nitial Application Date:_	3/30/17	Application #	17-50041058
			CU#
Central Permitting	108 E. Front Street, Lillington, NC 27546	Phone: (910) 893-7525 ext:2 Fax: (910)	0) 893-2793 www.harnett.org/permits
"A RECORDED S	SURVEY MAP, RECORDED DEED (OR OFFER TO PUR	CHASE) & SITE PLAN ARE REQUIRED WHEN SU	BMITTING A LAND USE APPLICATION**
ANDOWNER: Lack	a Ragan Roll Sopr	Mailing Address: 1/ Scenetto	ay PL
ty: Cameron	a Ragan Robbl Solst	ontact No: Email	: look lr_688 hotmait co.
	Ragan Raggel Saloza Mailing Addre	ess: 11 sweet boy Pl.	The food it has
ity: Omeron	State: LL Zip: 2836 C	ontact No: Email	
ONTACT NAME APPL	YING IN OFFICE: Laura Ragan/	Propoel Salazar Phone #	919) 35,2-2108 - (928) 70
ROPERTY LOÇATION:	: Subdivision:	L	ot #: Lot Size: [0.10
ate Road #	State Road Name:	M	lap Book & Page: 2006, 429
09 957	S DI48 52	9575-47-399	000.17
2A-20M Floor	S 0148 53   Zone: Watershed: <u>G1S</u> Deed Bo	ok & Page: 3122 / 1087 Power Co	omnanv*:
	gress Energy as service provider need to supply		
ROPOSED USE:			
			Monolithic
SFD: (Sizex_	) # Bedrooms: # Baths: Basement(\( \) (Is the bonus room finished? () yes (		
Mod: (Sizex_	) # Bedrooms # Baths Basement (	w/wo bath) Garage: Site Built De	ck: On Frame Off Frame
	(Is the second floor finished? () yes (		
Manufactured Home	s: <u>4</u> sw pw tw (Size <u>/</u> 4 _ x <u>70</u>	_) # Bedrooms: <u>3</u> Garage:(site built	t?) Deck:(site built?)
Dupley: (Size	x) No. Buildings: No. Be	edrooms Per Unit:	

\_\_\_\_ Hours of Operation:\_ Home Occupation: # Rooms:\_\_\_ Closets in addition? (\_\_\_) yes (\_\_\_) no Addition/Accessory/Other: (Size \_\_\_\_x\_\_\_) Use:\_ County \_\_\_\_ Existing Well \_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final Water Supply: \_\_\_\_ 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 Other (specify):\_\_\_\_\_ Structures (existing or proposed): Single family dwellings:\_ Manufactured Homes: Required Residential Property Line Setbacks:

Comments:

Actual 45 Front Rear Closest Side Sidestreet/corner lot

**Nearest Building** on same lot Residential Land Use Application

03/11

en furn	THE PROPERTY FROM LILLING	O Florence		cont manger
			^ ^	you can
		Rafgel	(928)70	1-1054
W to NCZ	t-lefton Bnok it deadends.	& Margum	- right on Flo	rence-
ollow until	it duadends.		g of the and	Paragraph of the state of the s

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.

