

Initial Application Date: 0.9.17

Application # 1750041591
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: CATLY J SNEAD Mailing Address: 725 ASSET PARKWAY
City: SANFORD State: NC Zip: 27332 Contact No: 919 449 9265 Email: BOB 13176 3 LINDSEY ST SANFORD NC 27332
919 353 1084

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: _____ Lot #: _____ Lot Size: 1.49
State Road # 555 State Road Name: Asset Pkwy Map Book & Page: _____
Parcel: 03.9577.0038.01 PIN: 9576.98.2457
Zoning: R20P Flood Zone: X Watershed: KA Deed Book & Page: OTD Deed 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: ___
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic Slab: ___
- 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 52) # Bedrooms: 2 Garage: ___ (site built? ___) Deck: ___ (site built? ___)
10x10 porch front
1997. Vanderbuilt
- 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 Other (specify): proposed

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>46.3</u>
Rear		<u>25</u>		<u>25.7</u>
Closest Side		<u>10</u>		<u>10.2</u>
Sidestreet/corner lot		<u>20</u>		
Nearest Building on same lot		<u>10</u>		

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: W ON HY 27 17 MILES E ON
ASSET PRKWAY TO 555 ASSET PRKWAY

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.

Cathy D. Mead
Signature of Owner or Owner's Agent

06/09/17
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

Harnett County GIS



NOT FOR LEGAL USE

HARNETT COUNTY GIS

LEGEND

- Surrounding County Boundaries
- Federal Property
- City Limits
- Harnett County Boundary
- Address Numbers
- Airport
- Major Roads
- Interstate
- NC
- US
- Roads
- Railroad

SITE PLAN APPROVAL

DISTRICT: *Robert Wise Study*

#BEDROOMS: *6*

Date: *6/18/17*

Scale: 1 inch = 100 feet

0 0.005 0.01 0.02 0.03 Miles

GIS/E-911 Addressing

June 9, 2017

NAME: Cathy J Swead

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.

Cathy J Swead

06/09/17

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

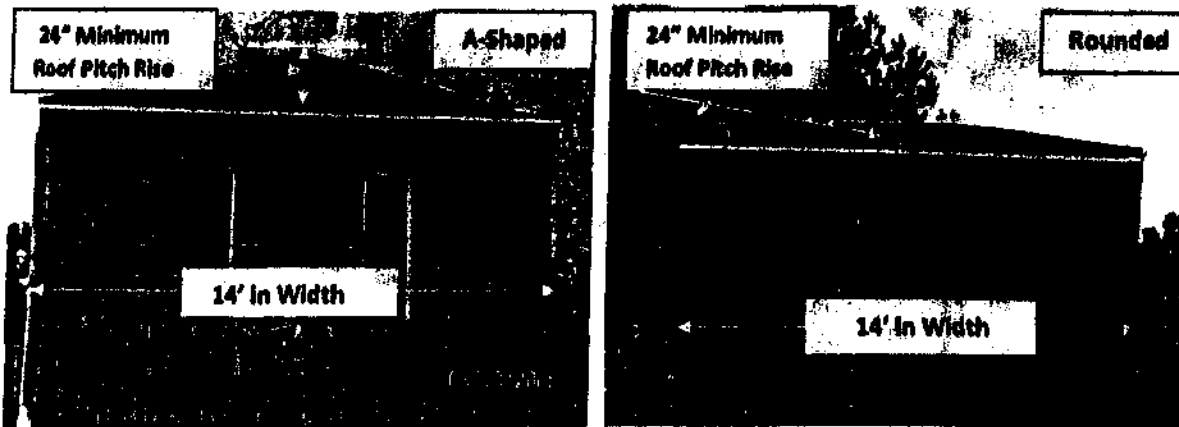
DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA-20M Certification Criteria

Robert
Carthy Sneed 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 1st 1976.

