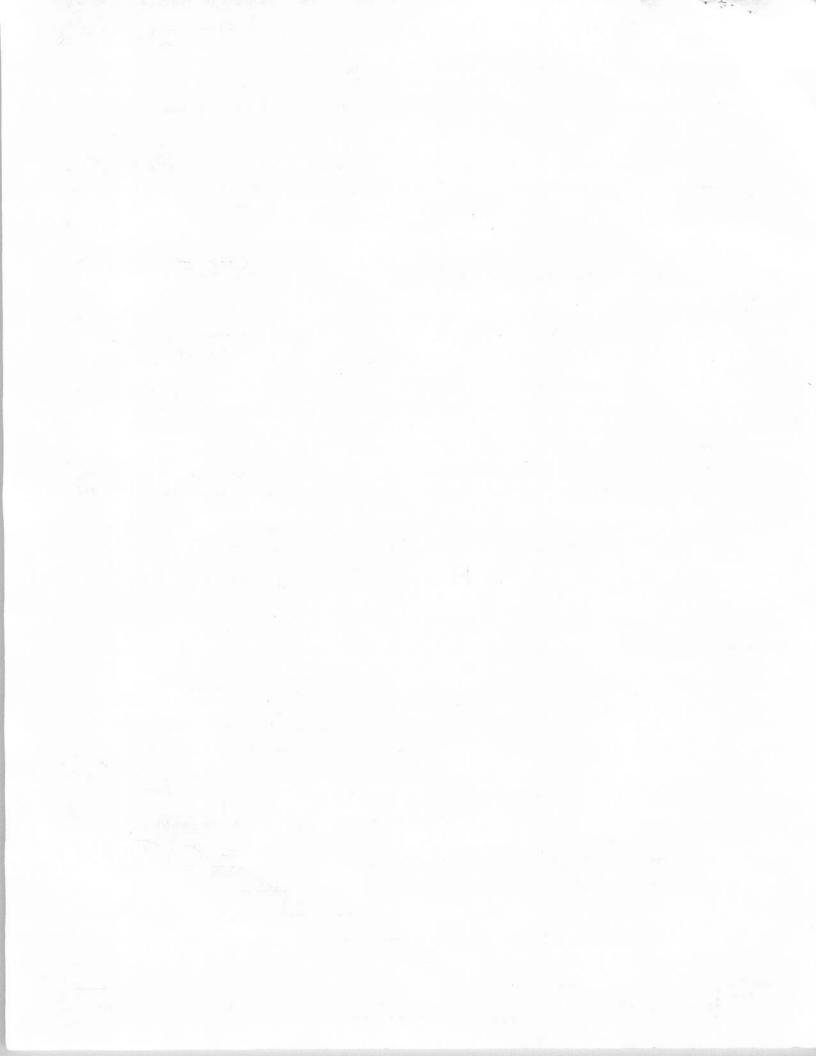
Initial Application Date: 270

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793

www.harnett.org/permits

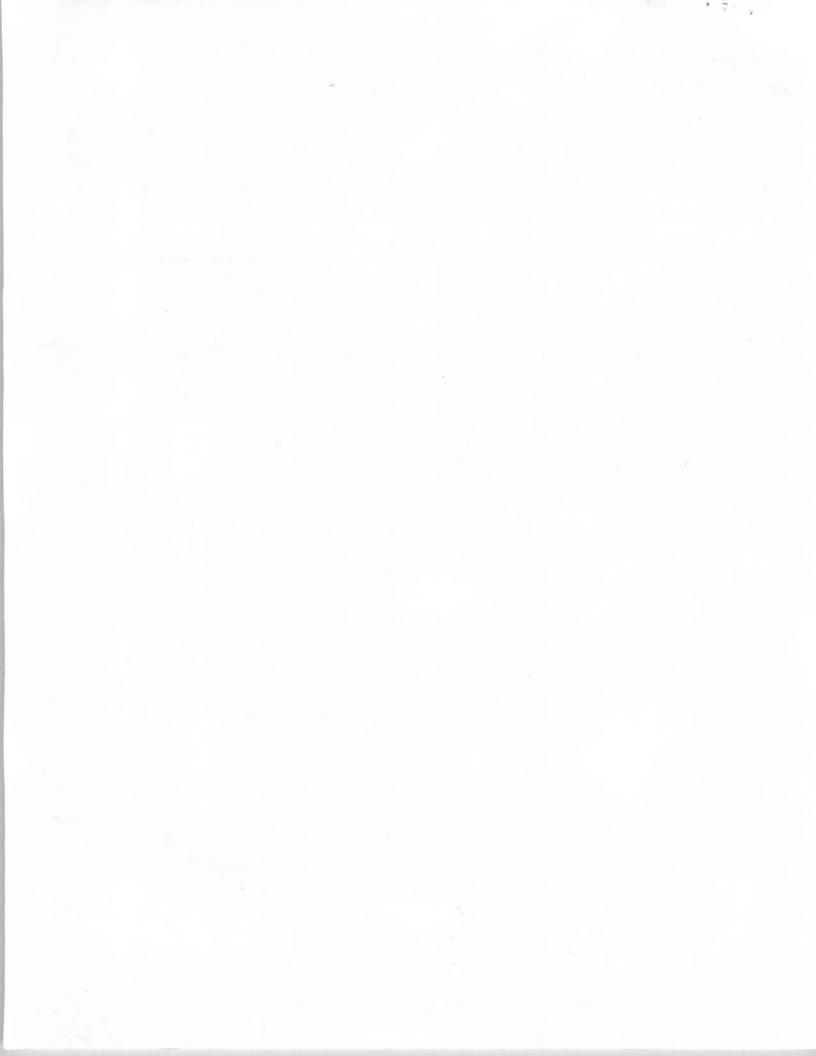
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION Mailing Address: 1.0. Box 54 State: NC Zip: 2832 Contact No: 9102297778 Email: 45 pears 1 Character K12.Ac. WS SELI Mailing Address: 3146 Mclean Chanel Ontact No: 919921 Zip/ CONTACT NAME APPLYING IN OFFICE: TENCEL ____ Phone # PROPERTY LOCATION: Subdivision: State Road Name: 3146 Mr 100 Zoning: RADM Flood Zone: X Watershed: A Deed Book & Page: 204 2 / 11 Power Company*: *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: Monolithic SFD: (Size ____x ___) # Bedrooms: ___ # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ 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 Duplex: (Size ____x___) No. Buildings:_ ____No. Bedrooms Per Unit:_ Home Occupation: # Rooms:_____ Use:_____ Hours of Operation:____ Closets in addition? (___) yes (___) no Addition/Accessory/Other: (Size ____x__) Use:____ 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 (___) ro Does the property contain any easements whether underground or overhead (__) yes (Ano Structures (existing or proposed): Single family dwellings: Lex Chry Manufactured Homes: Required Residential Property Line Setbacks: Comments: Actual Front Rear Closest Side Sidestreet/corner lot Nearest Building on same lot



SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _	4015	to 8	eight o	n Ma	yleon
If permits are granted I agree to conform to all ordinances and laws of the	ne State of North Ca	rolina regulating si	uch work and the sp	ecifications of p	plans submitted.
