	5	17	-	7
Initial Application	Date:	, ,		

Application #	75004139	7
	CLI#	•

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION** 

Central Permitting

**Nearest Building** on same lot

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\*\* LANDOWNER: Mary Parcial WWWS Parcis Mailing Address: 1004 Colon Rd State: N C Zip:27330Contact No: 9/9-776-5376hail: Sam Mailing Address:\_ City: \_\_ Contact No: \_\_\_\_\_ Email: State: \*Please fill out applicant information if different than landowner \_\_\_\_\_Phone # CONTACT NAME APPLYING IN OFFICE: 1 d WUS Pam's M PROPERTY LOCATION: Subdivision: State Road Name: Barbland Church Rd 1 PIN: 95 Watershed: \_\_\_\_ Deed Book & Page 2723/080 | Power Company\*: Zoning: KA-20 Flood Zone: \*New structures with Progress Energy as service provider need to supply premise number from Progress Energy. 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) \_) # 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 16 x 70 ) # Bedrooms: 2 Garage: 0 (site built? ) Deck: 0 (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: Comments: Front Rear Closest Side Sidestreet/corner lot

SPECIFIC DIRECTIONS T	turn right go Imile it is di	STON: Take	Hya 27 west	Lo Barbacu
lest as	Inile it is di	he track o	of land on the	- left before
you get	Lo 1045 Boyd	Brafford 2	<b>&gt;</b> ,	
	ee to conform to all ordinances and I g statements are accurate and corre			
No. of Co.	Signature of Owner or Owner	er's Agent	<u>5-16-17</u> Date	

<sup>\*\*\*</sup>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.\*\*\*

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

	111297
NAME:	APPLICATION #: 4157
County Heal IF THE INFORMATI PERMIT OR AUTHO depending upon docus 910-893- Environment  All prope lines mus Place "ora out buildir Place ora If property evaluation All lots to for failure After prep 800 (after confirmati Use Click Environment Follow ab Prepare f possible) DO NOT L After unce if multiple	*This application to be filled out when applying for a septic system inspection.*  Ith Department Application for Improvement Permit and/or Authorization to Construct ION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT DRIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration mentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 7525 option 1 CONFIRMATION #
given at e	end of recording for proof of request.  2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
<b>SEPTIC</b>	orization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} 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 swer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{ <b>∠</b> }YES {_}} N	NO Does the site contain any Jurisdictional Wetlands?
{_}}YES { <b>_</b> }}	NO Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES { <b>_</b> } N	NO Does or will the building contain any drains? Please explain
{}}YES {}} 1	NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES {}} N	NO Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES {}} N	NO Is the site subject to approval by any other Public Agency?
{_}}YES {_}} N	NO Are there any Easements or Right of Ways on this property?
{_}}YES { <b>_</b> } N	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 A	pplication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are C	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)

Date: 5-10-17

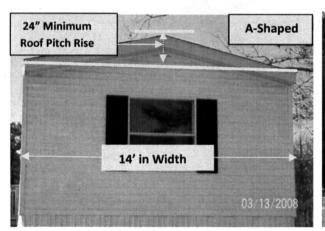
Application# 41397

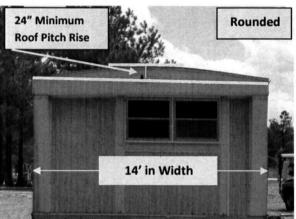
## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

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

I, \_\_\_\_\_\_, 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.....

- 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.)





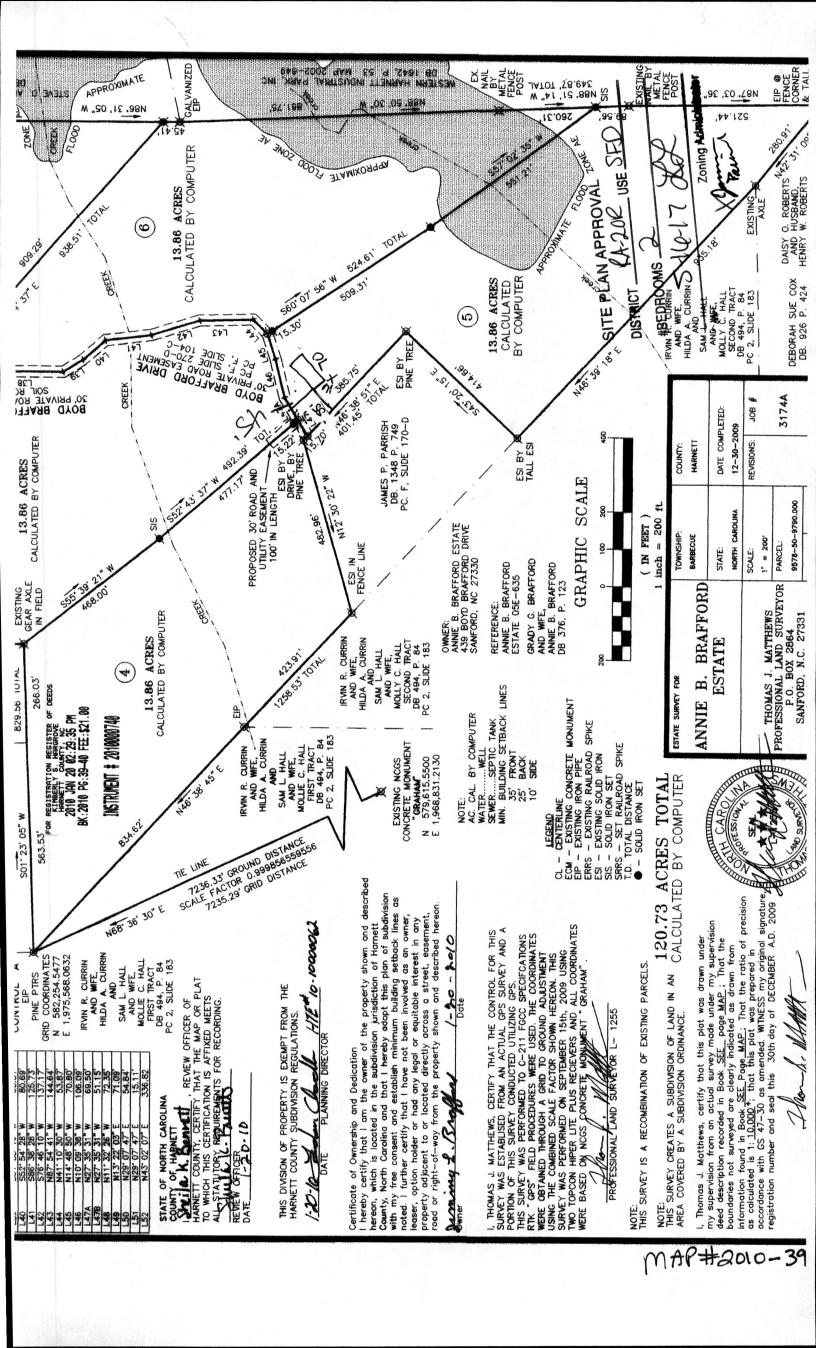
4. The home must have been constructed after July 1st 1976.

Signature of Property Owner / Agent

Date

5-16-17

 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: LBEMNETT Type: CP Drawer: 1

Date: 5/16/17 53 Receipt no: 354287

Year Number Amount 2017 50041397 91750 TECH 3 LILLINGTON, NC 27546 BP - ENV HEALTH FEES \$750.00

MARY PARRISH

Tender detail
CK CHECK PAYMEN 3855 \$750.00
Total tendered \$750.00
Total payment \$750.00

Trans date: 5/16/17 Time: 16:02:53 \*\* THANK YOU FOR YOUR PAYMENT \*\*