

Initial Application Date: 3-21-16 Replacement Application # 11050038289
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: Rita Matthews Bryd Mailing Address: 3445 Hwy #21
City: Lillington State: NC Zip: 27546 Contact No: CARL Email: _____
910-690-9222

APPLICANT: William D Anderson Mailing Address: 3430 Old US 421
City: Lillington State: NC Zip: 27546 Contact No: 910-624-3880 Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: CARL Gallimore Phone # 910-690-9222

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 6.86 Acres
State Road # Old US 421 State Road Name: Old US 421 Map Book & Page: GIS
Parcel: 13 0630 0021 PIN: 0630-75-5804.000
Zoning: R30 Flood Zone: X Watershed: NA Deed Book & Page: Pental Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____) # Bedrooms: _____ Bath _____ 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) Monolithic
- Mod: (Size _____) # Bedrooms _____ Bath _____ 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 16 x 76) # Bedrooms: 2 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 power line

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 Other (specify): _____

Required Residential Property Line Setbacks:

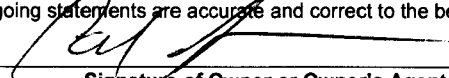
	Minimum	Actual
Front	<u>35</u>	<u>200</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>23</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments:

Replacement
Sum H replacement
need septic ASAP

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

3-20-16

Date

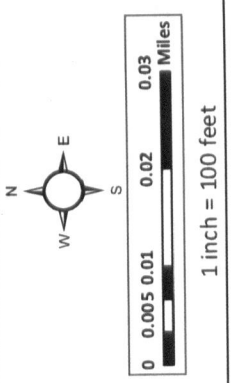
*****It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.*****

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

Harnett County GIS



NOT FOR LEGAL USE



LEGEND

- USA Property
- City Limits
- Harnett County Major Roads
- Harnett County Roads
- Address Numbers
- Tax Parcel

Harnett COUNTY
 NORTH CAROLINA
 strong roots • new growth

GIS/E-911 Addressing
 March 21, 2016

NAME: _____

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-20-16
DATE

**North Carolina
Residential Lease Agreement**

This Lease Agreement (the "Agreement") is made and entered on January 01, 2016 (the "Effective Date") by and between Ritta Mathews Byrd (the "Landlord") and the following tenants:

William and Mary Anderson

(the "Tenant")

Subject to the terms and conditions stated below the parties agree as follows:

1. Property. Landlord, in consideration of the lease payments provided in this Agreement, leases to Tenant, Landlord located at 3430 Old US 421, Lillington, North Carolina 27546 (the "Property"). No other portion of the building wherein the Property is located is included unless expressly provided for in this Agreement.

2. Term. This Agreement will begin on January 01, 2016 (the "Start Date") and will terminate on January 01, 2020 (the "Termination Date"), and thereafter will be month-to-month on the same terms and conditions as stated herein, save any changes made pursuant to law, until terminated.

Tenant will vacate the Property upon termination of the Agreement, unless: (i) Landlord and Tenant have extended this Agreement in writing or signed a new agreement; (ii) mandated by local rent control law; or (iii) Landlord accepts Rent from Tenant (other than past due Rent), in which case a month-to-month tenancy will be created which either party may terminate by Tenant giving Landlord written notice of at least 30 days prior to the desired termination date, or by Landlord giving Tenant written notice as provided by law. Rent will be at a rate agreed to by Landlord and Tenant, or as allowed by law. All other terms and conditions of this Agreement will remain in full force and effect.

3. Management. The Tenant is hereby notified that Ritta Mathews Byrd is the property manager of the Property. Should the Tenant have any issues or concerns, the Tenant may contact Ritta Mathews Byrd by one of the methods below:

Address: ³⁴⁴⁵ HWY 421, Lillington, North Carolina 27546
Telephone: 910 814 7139
Email: _____

4. Rent. Tenant will pay to Landlord rent in the amount of \$125.00 (the "Rent"), payable in advance on the 1st day of each month, and is delinquent on the next day. If that day falls on a weekend or legal holiday, the rent is due on the next business day. There will be no rent increases through the initial term of the lease. Landlord may increase the rent that will be paid during any month-to-month renewal period by providing at least 30 days written notice to Tenant.

