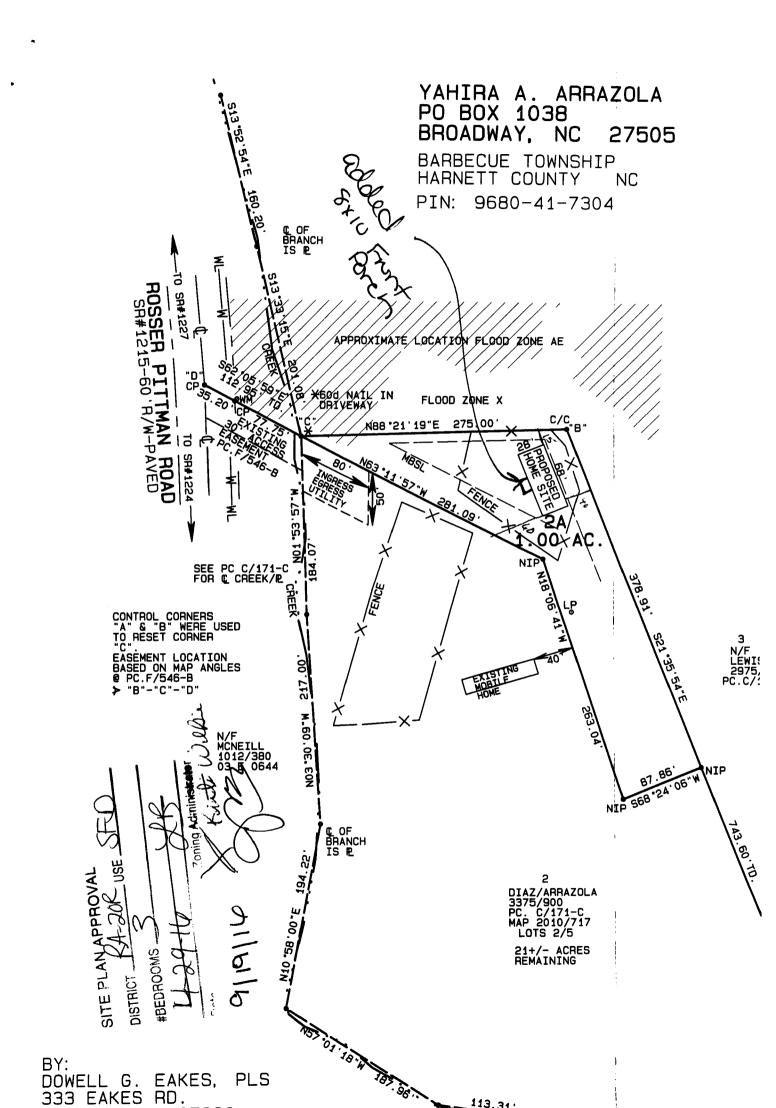
11-12000 C
Initial Application Date: 4725/7376 Application # WSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
9/19/16 COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: Ja Niva Arrazola Mailing Address: 2615 Rosser Dittingated.
City: Broadway State: NC Zip: 2755 Contact No: 919-333-5740 Email:
APPLICANT*: Knot Willie Mailing Address: 1921 Keiler Andrews Not.
City: Sun ford State: 1/2 Zip: 27310 Contact No: 919-774-1175 Email: Kn sti. willie Delay In he Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Knish Wilkie Phone # 919-774-1125
PROPERTY LOCATION: Subdivision: Lot #: 2A Lot Size: / acre
State Road #_ State Road Name: _Rosser Pittmen - Man Book & Page 2016 / 94
Parcel: 039588 0001 24 PIN: 9680-41-4985,000
Zoning: 14-20 Flood Zone: Watershed: Deed Book & Page: 824 / 1697 Power Company*:
New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
Monolithic SFD: (Sizex) # 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: (Sizex) # 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
(Is the second noor infished?) yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Size28 _ x68) # Bedrooms:3 _ Garage:(site built?) Deck:(site built?)
Front
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: V Pore
Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
Vater 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):
Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments: 91916
Front Minimum 35 Actual 100' Replace Touch
Rear 25 40' Duch
Closest Side 15 1
Sidestreet/corner lot
Nearest Building
on same lot Residential Land Use Application Page 1 of 2 03/11
,,

