

Initial Application Date: 8-25-15

Application # 15-50236961

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 Dorothy, Marka Beach Mailing Address: 988 Pine Oak Lane
City: Commerce State: NC Zip: 28376 Contact No: 919-353-5194 Email: _____

APPLICANT: Chuck Smith Mailing Address: PO Box 3025
City: Soufry State: NC Zip: 27330 Contact No: 919-208-3351 Email: _____

Lamy Hopper

CONTACT NAME APPLYING IN OFFICE: Chuck Smith Phone # 919-208-3351

PROPERTY LOCATION: Subdivision: (Pine Oak) 990 PINE OAK LANE Lot #: 56 Lot Size: 1.01
State Road # _____ State Road Name: Marks Map Book & Page: 2004, 0488

Parcel: 099573 0055 PIN: 9563-88-9040-023 Sweet Briar
Zoning: RA-20R Flood Zone: X Watershed: WS111 HQW Deed Book & Page: 03262 0518 Power Company*: _____

St.

*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 24 x 36) # 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: _____ Other (specify): _____

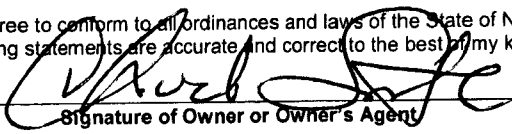
Required Residential Property Line Setbacks:

| | Minimum | Actual |
|------------------------------|-----------|------------|
| Front | <u>30</u> | <u>65</u> |
| Rear | <u>30</u> | <u>300</u> |
| Closest Side | <u>15</u> | <u>22</u> |
| Sidestreet/corner lot | _____ | _____ |
| Nearest Building on same lot | _____ | _____ |

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: take 27 WEST to
Johnsonville turn Left go to MARKS ROAD
TURN Right go to 2nd ENTRANCE to Pine and Lane
and Lot will be on the Left

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

8-25-15
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

NAME: Chuck Smith

APPLICATION #: 15-50036961

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 # 011671

Environmental Health New Septic System Code 800

Trans # 002708573

- **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.

Chuck Smith
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

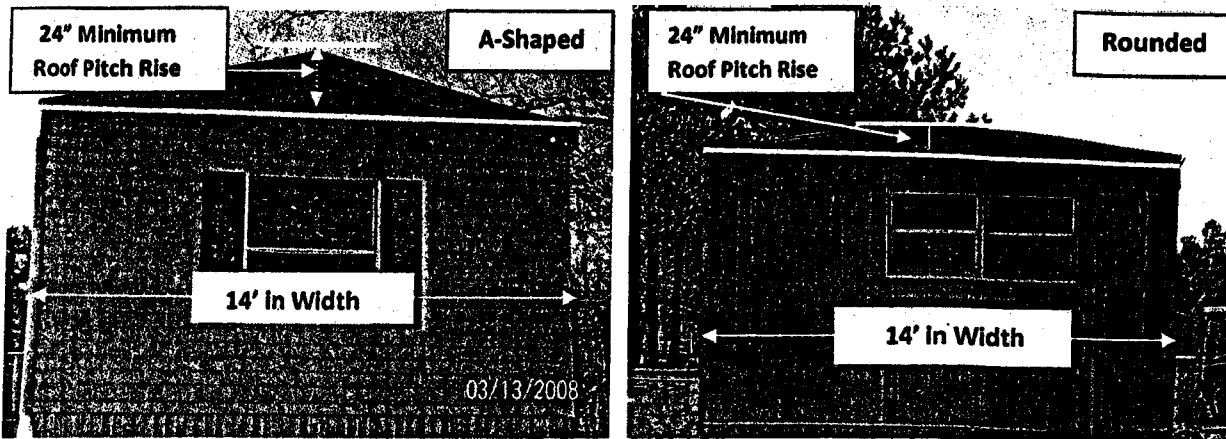
8-25-15
DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

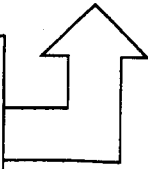
RA-20R & RA- 20M Certification Criteria

I, Chuck Smith 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.)



