

Initial Application Date: 8-25-15

Application # 15-50036963

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: James MK Kithen Mailing Address: 1254 Jewell Rd

City: Carrboro State: NC Zip: 28223 Contact No: 678-549-1416 Email: \_\_\_\_\_

APPLICANT\*: Chuck Smith Mailing Address: PO Box 3025

City: Sanford State: NC Zip: 27330 Contact No: 919-708-3351 Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Chuck Smith Phone # 919-708-3351

PROPERTY LOCATION: Subdivision: Hooker & Jordan Lot #: TR 2 Lot Size: 1.07

State Road # \_\_\_\_\_ State Road Name: Marks Rd Map Book & Page: C151

Parcel: 099575 0044 04 PIN: 9575-13-1208-000

Zoning: RA-20R Flood Zone: X Watershed: Willow HAW Deed Book & Page: 01147, 0884 Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.  
Gilchrist Rd

**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 24 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: \_\_\_\_\_ Other (specify): \_\_\_\_\_

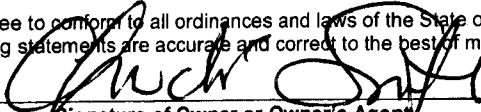
**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	<u>30</u>	<u>40</u>
Rear	<u>30</u>	<u>86</u>
Closest Side	<u>15</u>	<u>41</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: Replacing Burnt Home with New Double wide

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: take 27 west to Johnsonville  
turn left go to Gilchrist Road turn right  
job site is on the right

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 #: 15-50036963

**\*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 # 011673

**Environmental Health New Septic System** Code 800

TRANS# 002708582

- **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.

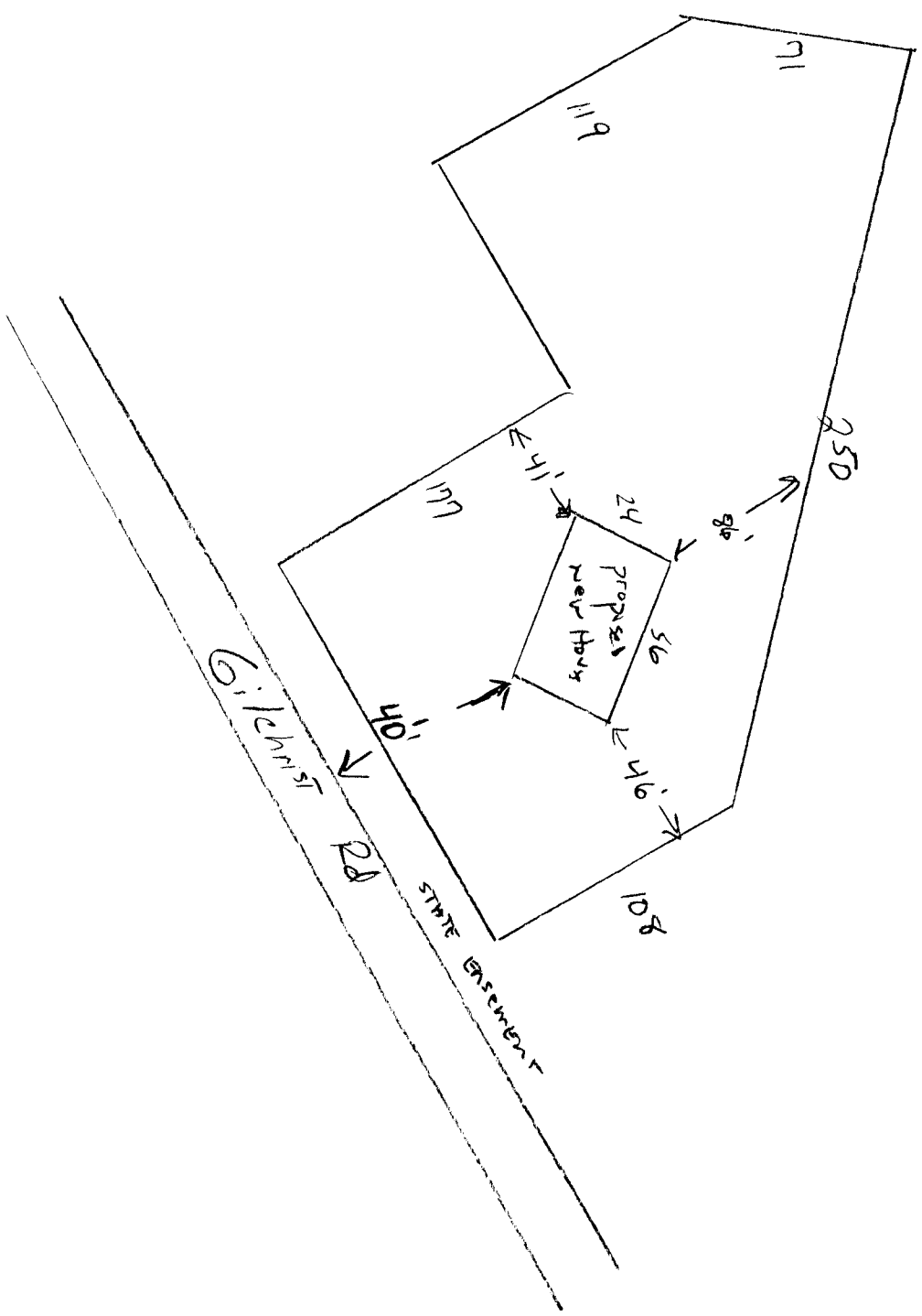
**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.**