Page 1 of 2
APPLICATION CONTINUES ON BACK

SPECIFIC D	IRECTION	S TO THE	PROPERTY FR	OM LILLINGTON:	- Hwy 4	151 V	then	left o	n McA	rthur R	ا ل
then	naht	00	Cosser Pi	Hman Rd.							<u> </u>
	·· <i>y</i> ··	Same	propert	Homan Rd.	<u>es 2</u>	615	Rosser	Pithner	pd.		
		<u> </u>	1 / 6				·	····			
								1 40 may			
					of the State of	North Co	rolina regul	ating such w	ork and the sn	ecifications of a	nlans submitted.
If permits are I hereby stat	e granted I te that fore	agree to c going state	onform to all ord ments are accur	inances and laws of ate and correct to t	he best of my	knowled	ge. Permit	subject to rev	ocation if false	e information is	provided.
		mo	G WW Signature of Ow	ner or Owner's A	gent			Date	20/4		

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 #: 38	599
DEDMIT OF AUTHORIZA	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorizat N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 month tion submitted. (Complete site plan = 60 months; Complete plat = without expiration) Option 1 CONFIRMATION #	HE IMPROVEMENT
All property is lines must be on the property is the evaluation to be a for fallure to a confirmation in the second confirmation confirmation in the second confirmation c	rons must be made visible. Place "pink property flags" on each corner irons must be made visible. Place "pink property flags" on each corner irons must be made visible. Place "pink property flags" on each corner irons. house corner flags" at each corner of the proposed structure. Also flag driven swimming pools, etc. Place flags per site plan developed at/for Central Permittenvironmental Health card in location that is easily viewed from road to assist in hickly wooded, Environmental Health requires that you clean out the undergraphe performed. Inspectors should be able to walk freely around site. Do not graphed addressed within 10 business days after confirmation. \$25.00 return tripulations outlet lid, mark house corners and property lines, etc. once lot company to the proposed site call the voice permitting system at 910-893-7525 option 1 to so coting notification permit if multiple permits exist) for Environmental Health insumber given at end of recording for proof of request.	vays, garages, decks, ting. In locating property. owth to allow the soil the property. fee may be incurred onfirmed ready. The check and use code pection. Please note
 Follow above in possible) and to possible. DO NOT LEAVE After uncovering if multiple perrogiven at end of Use Click2Gov 	coalth Existing Tank Inspections Code 800 Instructions for placing flags and card on property. Spection by removing soil over outlet end of tank as diagram indicates, and then put lid back in place. (Unless inspection is for a septic tank in a mobile here. LIDS OFF OF SEPTIC TANK Ing outlet end call the voice permitting system at 910-893-7525 option 1 & selection, then use code 800 for Environmental Health inspection. Please note recording for proof of request. Or IVR to hear results. Once approved, proceed to Central Permitting for remaining to the construct please indicate desired system type(s): can be ranked in order of preferences.	I lift lid straight up (if ome park) ect notification permit confirmation number aining permits.
{}} Accepted	{} Innovative { Conventional {} Any	s, must choose one.
{}} Alternative	{} Other	
The applicant shall notify question. If the answer is	the local health department upon submittal of this application if any of the following a "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	apply to the property in
{_}}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 NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this prop	erty?
{_}}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 Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct.	Authorized County And
	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Appl	
	olely Responsible For The Proper Identification And Labeling Of All Property Lines And	
	A Complete Site Evaluation Can Be Performed.	g
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	4/22/2016 DATE

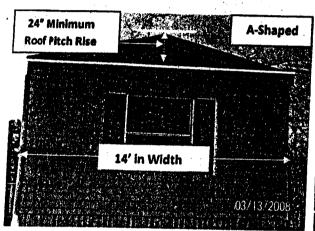
Date:			
Date	Application#		

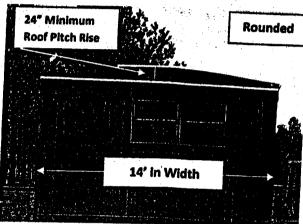
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

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.)

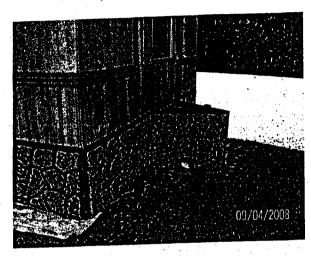


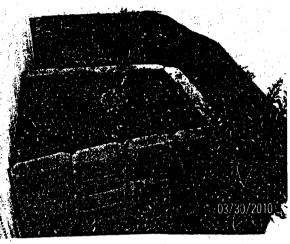


Note: Most Rounded Roofs Will Not Meet The Roof Pitch
Requirement As Illustrated. The Measurement From The Peak Of
The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of
Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

Continued......

- 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

<u>9/19</u>/0016

Date

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