Initial Application Date: 2/19/6 Application	# [U5003804]
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATIO Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (91	CU# N 910) 893-2793 www.hamett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN	SUBMITTING A LAND USE APPLICATION
LANDOWNER: (150) 9 Allan Miles John Mailing Address: 463 Tu	Plucson SP
City: Stars State M Zip: 2750 Contact No: 97-320-5769 Em	
APPLICANT*: (BAIG St. Mailing Address: 463 Tur /ing to	w St.
City:State. <u>M</u>	nail: <u>CRRIGAMIT John Ryghw</u> , Cl
CONTACT NAME APPLYING IN OFFICE: Phone #	
PROPERTY LOCATION: Subdivision: State Road # 4012 State Road Name: TI+0 V Robert 5 Rd.	Lot #: Lot Size: 4,80
State Road # 4012 State Road Name: TITAN KOOLITS KO Parcel: 100577 0619 07 PIN: 0587-15 - 41	Map Book & Page: 11 / (2000)
Zoning: RA Jok Flood Zone: X Watershed: Deed Book & Page: 2042 / 0273 Power	company. South River
*New structures with Progress Energy as service provider need to supply premise number	from Progress Energy.
PROPOSED USE:	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if ye	
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built (Is the second floor finished? () yes () no Any other site built additions? () yes () no
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use: Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# # dwellings using well) *Mus	t 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 tra	();
Does the property contain any easements whether underground or overhead () yes () to PCS	eg wide
Structures (existing or proposed): Single family dwellings: Manufactured Homes:	Other (specify):
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35 Actual 87	
Rear <u>25</u> 132'	***************************************
Closest Side 102. (p	
Sidestreet/corner lot	
Nearest Building	

Residential Land Use Application

FIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
	The same has the same of the s
	d the applifactions of plans sub-
mits are granted I agree to conform to all ordinances and laws of the State of by state that foregoing statements are accurate and correct to the best of m	of North Carolina regulating such work and the specifications of plans subject to revocation if false information is provided
(in the state of	2/19/16
Signature of Owner's Agent	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:	APPLICATION #:
	This application to be filled out when applying for a septic system inspection.
PERMIT OR AUTHOR	Department Application for Improvement Permit and/or Authorization to Construct on in this application is falsified, changed, or the site is altered, then the improvement dization to construct shall become invalid. The permit is valid for either 60 weekly
depending upon docum	entation submitted. (Complete site plan = 60 months; Complete plat = without expiration) CONFIRMATION #
Environmenta	Health New Septic SystemCode 800
All proper lines must	ty irons must be made visible. Place "pink property flags" on each corner iron of lot. All property be clearly flagged approximately every 50 feet between corners.
 Place "orar 	ige house corner flags" at each corner of the proposed structure. Also flag driveways, garages, docks
out building	is, swimming pools, etc. Place flags per site plan developed at/for Central Permitting
 if property 	ge Environmental Health card in location that is easily viewed from road to assist in locating property. It is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil 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 to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
 Gonfirmation Use Click20 Environmenta Follow above Prepare for possible are DO NOT LE. After uncover if multiple progiven at encoverse 	ring proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note in number given at end of recording for proof of request. Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits. Health Existing Tank Inspections Code 800 We instructions for placing flags and card on property. Inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) AVE LIDS OFF OF SEPTIC TANK Pering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit permits, then use code 800 for Environmental Health inspection. Please note confirmation number of of recording for proof of request. Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC	
	zation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
	{} Innovative
The applicant shall no	tify the local health department upon submittal of this application if any of the following apply to the property in er is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES {} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {_}} NO	Does or will the building contain any drains? Please explain
{}}YES	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	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	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 Appl	ication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And

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 LECAL REPRESENTATIVE SIGNATURE (REQUIRED)

Harnett County Parcel NOT FOR LEGAL USE Anne Weersh LEGEND **USA Property** Harnett County Major Roads City Limits Harnett County Roads GIS/E-911 Addressing Address Numbers Tax Parcel February 19, 2016

Singlewide going back in the Same Spot as the previous Singlewide.

SITE PLAN APPROVAL
DISTRICT RA-20 USE SF-0
#BEDROOMS 2
2-19-16
Zoning Administrator

Application #_ 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)

	Owner Information: Owner Information (To be completed by owner of the manufactured home)
Name:	Johnny Dale Tew Address: 764 Olives Grave RD
City: <u>\f</u>	-our Onks State: N.C. Zip: 27524 Daytime Phone: (914) 320-8231
Landov	wner 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.
A.	Name, address, & phone must match information on license) Set-Up Contractor Company Name: Cho Chos Mobil Home
	Phone: 910 860-8787 Address: 4209 Brass BIVD Fay
	City: Fay State: N.C Zip: 28303
	City: Fay State: N.C Zip: 28303 State Lic# 353235566 Email:
B.	Electrical Contractor Company Name: IDEA Electric
	Phone: 910 990+5635 Address: 1937 Edmondedmond RD
	City: Clinton State: N. C Zip: 28328
	State Lic# 34870-U Email:
C.	Mechanical Contractor Company Name:
	Phone: Address:
	City: State: Zip:
	State Lic#Email:
D.	Phone: 916 - 890 - 3834 Address: Clivit Springs RD
	City: Angine State: N.C. Zip:
	State Lic# Email:
	– Manufactured Home Information
	Year: 1991 Size: 14x Loc Complete & follow zoning criteria sheet
Park Na	ame:Lot Number:
I hereby informati installatio	certify that I have the authority to apply for this permit, that the application is correct including the contractor ion and have obtained their permission to purchase these permits on their behalf, and that the construction or will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning be. I understand that if any item is incorrect or false information has been provided that this permit could be

*Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

Date

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

SETUP

Signature of Home Owner or Agent



MOVING PERM SOBITE

From: 680 COUNTY OF HALMEH Permission is granted to: to move the following mobile hom STATE OF NORTH CAROLINA 0120 02 Dunn NO \$334 3657 Bragg Blod Fayethenthe Mc 1822 PERMIT NUMBER Date 07-26-16 1382/350 Serial Number

of the general Statutes of North Carolina. This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8

during its transportation. license tag on the rear of the mobile home at all times This permit shall be conspicuously displayed near the

THIS PERMIT VALID FOR THIS MOVE ONLY

Date: 7-28-14

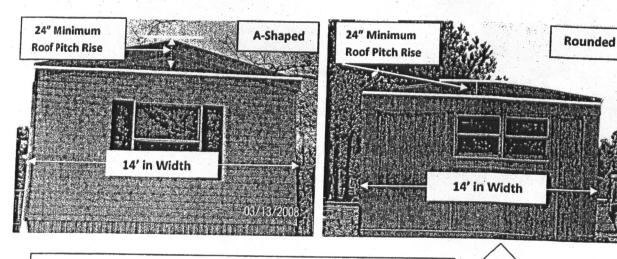
Application# 1450038042

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

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.

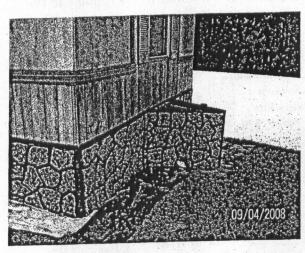
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)

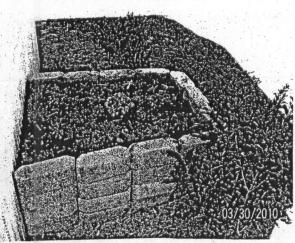


Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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 1st 1976.

Signature of Property Owner / Agent

By signing this form the owner / agent is stating that they have read and understand the information on this form.

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 16-50038042 Date 7/28/ Property Address 4012 TITAN ROBERTS RD PARCEL NUMBER 10-0577 001907- Application description CP MANUFACTURED HOME RA20R/RA20M CRISUbdivision Name	
Required Inspections	
Phone Insp Seq Insp# Code Description Initials Dat	:e
Permit type LAND USE PERMIT	
999 818 Z818 PZ*ZONING INSPECTION	:/ <u>_</u>
10	/

PARCEL NUMBER Application type de Subdivision Name		TITAN ROBERTS RD 1577001907- MANUFACTURED HOME RA2	Date 7/28/16 ROR/RA20M CRITER
Owner		Contractor	
MORRIS PHILLIP L 463 TURLINGTON DR		CHOO CHOO HOMES 4209 BRAGG BLVD FAYETTEVILLE (910) 860-8787	NC 28303
Applicant			
BENSON (919) 320-3769 Structure Informat Flood Zone Other struct info	NC 27504 ion 000 000 14X6 FLOOD # BEDF MOBILE PROPOS SEPTIC WATER	ZONE X ROOMS E HOME YEAR SED USE C - EXISTING? SUPPLY	2.00 1.00 SFD EXIST SEPTIC COUNTY
Additional desc . Phone Access Code Issue Date	. 1150762 . 7/28/16		0
Permit	. MANFACTURED HO	OME PERMIT	
	Subdivision Name Property Zoning	Subdivision Name Property Zoning PEND Owner MORRIS PHILLIP L 463 TURLINGTON DR BENSON NC 27504 Applicant MELTON CRAIG 463 TURLINGTON DR BENSON NC 27504 (919) 320-3769 Structure Information 000 000 14X6 Flood Zone FLOOD Other struct info # BEDF MOBILE PROPOS SEPTIC WATER Permit LAND USE PERMI Additional desc . Phone Access Code . 1150762 Issue Date 7/28/16 Expiration Date 1/24/17	Owner Contractor MORRIS PHILLIP L CHOO CHOO HOMES 463 TURLINGTON DR 4209 BRAGG BLVD BENSON NC 27504 FAYETTEVILLE (910) 860-8787 Applicant MELTON CRAIG 463 TURLINGTON DR BENSON NC 27504 (919) 320-3769 Structure Information 000 000 14X66 SWMH 2BDR Flood Zone

HARNETT COUNTY CENTRAL PERMITTING