Acknowledged by Landlord:

By: Rita Matthews Byrd
Rita Matthews Byrd

Date: 2-8-16

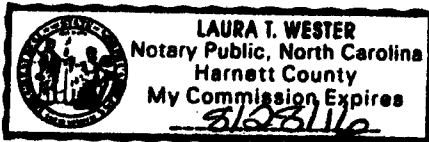
Executor of Mathews farm

*The Andersons always rent on time.
pays*

County of **Harnett** State of **North Carolina**

I certify that the following person personally appeared before me this day, acknowledging to me that he signed the foregoing document: **William A. Anderson and Mary L Anderson and Rita Matthews Byrd**

Sworn and subscribed to me the 8th day of February, 2016



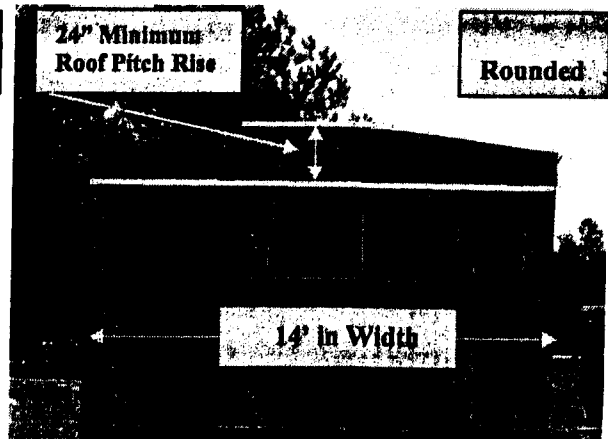
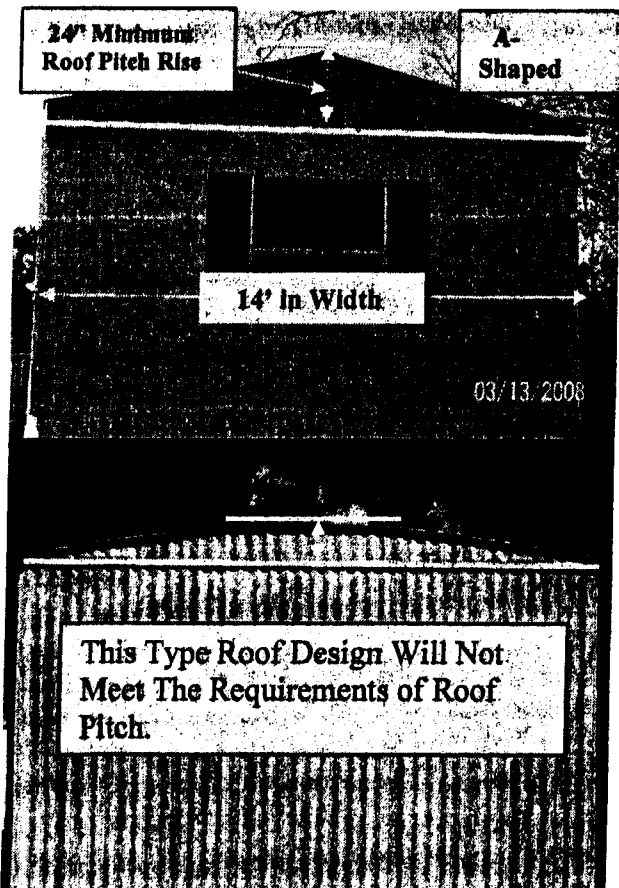
Laura T Wester
Notary Public
Laura Wester, Notary Public
My commission expires 8/28/16

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

Replacement & Removal Criteria

I, William Anderson, do hereby certify the following:
(Print Name)

1. That I own a tract of land located on SR ddus in an RA-30 / RA-40 or RA-20R / RA-20M district which has a functional septic tank; 421
2. That the existing ~~single~~/~~double~~-wide manufactured home is to be removed or was removed on when new home comes in (date)
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 1 residence(s) on this single tract of land, and;
5. That there will be 1 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.)



