

Initial Application Date: 1/20/17

Application # 1750040595  
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: Everette L Crosby Mailing Address: PO Box 2180  
City: Bunnlevel State: N.C. Zip: 28323 Contact No: 910-309-8790 Email: \_\_\_\_\_

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Everette Lee Lot #: 1 Lot Size: 2 AC  
State Road # 2024 State Road Name: Nutgrass Rd Map Book & Page: 2010 3  
Parcel: 12 0556 0099 01 PIN: 0556-30-4892.000  
Zoning: B200R Flood Zone: X Watershed: NA Deed Book & Page: 2719.641 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 14 x 80) # 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: 1 proposed Other (specify): sewer

**Required Residential Property Line Setbacks:**

	Minimum	Actual	Comments:
Front	<u>35</u>	<u>60</u>	
Rear	<u>25</u>	<u>300 - 250</u>	<u>Back</u>
Closest Side	<u>10</u>	<u>40</u>	
Sidestreet/corner lot	_____	_____	_____
Nearest Building on same lot	_____	_____	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Murgress Rd Lot down dirt drive next  
to 874

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.

*Kerette L. Crosby*

Signature of Owner or Owner's Agent

1-10-2017

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.\*\*\*

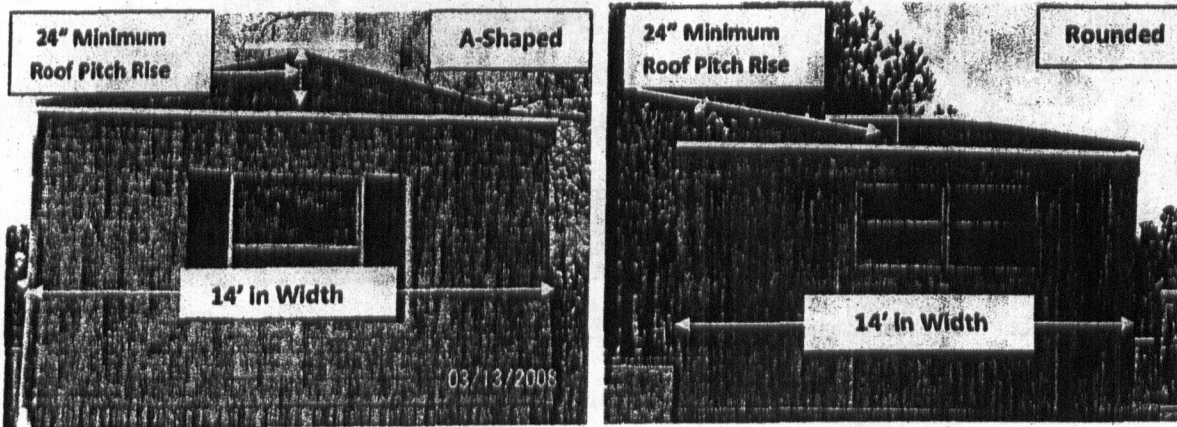
\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

**PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS**

**RA-20R & RA- 20M Certification Criteria**

I, Everette L. Crosby 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.

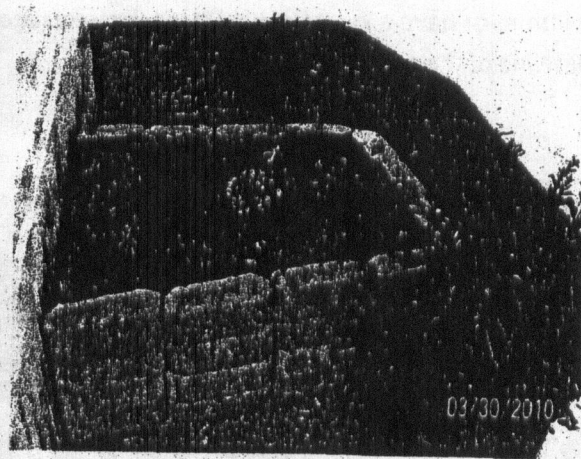
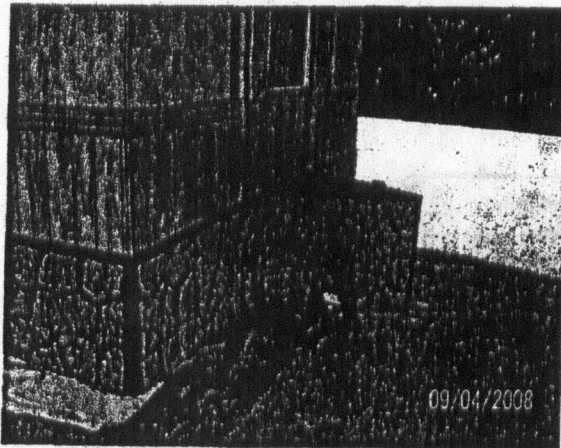
1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty 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 1<sup>st</sup> 1976.

