

Initial Application Date: 1-24-17

Application # 1750040610

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: Lyon Builders Inc. Mailing Address: P.O. Box 569
City: Olivia State: NC Zip: 28368 Contact No: 919 353 0370 Email: Lyonp@windstream.net

APPLICANT*: Paul Lyon Mailing Address: Same

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Paul Lyon Phone # 919 353 0370

PROPERTY LOCATION: Subdivision: N/A Lot #: #1 Lot Size: 1.04 AC

State Road # 1114 State Road Name: Docs Rd. Map Book & Page: GIS

Parcel: 0105060078 PIN: 0506-28-7624.000

Zoning: RA20R Flood Zone: N/A Watershed: X Deed Book & Page: 03147, 0897 Power Company*: CEnc

*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: N/A (site built? ()) Deck: N/A (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): _____

Proposed

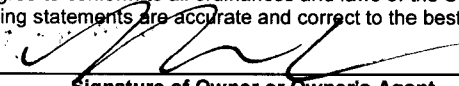
Required Residential Property Line Setbacks:

Front	Minimum	<u>35'</u>	Actual	<u>100'</u>
Rear		<u>25'</u>		<u>60+</u>
Closest Side		<u>10'</u>		<u>40'</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 27 west left
on Docs Rd. 3 miles on left

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

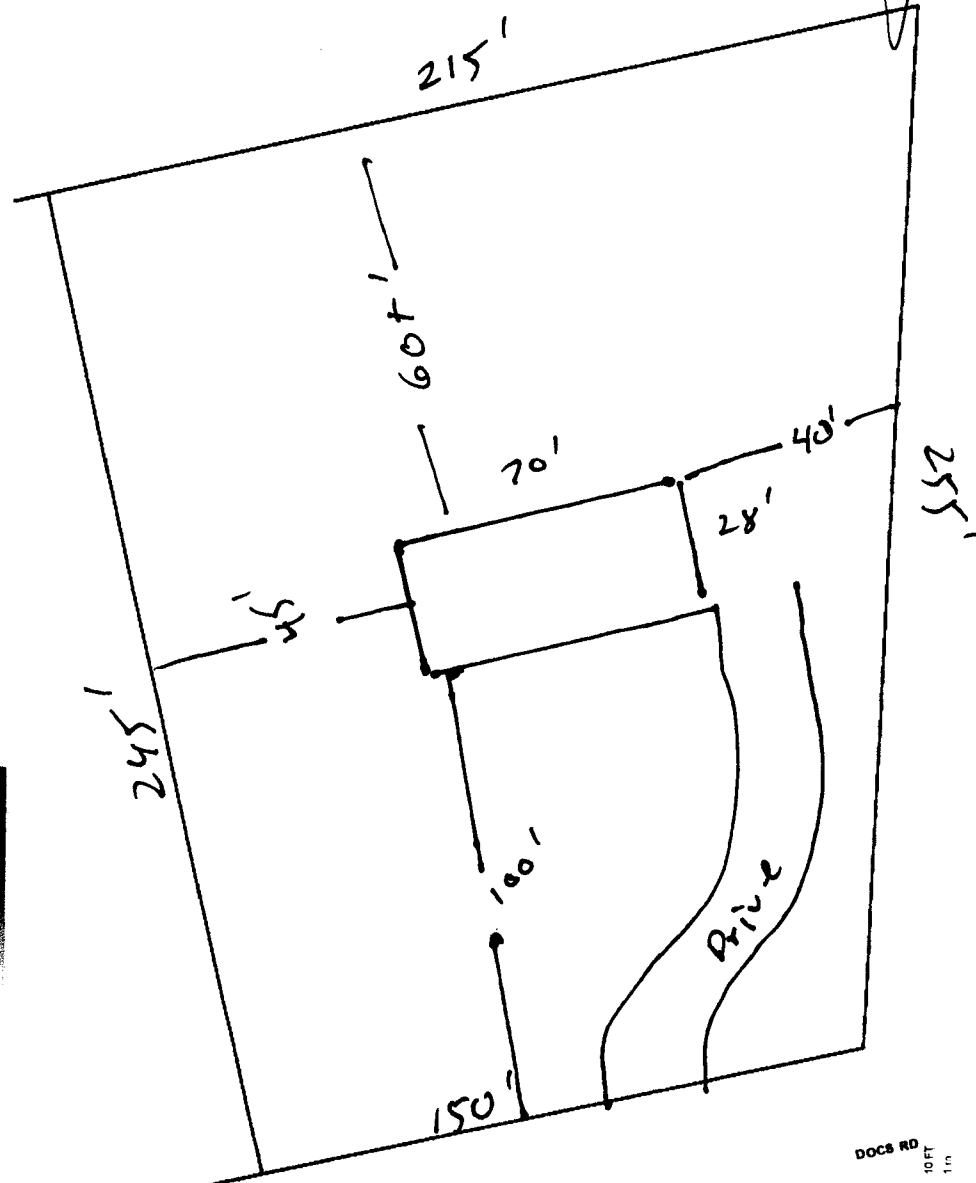
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It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its 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



ance



SITE PLAN APPROVAL

DISTRICT RAZOR USE SFD

#BEDROOMS 3

Date 1/24/17 Zoning Administrator [Signature]

DOCS RD 10 FT 1 in



Mapping Search Clear

Selection Options
Zoom to selected map feature
Selected Parcel Feature

Parcel Identification
PIN 0506-28-7624-000
[REID] 010506-0078
002428

Owner Information
[AccountNumber] 100018940
LYON BUILDERS INC
P O BOX 569

[Name1] OLIVIA
[Address1] NC
[Address2] 2386-0000
[City] Assessment Data
[ZipCode] 2800

