Initial Application Date: 2-23-16

Residential Land Use Application

Application # 1050038060

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 Water bernett are	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SURVEY MAP A COMPANY OF THE PLAN ARE REQUIRED WHEN SURVEY MAP AS	permits
CANDOWNER: 1 100CF TO - MOTOR - NARDELLONG	
City: Caleigh State: NC zip: 2/1d) Contact No: (9/9)397-5425 Email: 100er 0953 00	J 14 A
APPLICANT*: SAME Mailing Address: Mailing Address:	hudil
Ctota.	
*Please fill out applicant information if different than landowner	_
CONTACT NAME APPLYING IN OFFICE:Phone #	
PROPERTY LOCATION: Subdivision:	
Control Lot Size:   On the Lot S	54
Man David O.D.	
Zoning: RA-20 Flood Zone: Watershed: Deed Book & Page: 3370 /0845 Power Company*: *New structures with Progress Energy as service provider need to supply asserving.	
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.	
PROPOSED USE:	
□ SFD: (Size x )# Redrooms # D. #	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:_	thic
() yes () no (if yes add in with # bedrooms)	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame	
Any other site built additions? () yes () no	3
Manufactured Home:SWDWTW (Size 32 x 40 ) # Bedrooms:3 Garage:(site built?) Deck:(site built?)	
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
New Well (# of dwellings using well ) *Must have energible and a life in the second se	
Existing Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist)	
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	
boes the property contain any easements whether underground or overhead () yes	
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):	
Required Posidontial Process V. C.	
Front Minimum Actual 300	
Rear 25 25+	
Closest Side 1	
Sidestreet/corner lot	
Nearest Building	
on same lot	

SPECIFIC DIRECTIONS TO THE PROPER	TY FROM LILLINGTON: NOW	We overlet	to CVS you come up
to the light, lurn	on aunt on H	whoy 42	ou drive about going tours right on Russ Drive
Dun for about	5 miles than	you turn	right on Russ Drive
11-1 1000 5101	INT FOR (MOUT		on turn left on
a dirt rd lot	will be on the	right.	
	April 1		is at along submitted
If permits are granted I agree to conform to	all ordinances and laws of the State of	of North Carolina regulating ny knowledge. Permit subje	such work and the specifications of plans submitted. ct to revocation if false information is provided.

I hereby state that foregoing statements are accurate and correct to the best of my knowledge.

\*\*\*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: Roberto Morgies - Medellin

APPLICATIO	N #:		

\*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

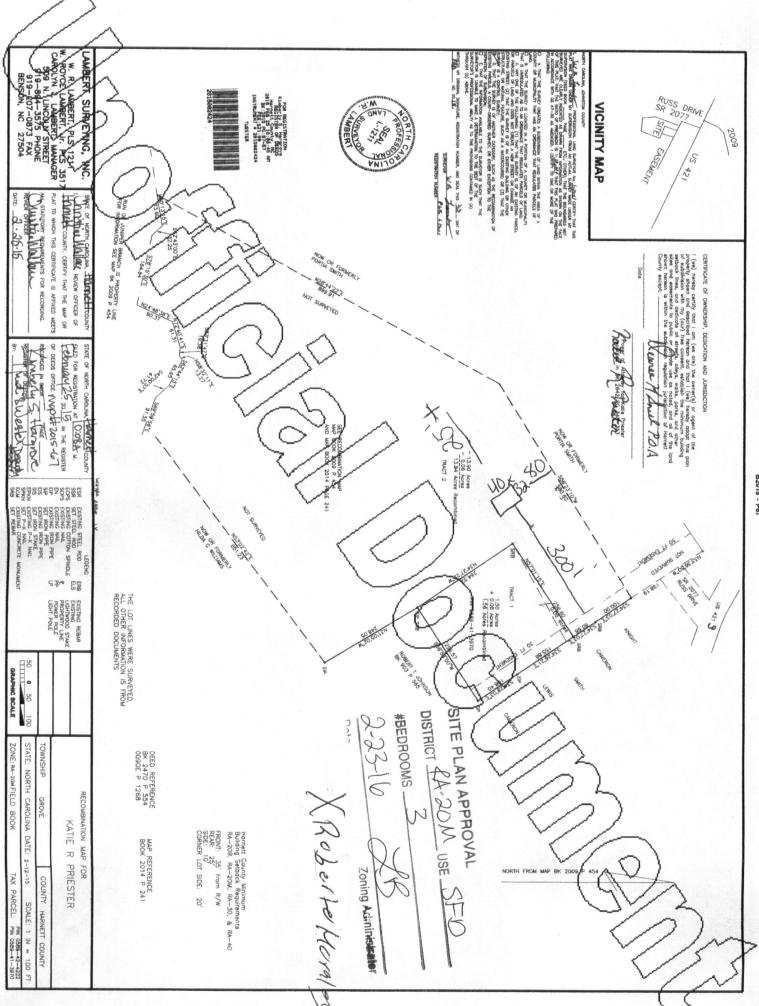
- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, 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 <u>undergrowth</u> 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	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{} Innovative {} Conventional {} Any
{}} Alternative	Tother Mobile Home
	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES {_⁄_}NO	Does the site contain any Jurisdictional Wetlands?
{_}YES {YNO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}YES {/NO	Does or will the building contain any <u>drains</u> ? 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 {YNO	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 Applicati	ion 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 So	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So Tha	t A Complete Site Evaluation Can Be Performed.  2-13-16

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

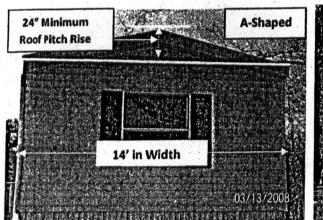


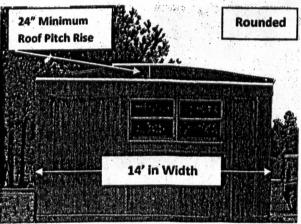
# PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

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

I, Morales 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.)

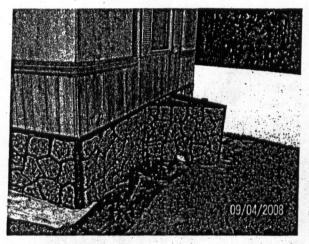




Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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 1st 1976.

Signature of Property Owner / Agent

Obesto Morales

Date

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

### 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 (1)		wner of the man	aufactured home)
	4			9- Kings-Parkway
				_ Daytime Phone: (919) 670-9180
Lando	wner Information (To	be completed by land	downer, if differe	ent than above)
Name	SAME		_ Address:	
City: _		State:	_ Zip:	_ Daytime Phone: ( )
Part II	Set-Up Contractor		& phone must ma	or Homeowner, if applicable.  ttch information on license)
		,		_ Zip:
	State Lic#	Email:		
B.	Electrical Contrac	tor Company Name:	Robeste	yoral &
	Phone: Robart	o Moral Addres	ss: AS	suner
(				Zip:
	State Lic#	Email:		
C.	Mechanical Contra	actor Company Nam	6: ROb er	to Moral of
	Phone:	Addres	ss: <u>AS</u>	OWNEY
				_ Zip:
	State Lic#	Email:		
D.	Plumbing Contrac	tor Company Name	Robe	1 to Me 1918
	Phone:	Addres	ss: AS	SWNLY
				_ Zip:
	State Lic#	Email:		
	I – Manufactured Ho		Complete & fo	llow zoning criteria sheet
	Name:		Lot Nu	mber:
informa installa	ation and have obtained tion will conform to th nce. I understand that	d their permission to pu e applicable manufact	urchase these per tured home set-up	the application is correct including the contractor mits on their behalf, and that the construction or prequirements, and the Harnett County Zoning tion has been provided that this permit could be
Ro	berto Mo	orales	<u>.</u>	2-23-16
	Signature of Home			Date

\*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.

