

Initial Application Date: 1-29-14

Application # 1650037934

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: Charles F Wickman Mailing Address: 25 Wickman
City: CAMELON State: NC Zip: 28326 Contact No: 919-478-4968 Email: _____

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

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 2.37
State Road # NC 24-27 State Road Name: NC 24-27 Map Book & Page: R#D40C
Parcel: 099566 0002 01 PIN: 9546-93-0513-000
Zoning: R22R Flood Zone: X Watershed: III Deed Book & Page: 969, 480 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 27 x 48) # Bedrooms: 3 Garage: _____ (site built? _____) Deck: _____ (site built? _____)
6x6 w/ ramp @ back
- 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 DMH Other (specify): 1st

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>110</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>32.5</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	<u>10+</u>

Comments: Replacement w/ new DMH
Storage

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

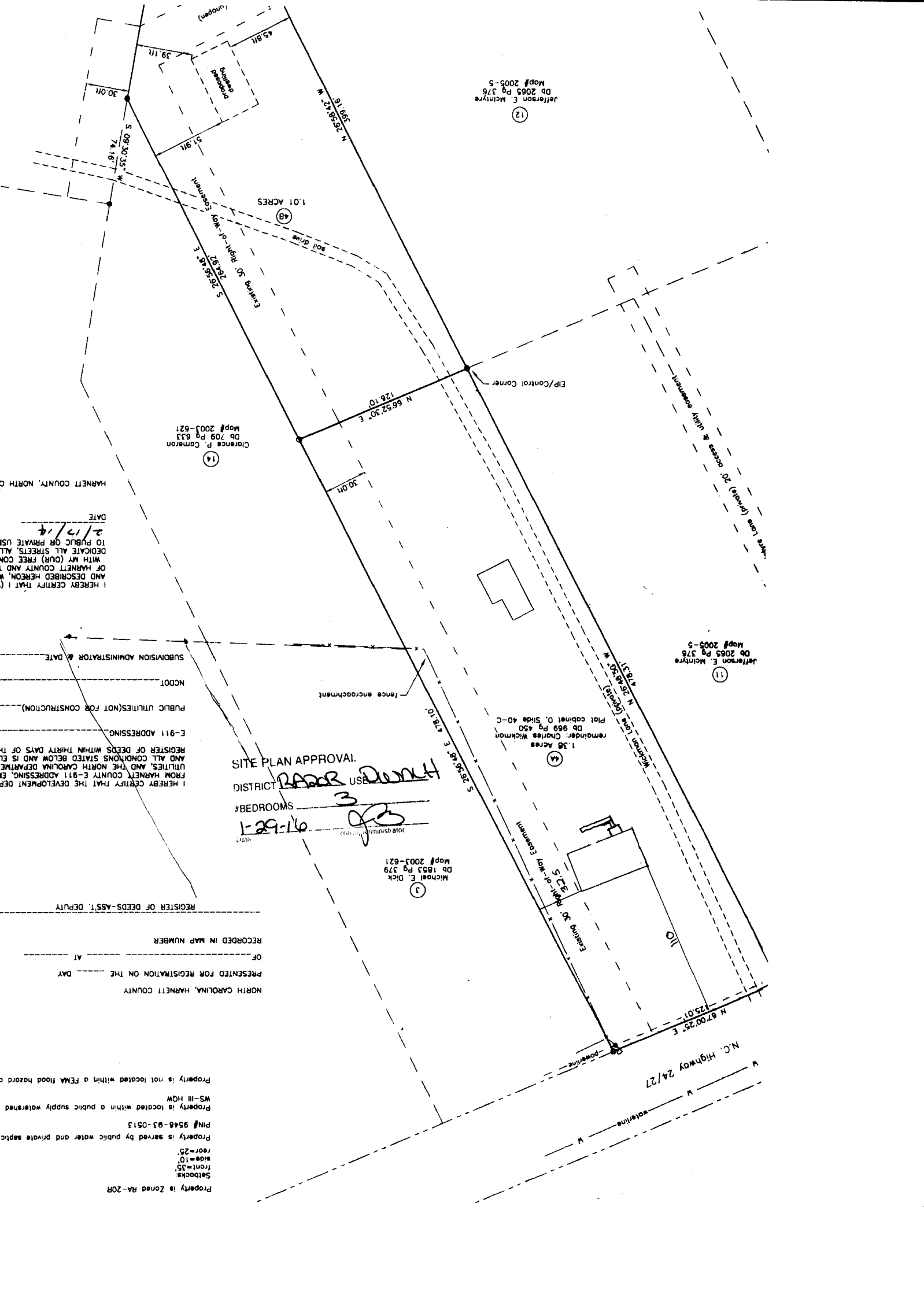
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Charles H. Wickman
Signature of Owner or Owner's Agent

1-29-16
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



Jefferson E. McIntyre
 DB 2065 Pg 376
 Map# 2003-5
 (12)