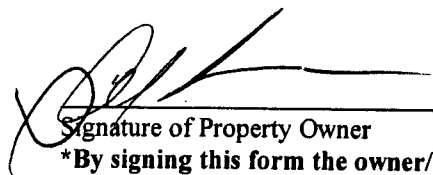
Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (14' Wide Home = 24" Roof Rise)

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.


3-20-16

 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**

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: William Anderson Address: 3430 Old US 421
 City: Lillington State: NC Zip: 28346 Daytime Phone: () 910 624-3880

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

Name: Rita Byrd Address: 3445 Hwy #21
 City: Lillington State: NC 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
 Phone: 910 690 9222 Address: 5369 US 1
 City: VASS State: NC Zip: 28394
 State Lic# 45570 Email: _____
- B. **Electrical Contractor** Company Name: CAROLINA AIR
 Phone: 910 947 7707 Address: Hwy 15-501
 City: CARHAGE State: NC Zip: 28327
 State Lic# 17702L Email: _____
- C. **Mechanical Contractor** Company Name: CAROLINA AIR
 Phone: 910 947 7707 Address: Hwy 15-501
 City: CARHAGE State: NC Zip: 28327
 State Lic# 23549 Email: _____
- D. **Plumbing Contractor** Company Name: APIUS CONSTRUCTION
 Phone: 910 690 9222 Address: 5369 US 1
 City: VASS State: NC Zip: 28394
 State Lic# 45570 Email: _____

Part III - Manufactured Home Information

Model Year: 2016 Size: 16x76 **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]
 Signature of Home Owner or Agent

3-23-16
 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.*

FACTORY EXPO HOME CENTERS
115 Titan Roberts Rd., PO Box 1829 • Lillington, NC 27546 • 1-800-504-3238

NC DOI Lic #36358

BUYER 1 William A. Anderson		BUYER 2 Mary A. Anderson		DATE February 9, 2016	
MAILING ADDRESS 3430 Old US 421		CITY Lillington	STATE NC	ZIP 27546	PHONE 910 624 3880
DELIVERY ADDRESS 3430 Old US 421		CITY Lillington	STATE NC	ZIP 27546	CELL 910 624 9381
DELIVERY COUNTY Harnett		WIND ZONE Wind Zone 1		THERMAL ZONE Therm Zone 2	
SALESPERSON Sheila Davies		45692	THIS CONTRACT REVISED FROM January 16, 2016		EMAIL ADDRESS billanderson64@gmail.com
MAKE & MODEL Stallings TBS-7016-d by Champion		RAVEN ROCK		YEAR 2016	BEDROOMS 3
				BATHS 2	DEN -
SERIAL NUMBER 023-000-H-A002678A		<input checked="" type="radio"/> NEW <input type="radio"/> USED		FLOOR SIZE 15'2X76	HITCH SIZE 15'2X80
				APPROX. SQ. FT. 1152	

NOTICE OF FINAL PAYMENT & CHANGE ORDERS

Unpaid balance due in: **See Below**

I/We understand that unless otherwise noted above the final balance is due prior to completion. If not paid 7 business days prior to completion, balance must be paid in certified funds. Changes may only be made via signed change order request, and may incur extra charges. *XMA XMA*

Retail Price	\$ 47,825.00
Factory Direct Discount	\$ (9,309.00)
Factory Direct Price	Subtotal 1 \$ 38,515.00
Addendum "A" Upgrades	\$ 3,422.00
January Sales Promo	\$ (2,174.00)
Document Preparation	\$ 395.00
Freight:	\$ 1,100.00
Sub Total 2	\$ 41,258.00
Sales Tax	\$ 979.88
Taxable Total	\$ 42,237.88
Onsite Allowance	\$ 7,350.00
Total	\$ 49,587.88
Down Payment	\$ (5,000.00)
Unpaid Balance	\$ 44,587.88