I hereby state that foregoing statements are accurate and correct to the I		10-	to revocation if false	e information is	provided.
Signaturé of Owner or Owner's Agen	ıt	D	ate		

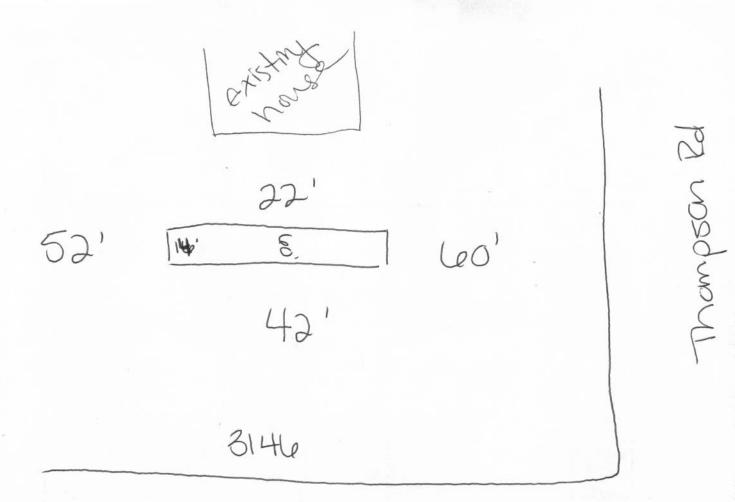
^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect 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 #:
County Health D IF THE INFORMATION IN PERMIT OR AUTHORIZA depending upon documental 910-893-7525 Environmental He All property in lines must be of Place "orange out buildings, so Place orange E If property is the evaluation to be All lots to be a for failure to ue After preparing 800 (after selection confirmation nu Use Click2Gov Environmental He Follow above in Prepare for inspossible) and to DO NOT LEAVE After uncovering if multiple perring iven at end of Use Click2Gov SEPTIC	*This application to be filled out when applying for a septic system inspection.* epartment Application for Improvement Permit and/or Authorization to Construct N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration tion submitted. (Complete site plan = 60 months; Complete plat = without expiration)
{} Accepted	[_] Innovative [_] Conventional [_] Any
	[_] Other
The applicant shall notify	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 {} 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 property?
{_}}YES {} NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	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 Applicat	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Grante	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
20MMU	at A Complete Site Evaluation Cap Be Performed. CM SOR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

The same of



McKan Chapel Church Rd.