Clarence P. Cameron
 DB 709 Pg 633
 Map# 2003-621
 (14)

Jefferson E. McIntyre
 DB 2065 Pg 376
 Map# 2003-5
 (11)

Michael E. Dick
 DB 1853 Pg 579
 Map# 2003-621
 (3)

SITE PLAN APPROVAL
 DISTRICT RA-20R USE Residential
 #BEDROOMS 3
1-29-16
 [Signature]

I HEREBY CERTIFY THAT I (NAME) AND DESCRIBED HEREON, AND OF HARNETT COUNTY AND WITH MY (OUR) FREE CONTO DEDICATE ALL STREETS, ALL TO PUBLIC OR PRIVATE USE. DATE 2/17/14

NORTH CAROLINA, HARNETT COUNTY
 PRESENTED FOR REGISTRATION ON THE _____ DAY
 OF _____ AT _____
 RECORDED IN MAP NUMBER _____
 REGISTER OF DEEDS-ASST. DEPUTY _____
 I HEREBY CERTIFY THAT THE DEVELOPMENT DERIVED FROM HARNETT COUNTY E-911 ADDRESSING, UTILITIES, AND THE NORTH CAROLINA DEPARTMENT OF REGISTER OF DEEDS WITHIN THIRTY DAYS OF THE E-911 ADDRESSING (NOT FOR CONSTRUCTION) NCDOT SUBMISSION ADMINISTRATOR & DATE _____

Property is Zoned RA-20R
 Setbacks:
 front=35'
 side=10'
 rear=25'
 Property is served by public water and private septic
 PIN# 9546-93-0513
 Property is located within a public supply watershed
 WS-III HOW
 Property is not located within a FEMA flood hazard

NAME: _____

APPLICATION #: 1650037934

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.

Handwritten mark resembling a stylized 'X' or '8'.

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.

Charles H. Wickman
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

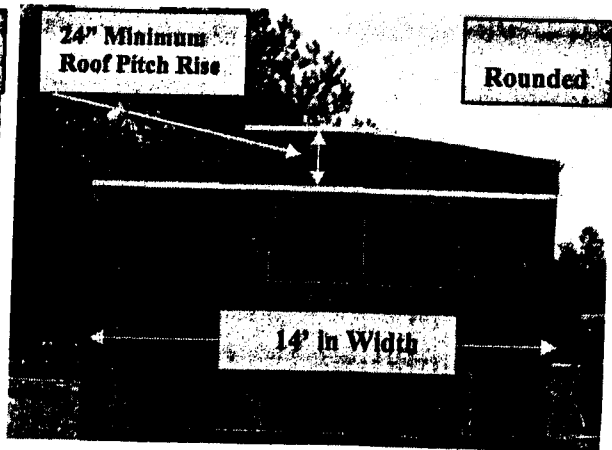
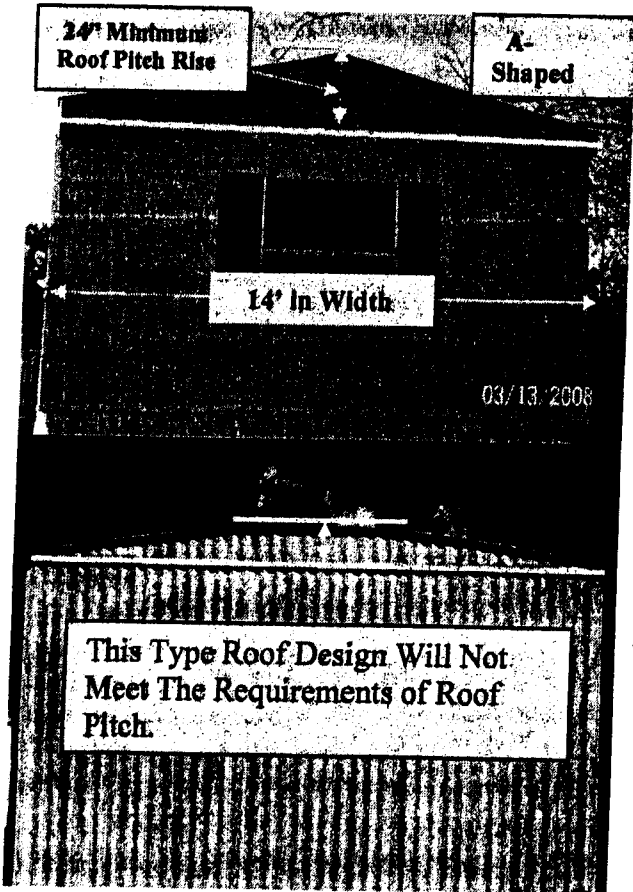
1-29-2016
DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

Replacement & Removal Criteria

I, Charles Wickman, do hereby certify the following:
(Print Name)

1. That I own a tract of land located on SR AL24-27 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 to be (date) moved when new home comes in.
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)**