Cathy L. Smith

Signature of Property Owner / Agent

06/09/17

Date

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

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: \$ 30.00

Parcel Identifier No. 039577 0038 01 Verified by _____ County on the ____ day of _____, 20__
By: _____

Mail/Box to: REGINALD B. KELLY, PO BOX 1118, LILLINGTON, NC 27546

This instrument was prepared by: REGINALD B. KELLY, 900 S MAIN STREET, LILLINGTON, NC 27546

Brief description for the Index: _____

THIS DEED made this 9th day of June, 2017, by and between

GRANTOR
James R. White, Jr and wife, Leta K. White 494 Asset Parkway Sanford, NC 27332

GRANTEE
Cathy Jean Snead 725 Asset Parkway Sanford, NC 27332

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of _____, Barbecue Township, HARNETT County, North Carolina and more particularly described as follows:

See Attached

The property hereinabove described was acquired by Grantor by instrument recorded in Book 3261 page 621.

All or a portion of the property herein conveyed includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book _____ page _____.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

By: _____ (Entity Name) James R White Jr (SEAL)
 Print/Type Name: James R White, JR

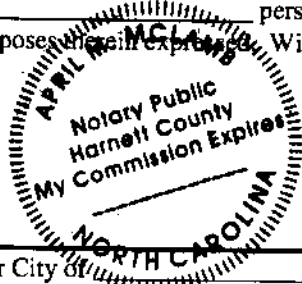
By: _____ Leta K White (SEAL)
 Print/Type Name: Leta K White

By: _____ (SEAL)
 Print/Type Name: _____

By: _____ (SEAL)
 Print/Type Name: _____

State of _____ - County or City of HARNETT

I, the undersigned Notary Public of the County or City of HARNETT and State aforesaid, certify that James R. White, Jr and wife, Leta K. White personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 9th day of June, 20 17.



My Commission Expires: 7-29-21
(Affix Seal)

April M McLamb
April M McLamb Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20____.

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, _____ he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

ATTACHMENT

Beginning at an existing iron pipe in the northeastern corner of Lot No. 3 of Map Book 17, Page 50, Harnett County Registry, which was conveyed to William T. Anderson at Deed Book 718, Page 656, thence with the southern boundary of the above referenced lot, South 62 degrees 52 minutes 30 seconds West 287.66 feet to a calculated point; thence North 27 degrees 03 minutes 28 seconds West 211.72 feet to a calculated point; thence North 62 degrees 52 minutes 30 seconds East 329.50 feet to a new iron pin; thence South 15 degrees 33 minutes 00 seconds East 215.86 feet to the point and place of beginning, and being a lot containing 1.5 acres consisting of a portion of the William T. Anderson property as recorded in Deed Book 718, Page 656 and as shown upon a plat and survey of Melvin A. Graham, dated May 11, 1995.

The above referenced property is subject to a fifteen (15) foot existing access easement as shown upon the above referenced map in Map Book 17, Page 50, and conveyed appurtenant to the above referenced lot is a fifteen (15) foot access easement as shown upon the plat recorded in Map Book 17, Page 50.

For further reference to chain of title see Estate for William T. Anderson as filed in 00 E 137, Harnett County Clerk of Court Office.

Property is further subject to the Restrictive Covenants as recorded in Book 718, Page 656 and a Road Maintenance Agreement recorded in Book 1413, Page 803, Harnett County Registry.

DBA COUNTRY FAIR HOMES

3335 NC 87 Highway S.
 SANFORD, NORTH CAROLINA 27332
 (919) 775-3600 • Fax: (919) 775-7533

353-1084

BUYER(S) Robert M Sneed PHONE 919-499-9265 DATE 6-8-17
 ADDRESS 725 Asset Pkwy Sanford, NC 27332 SALESPERSON Chris
 DELIVERY ADDRESS 555 Asset Pkwy Sanford, NC 27332
 MAKE & MODEL Vonder built YEAR 1992 BEDROOMS 2 FLOOR SIZE 52 W14 HITCH SIZE 36 W14 STOCK NUMBER
 SERIAL NUMBER _____ COLOR _____ PROPOSED DELIVERY DATE 15th KEY NUMBERS _____
 NEW USED

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CFR SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES		
<u>Del. & Set to County Codes</u>	\$	
<u>Tires & Axles to be returned to Dealer</u>		
<u>Sold As Is where is</u>		
BALANCE CARRIED TO OPTIONAL EQUIPMENT	\$	