**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

Replace Burn House  
3 BEDROOM  
EXISTING SEPTIC & CO. W/ WATER

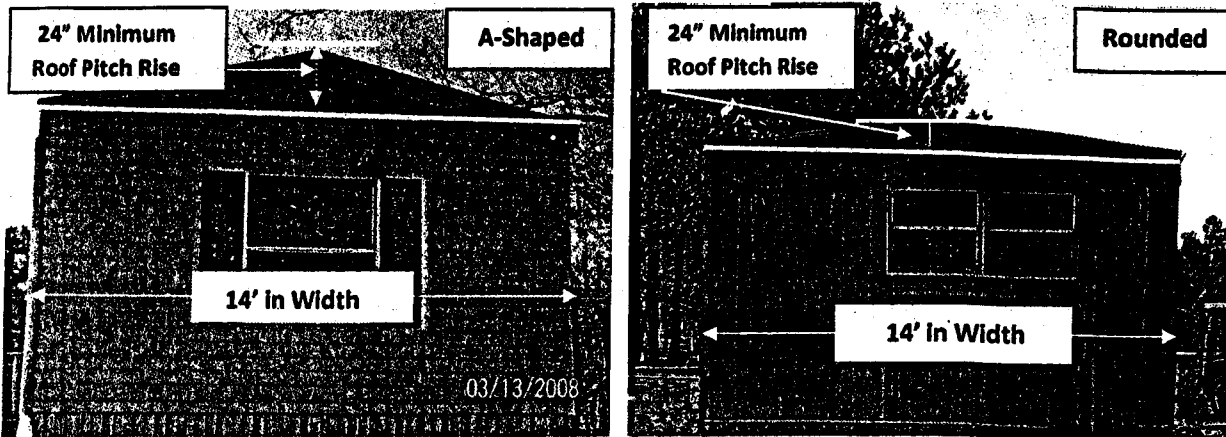


**PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS**

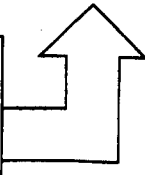
**RA-20R & RA- 20M Certification Criteria**

I, Chcek 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.)

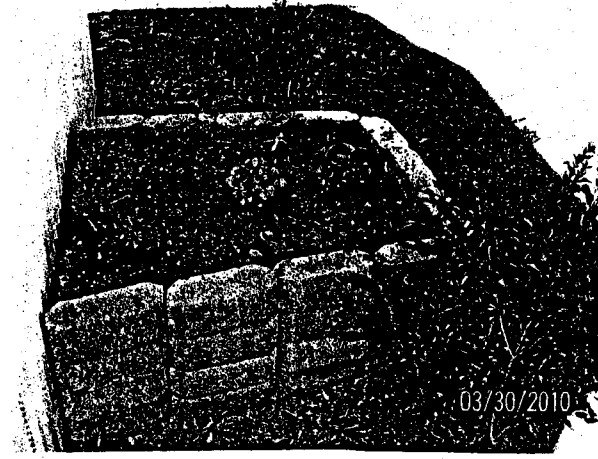
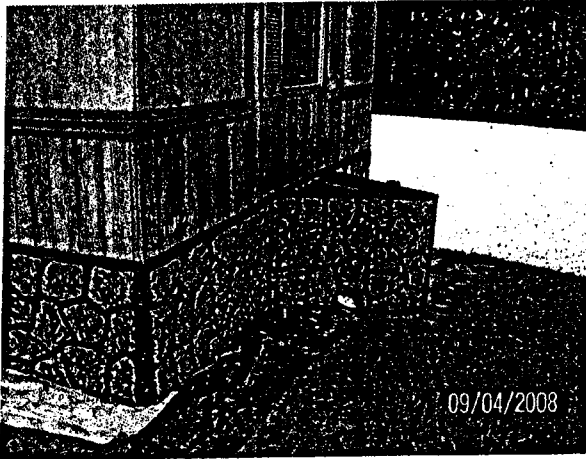


Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



Continued.....

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 1<sup>st</sup> 1976.

*Chuck Smith Jr*

Signature of Property Owner / Agent

*8-25-15*

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: Chayton Adams Address: 1921 Keller-Andrews Rd  
City: Southern State: NC Zip: 27330 Daytime Phone: 919-774-1125

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

Name: James McKeethen Address: 1254 Jewell Rd  
City: Conthage State: NC Zip: 28326 Daytime Phone: 919-678-549-1416

**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: Bobby 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: \_\_\_\_\_  
Phone: 336-685-9722 Address: Swain Elec

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# 13074-H3 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.

Chuck Spivey  
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: 68662

Year	Number	Amount
2015	50036963	
92941	TECH 4	
LILLINGTON, NC 27546		
BA		
	80 - ENV HEALTH FEES	\$100.00

000BLENIDE

CLAYTON HOMES

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

Trans date: 8/25/15    Time: 13:12:45

\*\* THANK YOU FOR YOUR PAYMENT \*\*