SITE PLAN APPROVAL

DISTRICT RAZOM USE SWMH

BEDROOMS

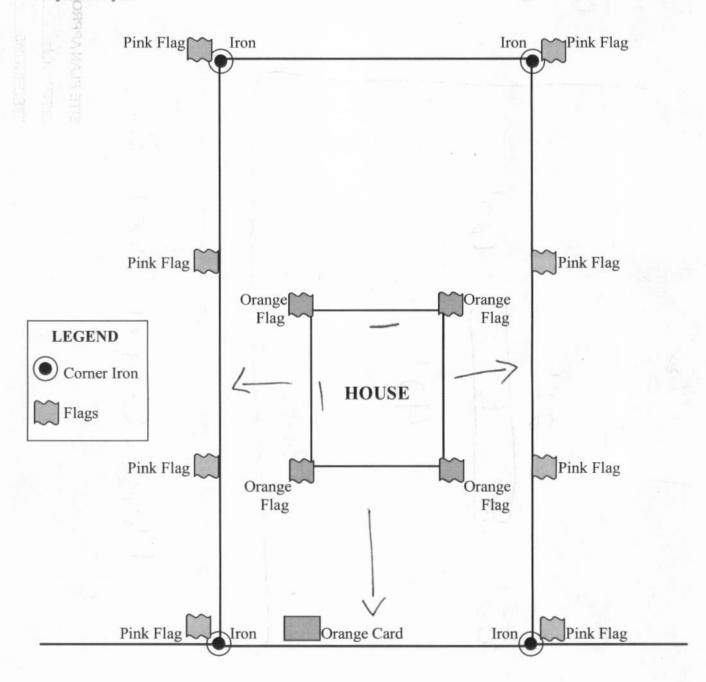
270c+1 Sound ADMINISTRATOR



HARNETT COUNTY ENVIROMENTAL HEALTH

SITE PREPARATION

HOW TO PROPERLY MARK PROPERTY FOR SOIL EVALUATION



ROAD

10/3/16 I Veyin Speak alle Terrell Massey Dermission to set up his mobile home in my property of 3144 Mclean Chapel Untroh Rd Burnicuel NC 28323. Kevin Deondrea Spears Dis / Finder 10 3=2016 Consummer Expires 6/28/2018

10			
T)		
7			
n			
F			
-			
-			
1			
7			
4			
1			
To			
	1	0	
		37,1	
4	100	コードラー 日本の一日の一日の一日の一日の一日の一日の一日の日の日の日の日の日の日の日の日の	
FU		China Constant Sympton Statement	
T	33		
3			
		の は でき では 火 一 で なで ここと は	
3 1			
3			
-			
-			
)		
-			A 1000 TO 1000

Date: 270416

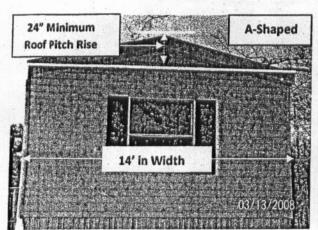
Application#	
201 20 20000000000000000000000000000000	

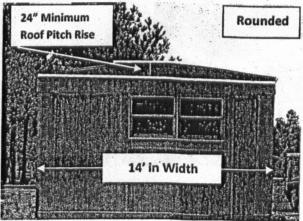
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Lewell Louise 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.

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.)

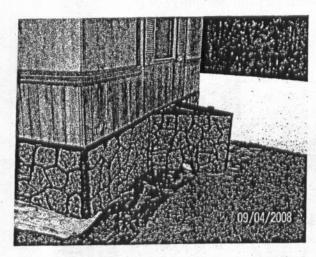




Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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.)





The home must have been constructed after July 1st 1976.

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. HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 10/27/16 51 Receipt no: 128269

Year Number 2016 50040032 92941 TECH 4 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES

Amount

\$100.00

EXISTING TANK

TERRELL MASSEY

Tender detail CA CASH PAYMENT Total tendered Total payment \$100.00 \$100.00 \$100.00

Trans date: 10/27/16

Time: 15:53:31

** THANK YOU FOR YOUR PAYMENT **

*** CUSTOMER RECEIPT *** Oper: JFDR8ES Type: Co Drawer: 1 Date: 18/27/16 5/ Receipt no: 126269 HARNE FL COUNTY CASH RECEIPTS

\$188.88

92941 JETH 4 LICCINETON, NC 27645 PF - ENU 7845 58648A79 Recept

EXISTING TANK BO - ENV MERLTH FEES

TERRELL MASSEY

Total tendered Total paywent \$100,68 \$188,88 \$188,88 CA CASH PRYMENT

Trans date: 18/27/16 Time: 15:53:31

** THANK - U FOR YBUR PAYMENT **



Harnett County Tax Collector 305 W Cornelius Harnett Blvd Suite 101 Lillington, NC 27546 www.harnett.org/tax 910-893-7520

2016 Property Tax Bill

28

000225479020162016000000

HARNETT COUNTY
Bill Information

IND

Diff Intelmation

Bill Number - 0002254790-2016-2016-0000-00

MASSEY, TERRELL AARON 3146 MCLEAN CHAPEL CHURCH RD BUNNLEVEL NC 28323 Legacy Number

Bill Date 10/3/2016 Due Date 9/1/2016

Interest Begins * 1/6/2017

* Pay before this date to avoid interest

Property Description	on and Value	Tax Year 2016	Year For 2016
Legal Description	1985 TITAN 14X65	Property Location	3146 MCLEAN CHAPEL CHURCH RD BUNNLEVEL NC 28323
Real Value	\$0	Parcel ID	Acreage 0.00
Deferred Value	\$0		
Use Value	\$0	Exclusion \$0	Exemption \$0
Total Real Value	\$0	Total Personal Value	e \$2,500 Total Taxable Value \$2,500

Rates/Fees	Amount Due(\$)
0.7500	18.75
10%	1.88
0.1200	3.00
10%	.30
	0.7500 10% 0.1200

TOTAL 23.93

Important Messages

See back for important information.

Pay before Interest Begins Date to avoid interest.

Unpaid balances accrue interest at the rate of 2% the first month, and 3/4 of 1% each following month.

Payment Options
Credit/Debit Card Payments

DISCOVER



VISA

Credit Cards Convenience Fee Charged for Internet/Phone transactions.
Toll Free 1-866-580-9996 Internet: http://www.harnett.org/tax
Check: Payable to Harnett County Tax Collector.
In Person: 8:00 AM - 5:00 PM Monday - Friday 305 W Cornelius Harnett Blvd Ste. 101 Lillington NC 27546
Cash, Check or Money Order Only
Keep this portion for your records.

Payment Stub

Please Detach and Return this stub with your Payment. Do not send cash. Use Bill number for all payment references.

Bill Number - 0002254790-2016-2016-0000-00

Parcel#

000225479020162016000000

Bill Date 10/3/2016 Due Date 9/1/2016

Correct if Paid By 1/5/2017 Total due \$23.93

Remit Payment To: Harnett County Tax Collector

305 W Cornelius Harnett Blvd, Ste. 101

Lillington, NC 27546

MASSEY, TERRELL AARON 3146 MCLEAN CHAPEL CHURCH RD BUNNLEVEL NC 28323



Harnett County Tax Assessor Individual Personal Property Listing Mailing Address: 305 W Cornelius Harnett Blvd, Ste. 101 Lillington, NC 27546

TO AVOID PENALTY, RETURN SIGNED COMPLETE LISTING BY JANUARY 31st TAX YEAR: 2016



Office Location:

305 W Cornelius Hamett Blvd, Ste. 101

Lillington, NC 27546

Phone - 910-893-7520 Fax - 910-814-4017 Website: www.harnett.org/tax

101

FOR		ABSTRACT	# T	AX JURISDICTION	PENALT	Y PRIOR Y	EAR 1	TOTAL ASSESSEI
DEPARTM USE ONLY		0002254790-INI		CTY, FR10	10	VALU	E.	VALUE
A Own	ershin I	nformation			10	2,500		
MA 314	SSEY, 7	FERRELL AAR EAN CHAPEL C EL NC 28323	ON HURCH RD			Additional Info Tax Relief: NO Parcel number: Owner ID: 4302 Phone number: NOTES:	NE :	
B Physi	cal Loca	tion of personal	property : 314	6 MCLEAN CHAI	PEL CHURCH RD	BUNNLEVEL	NC 28323	
HERE SERVICES	A P. C. C. C.	ty: Below is pers		listed in your name	e for which you wil	l be billed in 201	6.	
Property Manufactured		1985 TITAN MH			ersonal Property	7		Property ID(system) 1647010
Person which vehicle	al Propere not li	erty - Please list, sted above. Prope	with complete crty Types inclu	lescriptions, any prode: (Aircraft, Wate	perties in your poss reraft plus motor, les, or real propert	ession in Harnett Manufactured H	County as (of January 1st,
Property Type	Mode Year	Make	Model	Length (width if applicable)	Description (1 22	ROPERTY	ID# (i.e.VIN#, gistration #)
UNDER P	ENALTH	N -SEE INSTRU	LAW, I HERER	Y AFFIRM THAT TO IENT, SCHEDULE, AN	THE BEST OF MY KI	NOWLEDGE AND E	BELIEF THIS	S LISTING, TE.
gnature ome Phone	ell B	Business Phone	Date	/3/1 6 Address	Terrel Printed Name	massex	t	