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

SETUP

P.O. BOX LILLINGTO For Inspe	OUNTY CENTRAL PERMITTING 65 N, NC 27546 ctions Call: (910) 893-7525 Fax scheduled before 2pm available	: (910) 893-2793 next business day.
Property Add PARCEL NUMBE Application Subdivision	Number 16-50038060 ress 176 RUSS DR R 07-0589 description CP MANUFACTUR Name O J FOYALS ing RES/AGRI DIST	
	Required Inspections	
Phone Seq Insp#	Insp Code Description	Initials Date
Permit type	MANUFACTURED HOME PERMI	T
10 501 20 818 20 814 30 507 999 999 999	T501 R*MOBILE HOME FOUND./ M. Z818 PZ*ZONING INSPECTION	WALL
999 818		

820 Z820 PZ\*ZONING/FINAL INSPECTION

999

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Date 3/28/16 Application Number . . . . 16-50038060 Property Address . . . . . . 176 RUSS DR
PARCEL NUMBER . . . . . . . . . . 07-0589- - -0125--01Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI Subdivision Name . . . . . O J FOYALS Property Zoning . . . . . . RES/AGRI DIST - RA-20M Owner Contractor MEDELLIN ROBERTO & MENDAZA OWNER PATRICIA P 249 KINGS PKWY LOT#150 RALEIGH NC 27610 Applicant MORALES ROBERTO 249 KINGS PARKWAY NC 27610 RALEIGH (919) 397-5425 Structure Information 000 000 32X40 DWMH 3BDR Flood Zone . . . . . . FLOOD ZONE X Other struct info . . . . # BEDROOMS
PROPOSED USE 3.00 SFD SEPTIC - EXISTING? WATER SUPPLY NEW SEPTIC Permit . . . . . MANUFACTURED HOME PERMIT Valuation . . . . Permit . . . . . LAND USE PERMIT Additional desc . . Phone Access Code . 1132521
Issue Date . . . 3/28/16
Expiration Date . . . 9/24/16 Valuation . . . . Special Notes and Comments T/S: 02/23/2016 02:02 PM LBENNETT --421 TOWARDS DUNN FOR ABOUT 5 MILES -TURN RIGHT ON RUSS DRIVE YOU KEEP STRAIGHT FOR ABOUT 200' THEN TURN LEFT ON A DIRT RD - LOT WILL BE ON THE RIGHT

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65



# JA LINE

	HARNET 1869 ATH CAROLINA CABELTA MEDGINA DATE 3-17-3016	H mort	TOBILE HOME	Clay to	VC 55 E DUNN	176 ALLSS DRIVE ERWIN NO 28339 Address	
AROUNY MAN	COUNTY OF HARNET	Permission is granted to:	Carrier EATMON	to move the following mobile home $2006$	From:	To: / 7/6	

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

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

THIS PERMIT VALID FOR THIS MOVE ONLY.

County-City Tax Collector ASSISTAND



	16 1870 16 283 1 X/C 283 5 FEN/G NC	
ERM ERM	PERMIT NUMBER 1870  Date 3-17-16  SS DRIVE FRUIN X/C 2833  205 JUNN 70 FEN/C NE Serial Number  OH CD 15896 NCAB  Serial Number	7 '0
H E E E	Berto Medellin  Morante Medellin  Home Movers  Address Address Size	ERWIN NC
	Moktense Hame Active Ac	S Drive E
ORTH CAROLINA ORTH CAROLINA OR	STATE OF NORTH CAROLINA  Permission is granted to:  Owner  Carrier  to move the following mobile home:  ADDR  Carrier  ADDR  CARRIER  AMORE BILL  Make	From: TIT Address To: Address

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

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

THIS PERMIT VALID FOR THIS MOVE ONLY.