Everette L. Crealy

Signature of Property Owner / Agent

1-20-2017

Date

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

*UES*  
ENGINEER  
*109*  
*PPP*

AE WALKER  
6

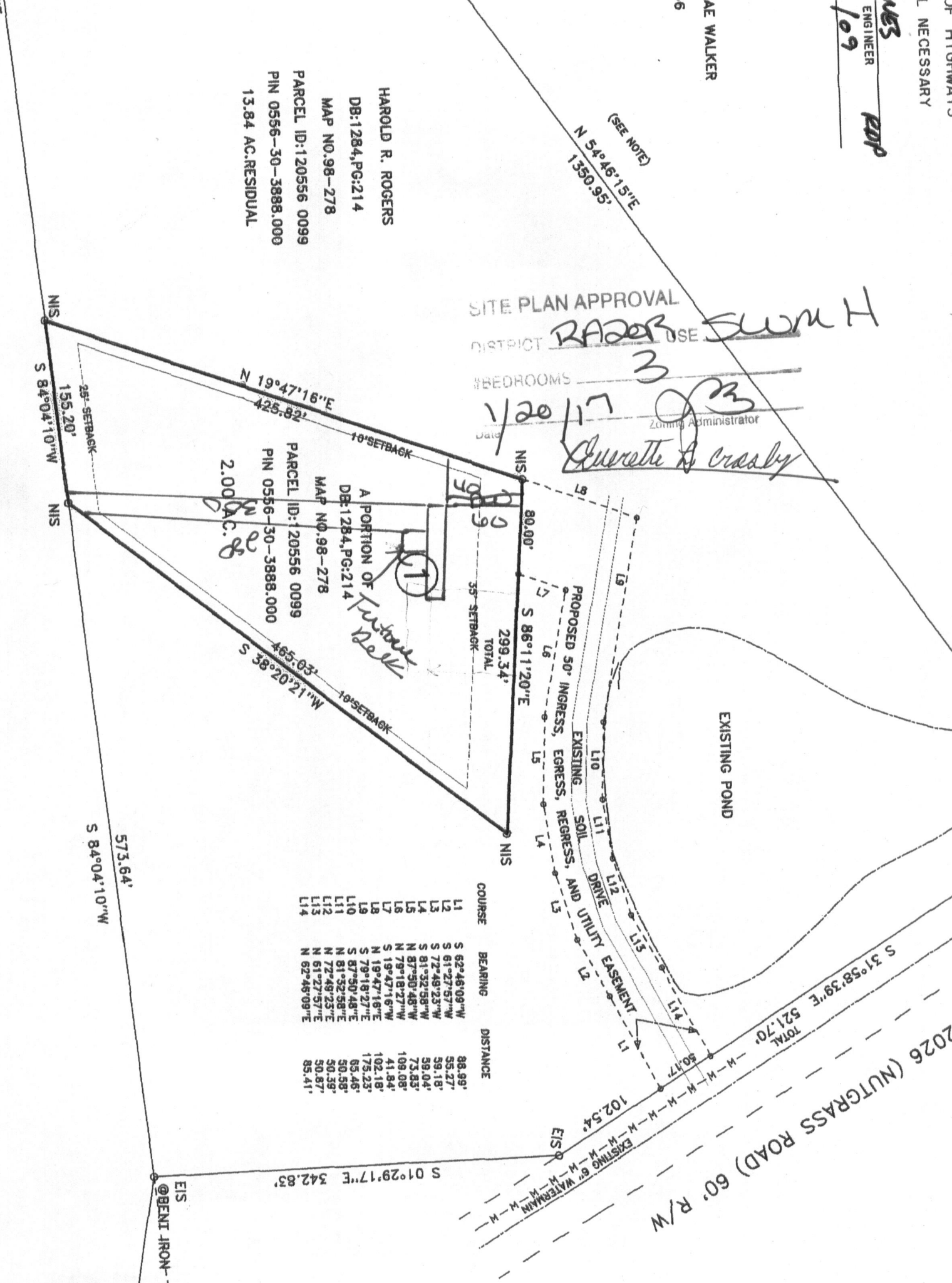
HAROLD R. ROGERS  
DB: 1284, PG: 214  
MAP NO. 98-278  
PARCEL ID: 120556 0099  
PIN 0556-30-3888.000  
13.84 AC. RESIDUAL

SITE PLAN APPROVAL  
DISTRICT *RAZOR USE SWUM H*  
BEDROOMS *3*  
Date *1/20/17*  
Zoning Administrator  
*Guerrita A. Crosby*

A PORTION OF  
*Turkey Bell*  
DB: 1284, PG: 214  
MAP NO. 98-278  
PARCEL ID: 120556 0099  
PIN 0556-30-3888.000  
2.00 AC.

CARL LEO KELLY

COURSE	BEARING	DISTANCE
L1	S 62°48'09"W	88.99'
L2	S 61°27'57"W	53.27'
L3	S 72°49'23"W	39.18'
L4	S 81°32'58"W	59.04'
L5	N 87°30'48"W	73.83'
L6	N 79°18'27"W	169.08'
L7	S 19°47'16"W	41.84'
L8	N 19°47'16"E	102.18'
L9	S 79°18'27"E	175.23'
L10	S 87°50'48"E	65.46'
L11	N 81°32'58"E	50.58'
L12	N 72°48'23"E	50.39'
L13	N 61°27'57"E	50.87'
L14	N 62°48'09"E	85.41'



S 01°29'17"E 342.83'  
EIS  
BENI IRON

2026 (NUTGRASS ROAD) 60' R/W  
EXISTING 6" WATERMAIN  
102.54'  
50.17'  
TOTAL 521.70'  
S 31°58'39"E

NAME: Everette L. Crosby

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.**

Everette L. Crosby

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE