

Initial Application Date: 8 Sept 16

Application # 1656039672

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: Guevara Susana Medina Mailing Address: 327 Harold Dr

City: Angier State: NC Zip: 27501 Contact No: 919 793 1900 Email: _____

APPLICANT*: owner Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: owner Phone # _____

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: _____

State Road # _____ State Road Name: 119 Ebby Ln Map Book & Page: 2016, 234

Parcel: 071610 0060 16 PIN: 1610 19 7626.000

Zoning: RAZOM Flood Zone: X Watershed: NA Deed Book & Page: 3433 0728 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: _____ 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 28 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:

	Minimum	Actual
Front	<u>35</u>	<u>100</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>11</u>
Sidestreet/corner lot	<u>NA</u>	<u>NI</u>
Nearest Building on same lot	<u>NA</u>	

Comments: Confirm # 017807

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

NC 27E towards Coats
LA Festus
R@ Ebby

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.

Susana Medina Cuevara
Signature of Owner or Owner's Agent

2 Sept 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

NAME: Susana Medina Cueva

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.

Susana Medina Cueva
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

09-02-16
DATE

P234

SITE PLAN APPROVAL

DISTRICT RAZOM USE DWMH

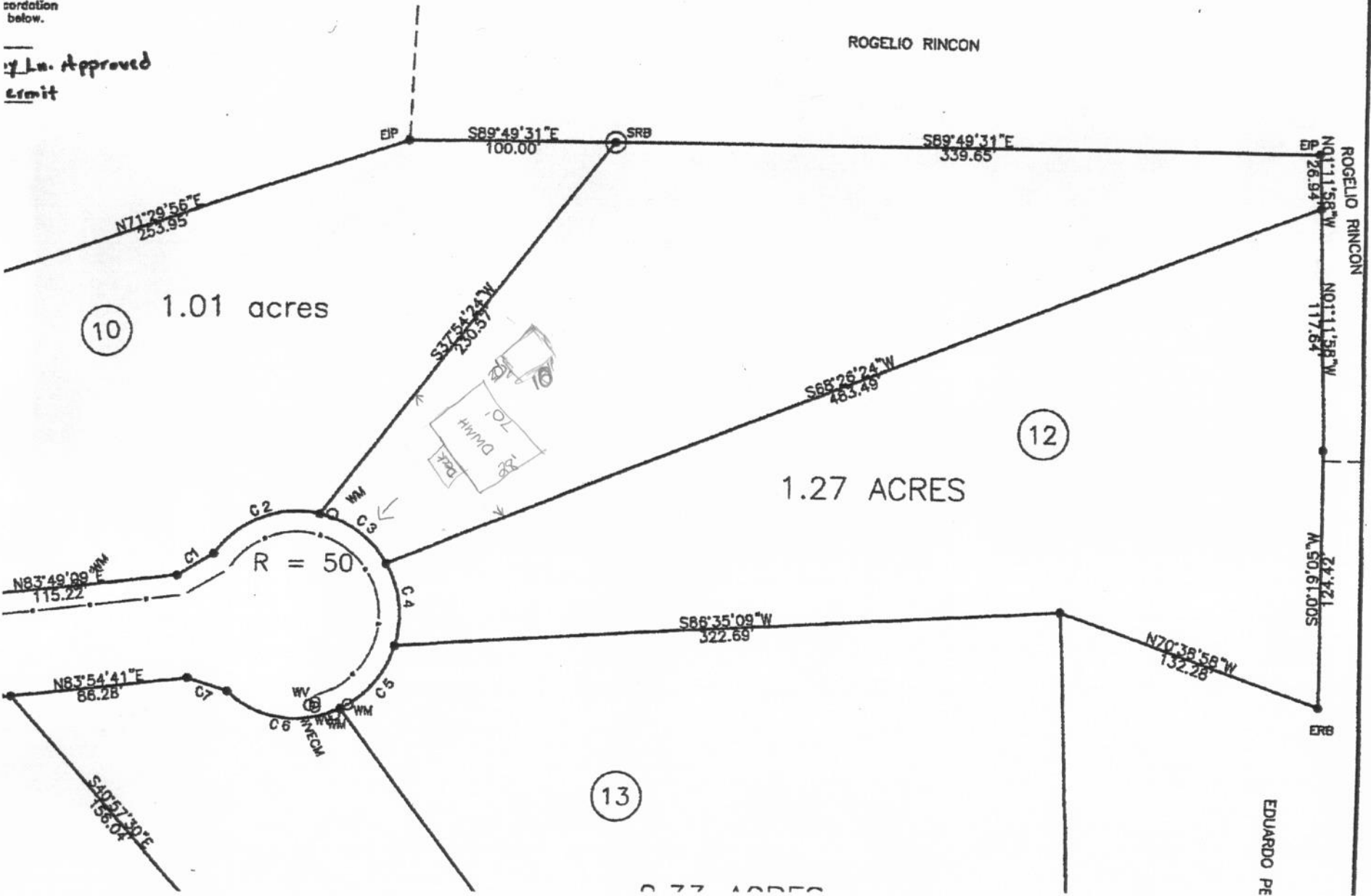
#BEDROOMS 3

8 Sept 16
ZONING ADMINISTRATOR

and final
Planning
is plat
condition
below.