Property Information
[ParcelBuildingValue] 2800
[ParcelSubValue] 2800
[ParcelLanrValue] 2800
[TotalAssesValue] 2800

Structure Data
[UnitNumber] DOCS
[HouseNumber] RD
[StreetName] Legal Description
[StreetType] 1 LT #1
[StreetSuffix] 1

Legal Description
[LegalDescription] 1 LT #1
[LegalLandType] AC
[GIS Calc_Acres] 1.04090819
[PartBook] Parcel Links
[PartPage] 14500

Structure Data
[ActualYearBuild] 03147
[TotalAcctalAreaFeet] 0897
[DeedBook] 2013-08-08 20:00:00
[DeedPage] 2013
[DeedDate] 14500
[SaleYear] Parcel Links
[SalePrice] 010506.0078

Sales Information
[DeedBook] 03147
[DeedPage] 0897
[DeedDate] 2013-08-08 20:00:00
[SaleYear] 2013
[SalePrice] 14500
Zoning Overlay 010506.0078
Soils Overlay 010506.0078
PRC 010506.0078

Map Tool Options
The current cursor mode is set to 'Pan / Recenter'. Clicking on the map directly will adjust the center of the map to the point clicked. Dragging on the map will shift the extent of the entire map.

Site Information

NAME: Paul Lyon

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.

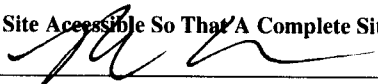
- {__} Accepted {__} Innovative {} Conventional {__} Any
 {__} Alternative {__} Other _____

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?

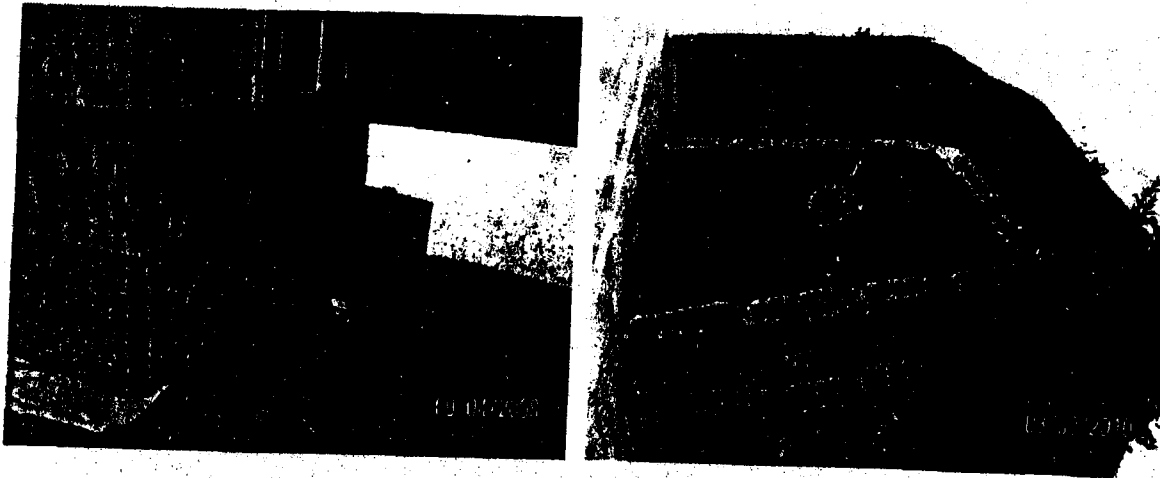
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

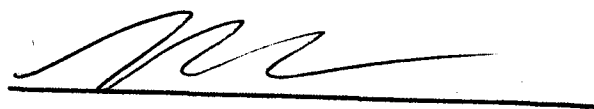

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-24-12
DATE

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.



Signature of Property Owner / Agent

1-24-17

Date

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

Date: 1-24-17

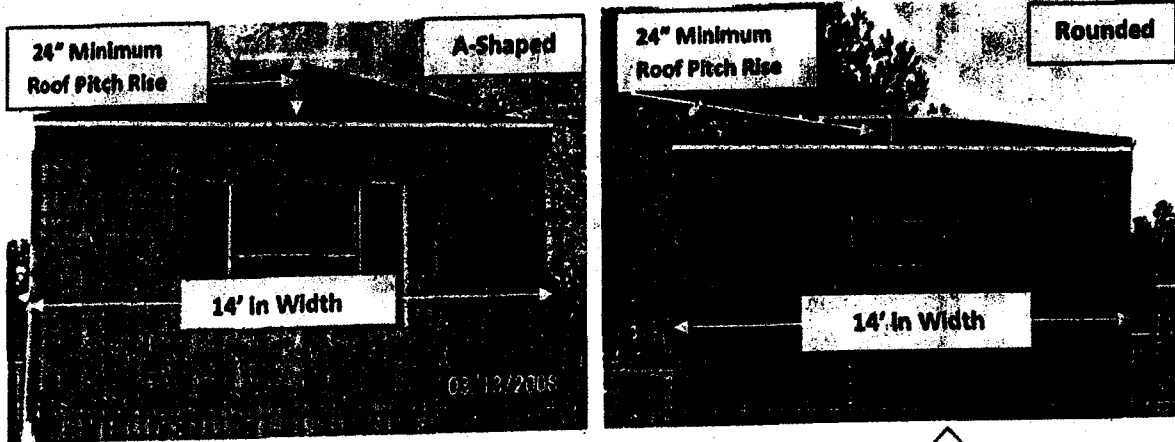
Application# 17-

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, Paul Lyon, 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.....