NOTICE OF COMPLETION

I/We understand that the approximate completion month for my/our home is:
March

I/We understand that in the event I/We are unable to accept delivery of the home to my property within 12 days after home is completed at the factory there will be a \$20 per day storage charge that must be paid prior to shipment. In the event there is an extended period of storage time needed I/We authorize Factory Expo Home Center Corp to re-locate the home to an off-site storage facility. I/We understand that we must insure the home and are responsible for any damage incurred as a result of extended storage. *XMA XMA*

NOTICE OF FREIGHT

I/We understand that unless otherwise stated, the quoted freight price is estimated for the current date and may not reflect fluctuating fuel surcharges, Department of Transportation highway construction re-routing, highway patrol escorts, or unique complicated placements based on terrain of delivery site. *XMA XMA*

CONSTRUCTION AUTHORIZATION (CHOOSE ONE)

Buyer intends to finance this purchase and through buyer's lender will provide a loan approval letter to Factory Expo Home Centers. Buyer authorizes Factory Expo Home Centers to place home into the construction process. By placing home in the construction process, buyer understands that all down payments will be handled per the Payment Disclosure and Noticed of Cancellation. Buyer agrees to and understands that final payment must be made by lender prior to or upon delivery of home. *XMA X*

NOTATIONS & REMARKS

ADDENDUMS MAY BE ATTACHED AND MADE PART OF THIS PURCHASE AGREEMENT.

***NO VERBAL PROMISES.** Buyer agrees that the unpaid balance due will be paid in full on or before **TBD** *XMA XMA*

Please read the Payment Disclosure carefully, terms shall apply after passage of 3 day right.

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 PURCHASE AGREEMENT. I UNDERSTAND THAT THIS CANCELLTION 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 AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.

THIS AGREEMENT ALONG WITH ADDENDUMS CONTAIN THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT VERBAL OR WRITTEN HAS BEEN MADE WHICH IS NOT CONTAINED IN THIS PURCHASE AGREEMENT

BY <i>Sheila A. Davies</i> Sheila Davies Factory Expo Home Centers Representative	SIGNED X (Buyer)	<i>William A. Anderson</i> William A. Anderson	<i>2-12-16</i> Date
BY <i>Mary A. Anderson</i> FACTORY EXPO HOME CENTERS MANAGER REVIEW & ACCEPTANCE	SIGNED X (Buyer)	<i>Mary A. Anderson</i> Mary A. Anderson	<i>2-12-16</i> Date

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Printed 2/11/2016 3:06 PM

Jan 2016

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 16-50038289 Date 3/23/16
Property Address 3430 OLD US 421
PARCEL NUMBER 13-0630- - -0021- - -
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner	Contractor
-----	-----
MATTHEWS W L JR	A PLUS CONSTRUCTION
RT 6 BOX 100	5369 US HWY 1
LILLINGTON NC 27546	VASS NC 28394
	(910) 690-9222

Applicant

ANDERSON WILLIAM
3430 OLD US 421
LILLINGTON NC 27546
(910) 624-3880

--- Structure Information 000 000 16X76 2BDR SWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 2000000.00
MOBILE HOME YEAR 2016000.00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1131952
Issue Date 3/23/16 Valuation 0
Expiration Date 9/19/16

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1131960
Issue Date 3/23/16 Valuation 0
Expiration Date 3/23/17

Special Notes and Comments
T/S: 03/21/2016 02:33 PM JBROCK ----
3430 OLD 421

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	16-50038289	Page	2
Property Address	3430 OLD US 421	Date	3/23/16
PARCEL NUMBER	13-0630- - -0021- - -		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name			
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	_____	___/___/___