
2. the system should fail or malfunction, and/or
3. the owner or tenant of the property change, and/or
4. after six months

**BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM  
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM**

**AUTHORIZATION OF EXISTING SYSTEM**

  
\_\_\_\_\_  
Signature of Environmental Health Specialist

3/19/2015  
\_\_\_\_\_  
Date



1125570

DATE:

BUYER(S): DORIS BURKETT KOCH

VICTOR BRUCE KOCH

ADDRESS: 261 GRAHAM RD SANFORD NC 27332

DELIVERY ADDRESS: 261 GRAHAM RD SANFORD NC 27332

TELEPHONE: (919) 498-9609

SALES PERSON FULL NAME: Adriana Shaver

## SALES AGREEMENT

## BASE PRICE:

\$103,462.80

State Tax  
Local Tax\$2,457.25  
\$0.00

## 1. CASH PRICE

\$105,920.05

## TITLE FEES

\$40.00

Federal Warranty Service Corporation  
(Including Sales Tax paid to State: \$48.94)

\$747.94

## 2. TOTAL PACKAGE PRICE

\$106,707.99

Trade Allowance

\$13,000.00

Less Amount Owed

\$0.00

Trade Equity

\$13,000.00

Cash Down Payment

\$500.00

## 3. LESS ALL CREDITS

\$13,500.00

## 4. REMAINING BALANCE

\$93,207.99

Make: CMH

Model: 57ENT28704AH15

Year N/A

Length N/A

Width N/A

Stock# RSO

Serial No. ROC729528NCAB

☒ New ☐ Used

TRADE: Make: HORTON

Model: DYNASTY

Year 2001

Length 76

Width 14

Title #

Serial No. H815435G

Amount owed will be paid by:

☒ Buyer ☐ Seller

Owed to:

## OPTIONS:

Brick skirting, new heat pump, 2 sets of steps.

## SELLER RESPONSIBILITIES:

Move existing home. Deliver and set new home. Re hook electric and plumbing. Apply for zoning permit.

## BUYER RESPONSIBILITIES:

Customer to purchase home as shown with a few changes. Customer to apply for septic permit and all utilities. Customer to put numbers on home. Tear down existing structures on current home.

May not meet local codes and standards. New homes meet Federal  
Manufactured Home Standards.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 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.ESTIMATED RATE OF FINANCING 5.74% NUMBER OF YEARS 23  
ESTIMATED MONTHLY PAYMENTS \$630.55Buyer(s) agree: (1) that the terms and conditions on page two are part of this  
agreement; (2) to purchase the above home including the options; (3) they  
received and acknowledge receiving a completed copy of this agreement; (4)  
that all promises and representations made are listed on this agreement; and (5)  
there are no other agreements, written or verbal, unless evidenced in writing  
and signed by the parties.

## SELLER:

CMH Homes, Inc. d/b/a -

x *Maryanne Locken*CLAYTON HOMES FAYETTEVILLE, NC  
3340 GILLESPIE ST  
FAYETTEVILLE NC 28306

## BUYER:

x *Doris Burkett Koch*  
Signature of: DORIS BURKETT KOCHx *Victor Bruce Koch*  
Signature of: VICTOR BRUCE KOCHx  
Signature of:x  
Signature of:

Location	Type of Insulation	Thickness	R-Value
Floors	fiberglass	7.00	22
Exterior	fiberglass	3.50	11
Ceilings	fiberglass	9.40	30

This insulation information was furnished by the  
Manufacturer and is disclosed in compliance with the Federal  
Trade Commission Rule 16CRF, SECTION 460.16.

## 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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Application Number . . . . .	15-50035621	Page	2
Property Address . . . . .	261 GRAHAM RD	Date	4/07/15
PARCEL NUMBER . . . . .	03-9568- - -0069- -01-		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name . . . . .			
Property Zoning . . . . .	PENDING		

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## Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
-----					
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	_____	____/____/____
Permit type . . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	____/____/____
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	____/____/____
Permit type . . . . . NOTIFICATION PERMIT					
999	800	H800	ENVIR. HLTH. CONFIRMATION	BM	AP 3/19/15
999	804	F804	FIRE MARSHAL PLAN REVIEW	_____	____/____/____
999	806	P806	PLANNING REVIEW	_____	____/____/____
999	802	B802	BLDG PLAN REVIEW	_____	____/____/____
999	826	H826	ENVIR HLTH/SANI PLAN REVIEW	_____	____/____/____

## 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	03-9568- -0069- -01-		
Application type description	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name			
Property Zoning	PENDING		

## Owner

KOCH DORIS AND VICTOR  
261 GRAHAM RD  
SANFORD NC 27332  
(919) 498-9609

## Contractor

STONE CHARLES  
1103 GOUGH STREET  
LUMBERTON NC 28358  
(910) 618-0440

--- Structure Information 000 000 28X70 MANUFACTURED HOME

Flood Zone FLOOD ZONE X

Other struct info # BEDROOMS 3.00

MOBILE HOME YEAR

2014.00

PROPOSED USE

DWMH

SEPTIC - EXISTING?

YES

WATER SUPPLY

COUNTY

Permit MANUFACTURED HOME PERMIT

Additional desc

Phone Access Code 1080415

Issue Date 4/07/15

Expiration Date 4/06/16

Valuation 0

Permit LAND USE PERMIT

Additional desc

Phone Access Code 1080423

Issue Date 4/07/15

Expiration Date 10/04/15

Valuation 0

Permit NOTIFICATION PERMIT

Additional desc

Phone Access Code 1075399

Issue Date 3/04/15

Valuation 0