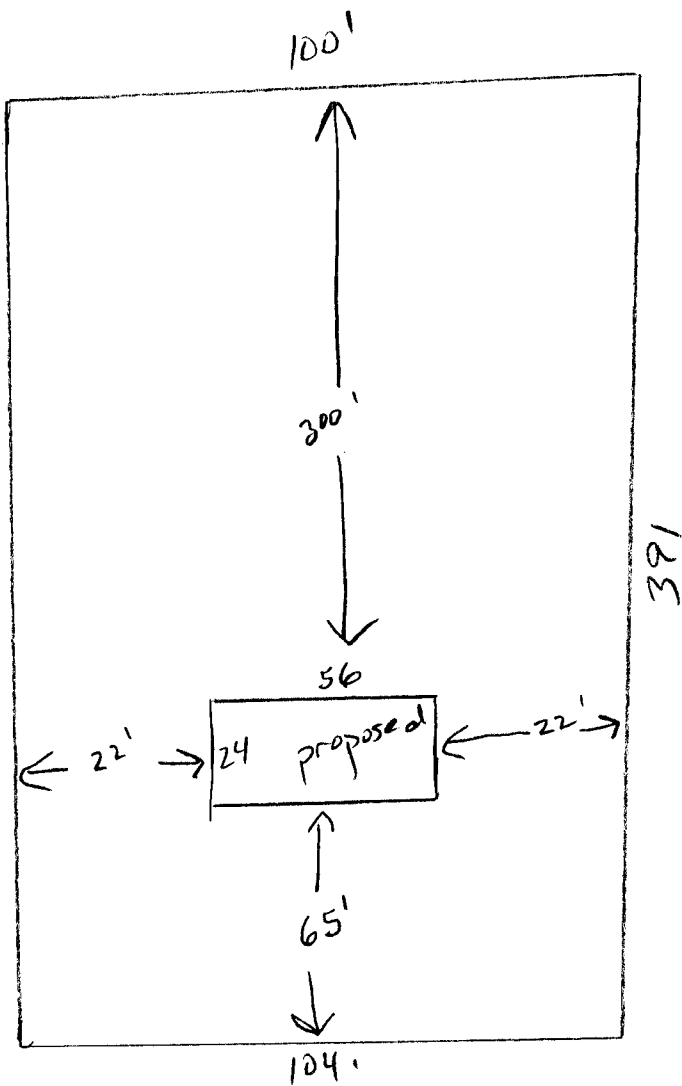
Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



Continued.....

BEACH

15-50036961



PINE OAK LANE

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: Clayton Homes Address: 1921 Kenna Andrews Rd
City: So-Fors State: NC Zip: 27330 Daytime Phone: 919 224-1125

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

Name: Dorothy Beach Address: 988 Pine Oak Lane
City: Cameron State: NC 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: B & B Thomas
Phone: 919-422-8623 Address: _____
City: _____ State: _____ Zip: _____
State Lic# 2859 Email: _____
- B. **Electrical Contractor** Company Name: Service Solutions
Phone: 910-635-9363 Address: _____
City: _____ State: _____ Zip: _____
State Lic# 20934 Email: _____
- C. **Mechanical Contractor** Company Name: Swain Elec
Phone: 336-685-9722 Address: _____
City: _____ State: _____ Zip: _____
State Lic# 13074-H-3 Email: _____
- D. **Plumbing Contractor** Company Name: Priority Plumbing
Phone: 919-422-4935 Address: _____
City: _____ State: _____ Zip: _____
State Lic# 18550-P-1 Email: _____

Part III - Manufactured Home Information

Model Year: 2015 Size: 24x56 **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.

Chud Smith
Signature of Home Owner or Agent

8-25-15
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.

HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***
Oper: KGOINS Type: CP Drawer: 1
Date: 8/25/15 51 Receipt no: 60660

| Year | Number | Amount |
|-------|-------------------------|----------|
| 2015 | 50036361 | |
| 92941 | TECH 4 | |
| | LILLINGTON, NC 27546 | |
| | 84 BP - ENV HEALTH FEES | \$100.00 |

DOUBLEWIDE

CLAYTON HOMES

| | |
|-----------------|----------|
| Tender detail | |
| CA CASH PAYMENT | \$100.00 |
| Total tendered | \$100.00 |
| Total payment | \$100.00 |

Trans date: 8/25/15 Time: 13:03:48

** THANK YOU FOR YOUR PAYMENT **

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