

Initial Application Date: 2-26-16

Application # 1650038092

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: Joseph B Davis & Belinda Williams Mailing Address: 43 Legacy Ln
City: Lillington State: NC Zip: 27546 Contact No: 910-514-9405 Email: Bernard3001@gmail.com

APPLICANT*: Same Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Joseph Davis Phone # 910-514-9405

PROPERTY LOCATION: Subdivision: Twin Lakes Lot #: 6 Lot Size: .49 ac

State Road # 158 State Road Name: McKay Drive Map Book & Page: - 1 -

Parcel: 010514 0334 PIN: 0514-01-4901.000

Zoning: RA-20M Flood Zone: X Watershed: - Deed Book & Page: 3323 10100 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: _____ 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 14 x 70) # 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): _____

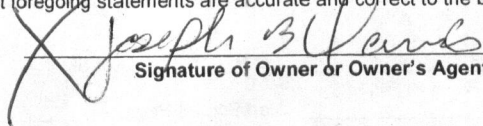
Required Residential Property Line Setbacks:

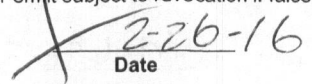
Front Minimum 35 Actual 65'
Rear 25 25'
Closest Side 10 27'
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____

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.


Signature of Owner or 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.

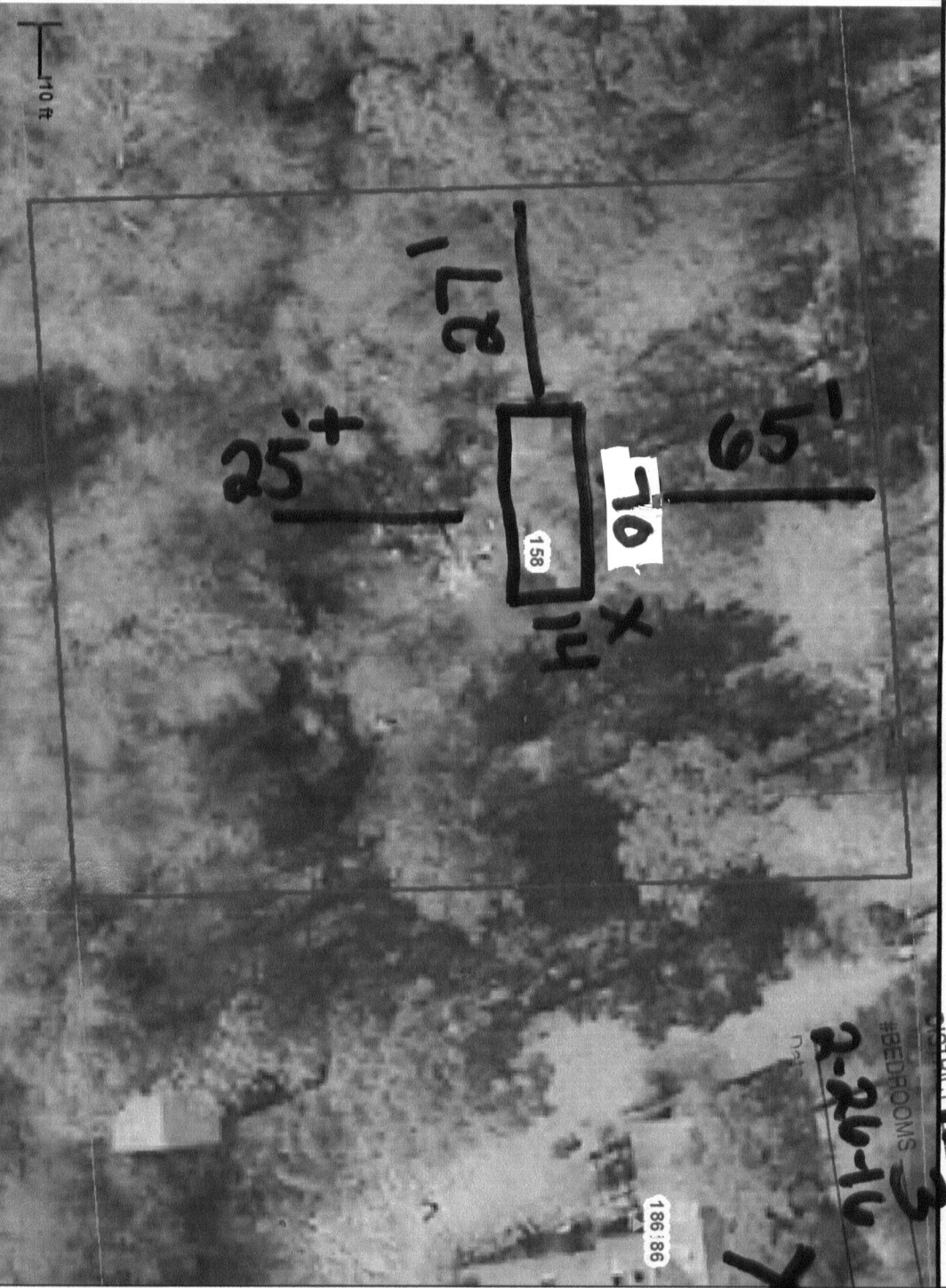
This application expires 6 months from the initial date if permits have not been issued