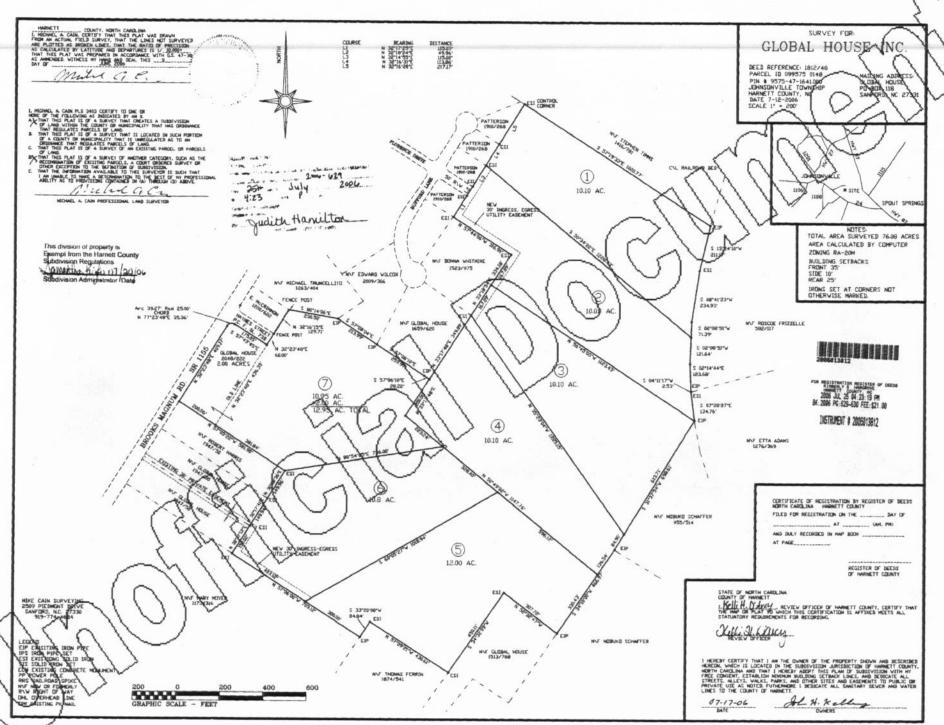
Signature of Owner or Owner's Agent

3-30-17

\*\*\*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\*\*

Brechs Mangun Rd. Not to scale Bufford 00.002 63. PHE Lexisting Easement 1147.76 SITE PLAN APPROVAL
DISTRICT PA-20M USE SWMH
#BEDBOOMS 3
3/50/17
BEDBOOMS 3 136.54 84.90



		Ragan	— to be filled an	4 h l			17-5004	
Con	ntv Health	*This application Department App						o Construct
		IN THIS APPLICATION						
PERMIT	OR AUTHORI	ZATION TO CONSTR	UCT SHALL BE	ECOME INVAL	LID. The permit is v	alid for eith	er 60 months or	without expiration
depending	g upon documer 910-893-752	tation submitted. (Com 5 option 1	iplete site plan =	60 months; Co	mplete plat = withou	it expiration)	021412	3/30 (1
Env	ironmental	Health New Septic	SystemCode	e 800	/ leave	note to co	all @ Rafa	el before tuy
•	All property	irons must be m	ade visible.	Place "pink	property flags" o	n each co		
		e clearly flagged app e house corner flag					a drivowaya	garages docks
		, swimming pools, e						garages, decks,
•	Place orange	Environmental He	alth card in lo	cation that is	easily viewed fro	om road to	assist in loca	
	evaluation to	thickly wooded, En be performed. Ins	pectors should	d be able to	walk freely aroun	d site. Do	not grade p	roperty.
		e addressed within o uncover outlet lic						
		ng proposed site ca						
	800 (after se	lecting notification	permit if multi	ple permits e	exist) for Environ			
		number given at en ov or IVR to verify re				l Permittin	a for permite	
		Health Existing Ta				i r emilling	g for permits.	
•	Follow above	instructions for pla	cing flags and	d card on pro	perty.			
		nspection by remo						
		then put lid back VE LIDS OFF OF SE		less inspecti	on is for a septic	tank in a r	nobile nome	рагк)
	After uncove	ring outlet end call	the voice per					
		ermits, then use co		nvironmenta	l Health inspect	ion. Pleas	se note confi	rmation number
		of recording for pro ov or IVR to hear re		pproved, pro	ceed to Central F	Permitting	for remaining	permits.
SEPTIC	1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	147	1.50
If applyir	g for authoriza	ation to construct pleas				in order of p	oreference, mus	t choose one.
	cepted	{}} Innovative						
{}} Al	ternative	{}} Other			2. 1			
The appli question.	cant shall noti If the answer	fy the local health de is "yes", applicant M	partment upon	submittal of the SUPPORT	nis application if a	ny of the fo	llowing apply	to the property in
{_}}YES	{ <u>//</u> } NO	Does the site cont	ain any Jurisdi	ctional Wetlan	nds?			
{_}}YES	(_) NO	Do you plan to ha	ve an irrigation	n system now	or in the future?			
{_}}YES	1/NO	Does or will the b	uilding contain	any <u>drains</u> ? I	Please explain	<u> </u>		
{}}YES	ILI NO	Are there any exis	sting wells, spri	ings, waterline	es or Wastewater S	Systems on	this property?	
{_}}YES	(_) NO	Is any wastewater	going to be ge	nerated on the	site other than do	mestic sew	age?	
{_}}YES	1_1 NO	Is the site subject	to approval by	any other Pub	olic Agency?			
{\_}\YES	,	Are there any Eas	ements or Righ	nt of Ways on	this property?			
{_}}YES	{∠} NO	Does the site cont	ain any existin	g water, cable	, phone or undergr	ound electr	ic lines?	
					locate the lines. T			
I Have De	ad This Applie	cation And Certify Tha						rized County And
		ted Right Of Entry To						
		Solely Responsible Fo						

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Harch-30-17 DATE

# **Harnett County Department of Public Health**

## **Well Construction Permit Application**

If the information in the application for a Well Construction Permit is *falsified*, changed, or the site is altered, then the Well Construction Permit shall become <u>invalid</u>.

APPLI	CANT INFORMATION
11 Superbay Pl. Co	Salatar (928) 70/-105/ Phone Number  Meron VG 28326
Street Address, City, State, Zip	Code
The Applicant must submit a Site Plan. T 1. existing and/or proposed property lines and 2. the location of the facility and appurtenand 3. the location for the proposed well;	
<ul><li>4. the location of existing or proposed sewer</li><li>5. the location of any existing wells within 10</li><li>6. above ground and/or underground storage</li></ul>	lines and/or sewage disposal systems within 100 feet or the proposed well; 00 feet of the property; surface water bodies; tanks; ation within 100 feet of the proposed well site.
The Applicant shall notify the Harnett Co Division of Environmental Health if any of 1. there is a relocation of the proposed facility 2. there is a change in the intended use of the	ounty Health Director through or by way of the Harnett County of the following occur prior to well construction: y; facility; er system in an area other than indicated on the well permit; or
Contact information: Environm	nental Health Division - 910-893-7547
PROP	ERTY INFORMATION
	Decree de la constant
Single-Family	Proposed use of well Church □ Restaurant □ Business □ Irrigation □
Street Address	Subdivision/Lot #
Parcel # 09 9575 0148 5	3 PIN# 9575-47-3981.000
Take Brooks Manaum -	Directions to the Site right on Florence - Follow until it

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a will can be properly constructed according to the permit.

Property Owner's of Owner's Legal Representative Signature Required

3/30/17

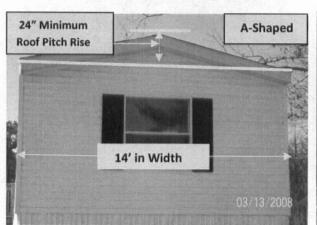
Date

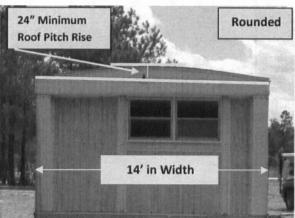
### PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

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

I, Lauro Ragon Shafed Salace understand that because I'm located in a RA-20R or 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.)



850HO08-17



4. 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. Application # 17-5004058

Harnett County Central Permitting
PO Box 65 Lillipster, 110

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

		Manufactured Home Set-Up Permit se fill out each part completely)
	-Owner Information:	Site address Bufford
		by owner of the manufactured home)
Name	BARRE	Address: 11 sweetbax Pl
City:	State: N	C Zip: <u>28326</u> Daytime Phone: ( ) <u>928-70/-105-4</u>
	wner Information (To be completed b	
Name	Run 5da	Address: // sweethay P/
City:	State:	Zip: 28326 Daytime Phone: ( ) 928-701-1054
	Name, add	npleted by Contractors or Homeowner, if applicable. Iress, & phone must match information on license)
Α.		e: dolas swarf is alver
		ddress:
		tate:Zip:
	State Lic#E	mail:
B.		ame: dilag vanc is about
		ddress:
		tate:Zip:
	State Lic#E	mail:
C.	Mechanical Contractor Company	Name: dala work is alma
		ddress:
	City: S	tate: Zip:
	State Lic# E	X20
D.	Plumbing Contractor Company N	ame: Paing work is above
	Phone: A	ddress:
	City: S	tate: Zip:
	State Lic#E	mail:
	I – Manufactured Home Information	n
Model	Year: 1996 Size: 70x 14	Complete & follow zoning criteria sheet
	Name:	Lot Number: Let #4
informa	ation and have obtained their permission ation will conform to the applicable marnce. I understand that if any item is included.	bly for this permit, that the application is correct including the contractor to purchase these permits on their behalf, and that the construction or suffactured home set-up requirements, and the Harnett County Zoning correct or false information has been provided that this permit could be
/	Signature of Home Owner or Agen	Date

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

<sup>\*</sup>Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.