

Initial Application Date: 6-11-15

Application # 1550036391

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: Christina Boada Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

APPLICANT*: Charles Lynn Mailing Address: 399 Chatman Ln

City: Cameron State: NC Zip: 28326 Contact No: 9197966128 Email: rodneyleator@yahoo.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Kiranda Lot #: 1 Lot Size: 2.92

State Road # 10 State Road Name: Elinea Ln Map Book & Page: 2002/1319

Parcel: D9 9575 0148 44 PIN: 9575-25-7345-000

Zoning: RA200M Flood Zone: X Watershed: MA Deed Book & Page: 1864 / 249 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 28 x 56) # 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): _____

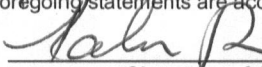
Required Residential Property Line Setbacks:

Front Minimum _____ Actual 100
Rear _____ 390
Closest Side _____ 25
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.



Signature of Owner or Owner's Agent

6-11-15
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****

17095

50 Ft Road Easement

390x

□ (Septic)

40

25

DW

100

588

SITE PLAN APPROVAL

DISTRICT RAAD USE DW

#BEDROOMS 3

Date 6-11-15

Zoning Administrator

50=10

138

NAME: Charles Lynn

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 _____

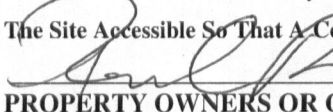
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- { } 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.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-11-15
DATE

Date: 6-11-15

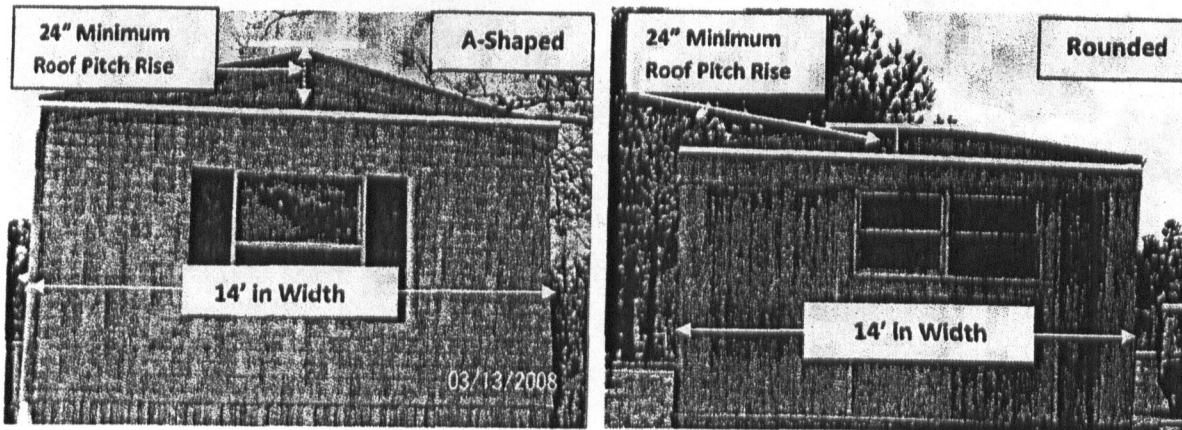
Application# _____

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Rod Deist, 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.....

Application # 1550036391

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: Charles Lynn Address: 10 Elira Ln

City: Cameron State: NC Zip: 28326 Daytime Phone: (910) 850 6572

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

Name: Christina Bada 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: Chao's Mobil Home Transit

Phone: 910 850 6572 Address: P.O. Box 355 5657 Bragg Blvd

City: Fayetteville State: NC Zip: 28303

State Lic# 3532 Email: Charles.deat74@yahoo.com

B. **Electrical Contractor** Company Name: Chris Farmer (CSF)

Phone: 910 263 5560 Address: 5356 Huelabry Rd

City: Fayetteville State: NC Zip: 28314

State Lic# 229214 Email: _____

C. **Mechanical Contractor** Company Name: Reliable Heat & Air

Phone: 910 624 9062 Address: _____

City: Fayetteville Shannen State: NC Zip: 28386

State Lic# 22270 Email: _____

D. **Plumbing Contractor** Company Name: Chao's Mobil Home Transit

Phone: 910 850 6572 Address: 5657 Bragg Blvd

City: Fayetteville State: NC Zip: 28303

State Lic# 3532 Email: _____

Part III - Manufactured Home Information

Model Year: 2015 Size: 28 X 56 **Complete & follow zoning criteria sheet**

Park Name: VICANDA Lot Number: 1

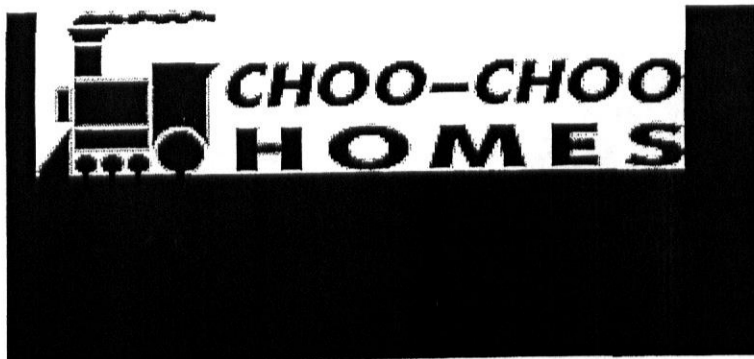
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured 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.