132.5

HARNETT COUNTY, NORTH CAROLINA
GIS/LAND RECORDS

SITE PLAN APPROVAL
DISTRICT
R-20 USE

SED



Harnett County GIS
305 W Cornelius Harnett Blvd, Suite 100
Lillington NC 27546
Phone: 910-893-7523 www.harnett.org

Any use of this map shall be at the sole risk of the user of this map. Although, all effort has been taken to insure accuracy in the data presented, Harnett County makes no warranty, expressed or implied, as to the accuracy of this information represented herein. Any user of this product shall hold harmless Harnett County, its elected officials, employees and agents from and against any claim, damage, loss, action, cause of action, or liability arising from the use of this GIS product.



- AccessPoints
- Road Centerlines
- MajorRoads
- Rivers
- Parcels
- County_Boundary
- CityLimits
- Harnett_2013.sid
- Red: Band_1
- Green: Band_2
- Blue: Band_3

#BEDROOMS
2-20-10
Zoning: R-20
Y. Jeff. B. Davis

58 60 12 71 71.5 60/73 63/80 130
85 83 77 66 72 131

132
-65 33
267 34
46
21

129
179.99
6,000
15,000
6,000
21,000
30,000
19,000
173.
3/519.96
65.3
33.4
17.69

NAME: Joseph B Davis

APPLICATION #: _____

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.
- 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.

Joseph B Davis
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-26-16
DATE

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: Joseph B Davis Address: 43 Legacy Ln Lillington NC
City: Lillington State: NC Zip: 27546 Daytime Phone: (910) 689-3107

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: Rodney Brown
Phone: 919-356-4773 Address: 23 Bolly Lane
City: Sanford State: NC Zip: 27330
State Lic# 3550 Email: _____
- B. **Electrical Contractor** Company Name: Homeowner
Phone: 910-514-9405 Address: 43 Legacy Ln Lillington NC
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: Bernard3001@gmail.com
- C. **Mechanical Contractor** Company Name: Homeowner
Phone: 910-514-9405 Address: 43 Legacy Ln Lillington
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: Bernard3001@gmail.com
- D. **Plumbing Contractor** Company Name: Homeowner
Phone: 910-514-9405 Address: 43 Legacy Ln Lillington
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: Bernard3001@gmail.com

Part III – Manufactured Home Information

Model Year: 1996 Size: 14 X 70 **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.

Signature of Home Owner or Agent

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.