***(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.



 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**

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 Wickman Address: _____

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: APIUS CONSTRUCTION / PATRICK GALLIMORE

Phone: 910-690-9222 Address: 5369 US 1

City: VASS State: NC Zip: 28394

State Lic# 45570 Email: APIUS CONSTRUCTION 5369 @YAHOO

B. **Electrical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# Owner Email: _____

C. **Mechanical Contractor** Company Name: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

State Lic# Owner Email: _____

D. **Plumbing Contractor** Company Name: APIUS CONSTRUCTION / PATRICK GALLIMORE

Phone: 910-690-9222 Address: 5369 US 1

City: VASS State: NC Zip: 28394

State Lic# 45570 Email: APIUS CONSTRUCTION 5369 @YAHOO

Part III - Manufactured Home Information

Model Year: 2010 Size: 27 x 48 **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.

Charles W. Wickman
Signature of Home Owner or Agent

2/22/16
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.

HEAVENLY HOMES

4029 US HWY 70 W
 PRINCETON, NC 27569
 (919)735-4400 - FAX (919)735-4494
 buyheavenlyhomes.com 919-478-4968

001056

BUYER(S) <i>Clarence J. Wickman</i>	PHONE <i>919-478-4964</i>	DATE <i>1-20-16</i>
ADDRESS <i>25 Wickman Ln Camera NC 28326</i>	SALESPERSON	
DELIVERY ADDRESS		

MAKE & MODEL <i>Clayton Summit</i>	YEAR <i>16</i>	BEDROOMS <i>3</i>	FLOOR SIZE <i>L48 W27</i>	HITCH SIZE <i>L52 W27</i>	STOCK NUMBER
SERIAL NUMBER	COLOR <i>Clay</i>	PROPOSED DELIVERY DATE		KEY NUMBERS	

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		
<i>delivered to lot only</i>		\$
<i>no set up</i>		
<i>wheels, axles return to dealer</i>		
<i>paid in full 1-20-16</i>		
<i>ck# 51973696</i>		
BALANCE CARRIED TO OPTIONAL EQUIPMENT		\$

BASE PRICE OF UNIT	\$ 37,900	<i>00</i>
OPTIONAL EQUIPMENT		
SUB-TOTAL	\$	
SALES TAX		
NON-TAXABLE ITEMS		
VARIOUS FEES AND INSURANCE		
CASH PURCHASE PRICE	\$ 37,900	<i>00</i>
TRADE-IN ALLOWANCE	\$	
LESS BAL. DUE on above	\$	
NET ALLOWANCE	\$	
CASH DOWN PAYMENT	\$ 37,900	<i>00</i>
CASH AS AGREED	\$	
LESS TOTAL CREDITS	\$ 37,900	<i>00</i>
SUB-TOTAL	\$	
SALES TAX (If Not Included Above)		
Unpaid Balance of Cash Sale Price	\$	<i>00</i>

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement 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.

ESTIMATED RATE OF FINANCING _____ %
 NUMBER OF YEARS _____
 ESTIMATED MONTHLY PAYMENTS \$ _____

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 AGREEMENT.
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

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.

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE

DESCRIPTION OF TRADE-IN	YEAR	SIZE
MAKE	MODEL	BEDROOMS
TITLE NO.	SERIAL NO.	COLOR
AMOUNT OWING TO WHOM		
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY <input type="checkbox"/> DEALER <input type="checkbox"/> BUYER		

HEAVENLY HOMES	DEALER	SIGNED X <i>Clarence J. Wickman</i>	BUYER
Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent		SOCIAL SECURITY NO.	
Approved By		SIGNED X	BUYER
		SOCIAL SECURITY NO.	

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 16-50037934 Date 2/22/16
Property Address 25 WICKMAN LN
PARCEL NUMBER 09-9566- - -0062- -01-
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name WEST HARNETT SANDS SUBD
Property Zoning PENDING

Owner Contractor

WICKMAN CHARLES & HELEN A PLUS CONSTRUCTION
25 WICKMAN LANE 5369 US HWY 1 NC 28394
CAMERON NC 28326 VASS (910) 690-9222

Applicant

WICKMAN CHARLIE
25 WICKMAN LN
CAMERON NC 28326
(919) 478-4968

--- Structure Information 000 000 27X48 3BDR DWMH REPLACEMENT W/ RAMP
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3000000.00
MOBILE HOME YEAR 2016000.00
PROPOSED USE SFD
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1127281
Issue Date 2/22/16 Valuation 0
Expiration Date 2/21/17

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1127299
Issue Date 2/22/16 Valuation 0
Expiration Date 8/20/16

Special Notes and Comments
T/S: 01/29/2016 10:02 AM JBROCK ----
WICKMAN LN OFF OF NC 24/27

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	16-50037934	Page	2
Property Address	25 WICKMAN LN	Date	2/22/16
PARCEL NUMBER	09-9566- - -0062- -01-		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name	WEST HARNETT SANDS SUBD		
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	_____	__/__/__