[Signature]
Signature of Home Owner or Agent

6-23-15
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.



5657 Bragg Boulevard
Fayetteville, NC 28303
Phone (910)860-8787 Fax (910)860-1938

The undersigned Purchaser(s) has agreed to purchase from CHOO-CHOO Homes _____ (the "Seller") the manufactured home described on page 1 (the "Home"). In that connection, Purchaser(s) submits herewith a (circle appropriate choice)

Modular Home Credit Application and/or Non-Refundable Deposit of \$ _____

Once the Home is delivered on the Purchaser(s) home site and/or the site the Purchaser(s) has specified the contract then becomes due in full. Failure to pay the contract can and will result in the Seller exercising it's right to collect the amount owed in full through legal action such as Judgments, Liens, and any means within their legal right.

Purchaser(s) acknowledges and agrees that any and all wheels, axles, and related apparatus and equipment used to transport the Home for delivery to Purchaser(s) are and shall remain at all times the sole property or manufacturer and are not sold to Purchaser(s).

Purchaser(s) represents to seller that, to the best of Purchaser's knowledge, the lot upon which the home is to be located _____ is is not located in a Special Flood Hazard Area as shown on maps prepared by the U.S. Department of Housing and Urban Development, or in a flood prone area, the cost to set up the Home upon delivery may exceed those provided for in this Contract or contemplated by all parties. Purchaser(s) hereby agrees to pay such excess cost in addition to all other amounts provided herein.

Purchaser(s) acknowledges and agrees that he/she is of statutory age or has been legally emancipated; that he/she is purchasing the insurance described on page 1 voluntarily; that the trade-in described on page 1, if any, is free from all claims, liens and embraces, except as noted; and that if any provision of this Agreement is unenforceable, the remaining provisions will be valid.

Not valid unless signed by an authorized representative of Seller. Approval by Seller is subject to acceptance by a bank or finance Company, if applicable.

Initials:

Date:

CBC

6-10-95

(Seller) Choo-Choo Homes
5657 Bragg Blvd
Fayetteville, NC 28303
Agent: Kathy Dew

Purchaser(s) acknowledges receipt of a true copy of this Agreement and that he/she has read and understand its terms

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT ON THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE WRITTEN. IF I CANCEL THIS PURCHASE AFTER THE THREE-DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK THE MONEY THAT I PAID THE DEALER.

Charles B. Symon

Purchaser:
XXX-XX-5788
Social Security Number

Purchaser:

Social Security Number

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 15-50036391 Page 2
 Property Address 10 ELIREA LN Date 6/26/15
 PARCEL NUMBER 09-9575- - -0148- -44-
 Application description CP MANUFACTURED HOME RA20R/RA20M CRITERI
 Subdivision Name
 Property Zoning RES/AGRI DIST - RA-20M

Permit MANUFACTURED HOME PERMIT

Additional desc
 Phone Access Code 1095967

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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	_____	___/___/___

MARSHALL 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 15-50036391 Date 6/26/15
 Property Address 10 ELIREA LN
 PARCEL NUMBER 09-9575- - -0148- -44-
 Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
 Subdivision Name
 Property Zoning RES/AGRI DIST - RA-20M

Owner

Contractor

BOADA CHRISTINA C/O OF CHRISTI
 NA TORRE
 38 SPRING LAKE DRIVE
 PINEHURST NC 28374

CHOO'S MOBILE HOME TRANSIT
 PO BOX 35595
 FAYETTEVILLE NC 28303
 (910) 850-6572

Applicant

LYNN CHARLES
 399 CHATMAN LN
 CAMERON NC 28326
 (919) 796-6128

--- Structure Information 000 000 28X56 3BDR DWMH
 Flood Zone FLOOD ZONE X
 Other struct info # BEDROOMS 3000000.00
 PROPOSED USE DWMH
 SEPTIC - EXISTING? EXT TANK
 WATER SUPPLY COUNTY

Permit MANUFACTURED HOME PERMIT
 Additional desc
 Phone Access Code . 1095967
 Issue Date 6/26/15 Valuation 0
 Expiration Date . . . 6/25/16

Special Notes and Comments

T/S: 06/11/2015 01:48 PM JBROCK ----
 NC 24 TO ELIREA LN