Application # 1650038092

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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(Please fill out each part completely)

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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: Rodney Brown
Phone: 919-356-4713 Address: 23 Holly Lane
City: Sanford State: NC Zip: 27330
State Lic# 3550 Email: _____
- B. **Electrical Contractor** Company Name: Homeowner
Phone: 910-514-9405 Address: 43 Legacy Ln Lillington NC
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: Bernard3001@gmail.com
- C. **Mechanical Contractor** Company Name: Homeowner
Phone: 910-54-9405 Address: 43 Legacy Ln Lillington
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: Bernard3001@gmail.com
- D. **Plumbing Contractor** Company Name: Homeowner
Phone: 910-514-9405 Address: 43 Legacy Ln Lillington
City: Lillington State: NC Zip: 27546
State Lic# _____ Email: Bernard3001@gmail.com

Part III - Manufactured Home Information

Model Year: 1996 Size: 14 X 70 **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.

Bernard P. Williams
Signature of Home Owner or Agent

5-2-16
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.



MOBILE HOME MOVING PERMIT

COUNTY OF FARNETT
STATE OF NORTH CAROLINA

PERMIT NUMBER 1875
Date 3-30-2016

Permission is granted to:

Joseph BERNARD DAVIS 43 Legacy Ln. Hillington NC 27546
Owner Address

Rodney BROWN MH MOVERS 23 Polly Lane SANFORD NC 27330
Carrier Address

to move the following mobile home:

1997 FLEETWOOD 14 x 70 NCFLT47A36621FE12
Make Model Size Serial Number

From: 43 Legacy Ln. Hillington, NC 27546
Address

To: 158 McKay Drive Spring Lake, NC 28390
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.

P. Banfoot
County City Tax Collector
Jae Program Assistant

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	16-50038092	Date	5/02/16
Property Address	158 MCKAY DR		
PARCEL NUMBER	01-0514- - -0334- - -		
Application type description	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name	TWIN LAKES		
Property Zoning	PENDING		

Owner	Contractor
-----	-----
WILLIAMS BELINDA & JOSEPH B 43 LEGACY LANE LILLINGTON NC 27546	BROWN RODNEY WARREN 23 POLLY LANE SANFORD NC 27330 (919) 775-2271

Applicant

DAVIS JOSEPH
43 LEGACY LN
LILLINGTON NC 27546
(910) 514-9405

--- Structure Information 000 000	14X70 SWMH 3BDR	
Flood Zone	FLOOD ZONE X	
Other struct info	# BEDROOMS	3.00
	MOBILE HOME YEAR	1996.00
	PROPOSED USE	SFD
	SEPTIC - EXISTING?	EXIST
	WATER SUPPLY	COUNTY

Permit	LAND USE PERMIT		
Additional desc			
Phone Access Code	1137884		
Issue Date	5/02/16	Valuation	0
Expiration Date	10/29/16		

Permit	MANUFACTURED HOME PERMIT		
Additional desc			
Phone Access Code	1137892		
Issue Date	5/02/16	Valuation	0
Expiration Date	5/02/17		

Special Notes and Comments
T/S: 02/26/2016 12:59 PM LBENNETT --
158 MCKAY DR
210 TO RIGHT ON RAY RD - ABOUT 3 MILES
DOWN RAY RD YOU WILL SEE MCKAY DR ON
THE RIGHT - A LITTLE LESS THEN HALF A
MILE DOWN RAY RD

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	16-50038092	Page	2
Property Address	158 MCKAY DR	Date	5/02/16
PARCEL NUMBER	01-0514- - -0334- - -		
Application description	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name	TWIN LAKES		
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
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	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 5/02/16 51 Receipt no: 326929

Year	Number	Amount
2016	50038092	
158 NCKAY DR		
SPRING LAKE, NC 28390		
R1	BP - PERMIT FEES	\$175.00
SWMH		

JOSEPH DAVIS

Tender detail	
CP CREDIT CARD	\$175.00
Total tendered	\$175.00
Total payment	\$175.00

Trans date: 5/02/16 Time: 14:27:30

** THANK YOU FOR YOUR PAYMENT **