City Council Approved
Permit

ROGELIO RINCON



10 1.01 acres

12

1.27 ACRES

13

0.77 ACRES

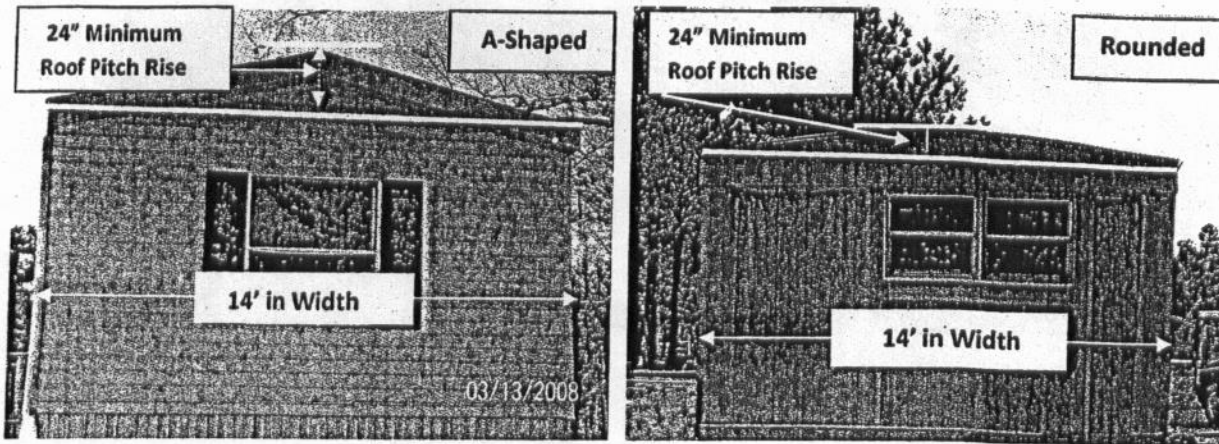
EDUARDO PE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

I, Guevara Susana, 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.

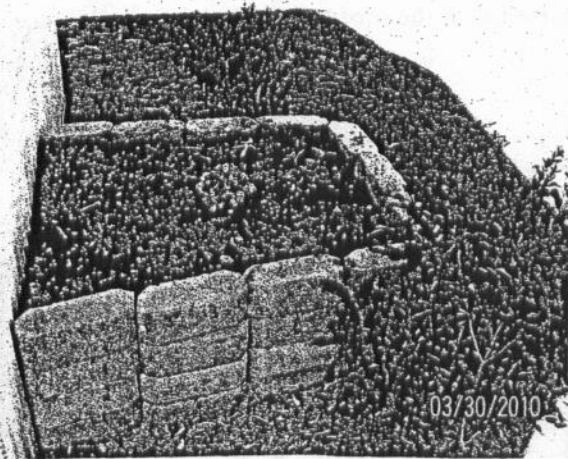
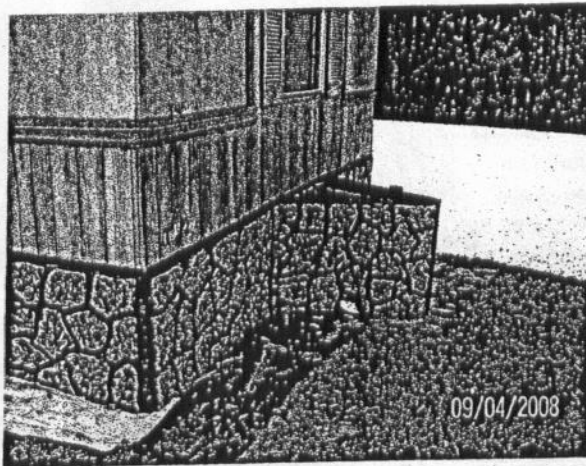
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty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

Susana Medina Cueva 25 Sep 16

Signature of Property Owner / Agent

Date

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

930-70-4876

BILL OF SALE

Harold Butts, Jr. (the "Seller"), of 2191 Keith Hills Rd., Lillington, North Carolina 27546, does hereby sell, assign and transfer to Susana Medina Grevara (the "Buyer"), of 327 Harold Dr. Lot 38, Angier, North Carolina 27501, the following property.

PROPERTY: 1995 28x70 Oakwood MH

IDENTIFICATION NUMBER: HONC27028FK3229735AB

AMOUNT: \$30,500.00

Down Pmt. \$ 5,000.00, Balance of \$25,500 financed per Promissory Note
for a TOTAL AMOUNT OF \$30,500.00

The above property is sold on an "AS IS" basis. The Seller makes no warranties, express or implied (except as specifically stated above).

This transfer is effective as of February 01, 2009.

The property is now located at 327 Harold Dr. Lot 38, Angier, North Carolina 27501, and all of such property is in the possession of Harold Butts, Jr..

SELLER:

Harold Butts, Jr.

By: 

Harold Butts, Jr.

BUYER:

Susana Medina Grevara

By: 

Susana Medina Grevara

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 9/08/16 51 Receipt no: 74798

Year	Number	Amount
2016	50039672	
92941	TECH 4	
LILLINGTON, NC	27546	
B4	BP - ENV HEALTH FEES	\$750.00

NEW TANK

GUEVARA SUSANA MEDINA

Tender detail	
CA CASH PAYMENT	\$750.00
Total tendered	\$750.00
Total payment	\$750.00

Trans date: 9/08/16 Time: 9:49:59

** THANK YOU FOR YOUR PAYMENT **

** ДИВАН ЛОН ЛОН ЛОН ДИВАНЕИ **

14812 0806: 2180712 1106: 270220

10001 0806: 2120'00
10002 0806: 2120'00
08 0806: 2120'00
10004 0806: 2120'00

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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 16-50039672 Date 10/19/16
Property Address 119 EBBY LN
PARCEL NUMBER 07-1610- - -0060- -16-
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning RES/AGRI DIST - RA-20M

Owner Contractor

GUEVARA SUSANA MEDINA EATMON MOBILE HOME MOVERS
327 HAROLD DRIVE 205 BUNN RD
ANGIER NC 27501 KENLY NC 27542
(919) 284-6597

Applicant

GUEVARA SUSANA MEDINA

--- Structure Information 000 000 28X70 3BDR DWMH W/ DECK
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 3.00
MOBILE HOME YEAR 1995.00
PROPOSED USE DWMH
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code . 1163062
Issue Date 10/19/16 Valuation 0
Expiration Date . . 10/19/17

Permit LAND USE PERMIT
Additional desc
Phone Access Code . 1163070
Issue Date 10/19/16 Valuation 0
Expiration Date . . 4/17/17

Special Notes and Comments
119 EBBY LN/ NC27E TOWARDS COATS/ L@
FESTUS/ R@ EBBY

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

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Application Number	16-50039672	Page	2
Property Address	119 EBBY LN	Date	10/19/16
PARCEL NUMBER	07-1610- - -0060- -16-		
Application description . . .	CP MANUFACTURED HOME RA20R/RA20M CRITERI		
Subdivision Name			
Property Zoning	RES/AGRI DIST - RA-20M		

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	_____	__/__/__
999		H824	ENVIR. OPERATIONS PERMIT	_____	__/__/__
999		H828	ENVIRO. WELL PERMIT	_____	__/__/__
999	307	P307	R*PLUMB WATER CONNECTION	_____	__/__/__
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__

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: Susana Medina G. Address: 327 Harold Dr.
City: Angier State: NC Zip: 27501 Daytime Phone: 919 6383377

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: Eatman MH Movers
Phone: 919 284 6597 Address: _____
City: _____ State: _____ Zip: _____
State Lic# 3552 Email: _____
- B. **Electrical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- C. **Mechanical Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: _____
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

Part III - Manufactured Home Information

Model Year: 1995 Size: 28x70 **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.

Susana Medina G. 19 Oct 16
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.

Part A



MOBILE HOME MOVING PERMIT

COUNTY OF Harnett
STATE OF NORTH CAROLINA

PERMIT NUMBER 1914
Date 10-19-2016

Permission is granted to:

Susana Medina Guevara 327 Harold Dr., Angier NC 27501
Owner Address

Eatmon Mobile Home Movers 205 Bunn Rd., Kenly NC
Carrier Address

to move the following mobile home:

Dakwood 1995 28x70 HONCA27028FK322973
Make Model Size Serial Number

From: 327 Harold Dr. Angier NC 27501 (11-0662-0014-01) Taylor Village MHP
Address

To: 119 Eoby Ln Coats NC 27521 (07-1610-0060-16) Lt#11 James Steve Pope
Address Map# 2014-234

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.

Amy Bair
County-City Tax Collector

THIS PERMIT VALID FOR THIS MOVE ONLY.

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 10/19/16 51 Receipt no: 122478

Year	Number	Amount
2016	50039672	
119 EBBY LN		
COATS, NC 27521		
BI	BP - PERMIT FEES	\$225.00

DWHH

SUSANA MEDINA GUEVARA

Tender detail	
CA CASH PAYMENT	\$225.00
Total tendered	\$225.00
Total payment	\$225.00

Trans date: 10/19/16 Time: 13:14:53

** THANK YOU FOR YOUR PAYMENT **