BASE PRICE OF UNIT		\$ 6,000.00
OPTIONAL EQUIPMENT		<u>ZNC</u>
SUB-TOTAL		\$ 6,000.00
SALES TAX		<u>ZNC</u>
NON-TAXABLE ITEMS		
VARIOUS FEES AND INSURANCE		<u>Net</u>
CASH PURCHASE PRICE		\$ 6,000.00
TRADE-IN ALLOWANCE	\$	
LESS BAL. DUE on above	\$	
NET ALLOWANCE	\$	
CASH DOWN PAYMENT	\$ 300	
CASH AS AGREED	\$	
LESS TOTAL CREDITS	\$	5,700.00
SUB-TOTAL	\$	
SALES TAX (if Not Included Above)		
Unpaid Balance of Cash Sale Price		\$ 5,700.00

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described manufactured home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.

ESTIMATED RATE OF FINANCING _____ %
 NUMBER OF YEARS _____
 ESTIMATED MONTHLY PAYMENTS \$ _____

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.

DESCRIPTION OF TRADE-IN	YEAR	SIZE	DEALER
MAKE _____ MODEL _____		BEDROOMS _____	
TITLE NO. _____ SERIAL NO. _____		COLOR _____	
AMOUNT OWING TO WHOM _____			
ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY _____			DEALER <input type="checkbox"/> BUYER <input type="checkbox"/>

E. J. WOMACK ENTERPRISES INC.
 DBA COUNTRY FAIR HOMES _____ DEALER
 Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent
 Approved By Chris
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. 561-563276
 SIGNED X _____ BUYER
 SOCIAL SECURITY NO. _____

Application for Manufactured Home Set-Up Permit
 (Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: CHRIS S. SMITH Address: 1000 S. 10th Street
 City: SANFORD State: NC Zip: 27385 Daytime Phone: () 708-1089

Landowner Information (To be completed by landowner, if different than above)

Name: SMITH Address: _____
 City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.
 Name, address, & phone must match information on license)

- A. **Set-Up Contractor** Company Name: CONTRACTOR / 11211215
 Phone: 919 775 3600 Address: 3335 AC 87 HWY 15
 City: SANFORD State: NC Zip: 27384
 State Lic# 3400 Email: GMAIL.COM
- B. **Electrical Contractor** Company Name: STORNER ELECT
 Phone: 919 774 8871 Address: 3216 HAWKINS RD
 City: SANFORD State: NC Zip: 27380
 State Lic# _____ Email: ELP@STORNERELEC.COM
- C. **Mechanical Contractor** Company Name: CONTRACTOR / 11211215
 Phone: 919 775 3600 Address: 115 S. MAIN ST
 City: SANFORD State: NC Zip: 27385
 State Lic# 4627 Email: WWW.CONTRACTORHEATANDAIR.COM
- D. **Plumbing Contractor** Company Name: BILLIE SMITH
 Phone: 910 507 8442 Address: 1150 STONEY CREEK
 City: YORK State: NC Zip: 27358
 State Lic# 29663 P Email: _____

Part III - Manufactured Home Information

Model Year: 1992 Size: 14 x 52 Complete & follow zoning criteria sheet

Park Name: Cathy Road Lot Number: 612317

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Signature of Home Owner or Agent

Date

*Effective July 1, 2004, a County Tax Department Moving Permit 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.

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

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number 17-50041591 Date 6/23/17
Property Address 555 ASSET PKWY
PARCEL NUMBER 03-9577- - -0038- -01-
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner Contractor

SNEAD CATHY JEAN RAVEN ROCK MOBILE HOME MOVER
725 ASSET PARKWAY 3335 NC 87 HWY.
SANFORD NC 27332 SANFORD NC 27332
(919) 775-3600

Applicant

SNEAD CATHY
725 ASSET PKWY
SANFORD NC 27332
(919) 499-9265

--- Structure Information 000 000 14X52 2BDR SWMH
Flood Zone FLOOD ZONE X
Other struct info # BEDROOMS 2000000.00
MOBILE HOME YEAR 1992.00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXT TAMK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1197375
Issue Date 6/23/17 Valuation 0
Expiration Date 12/20/17

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1197367
Issue Date 6/23/17 Valuation 0
Expiration Date 6/23/18

Special Notes and Comments
T/S: 06/09/2017 01:27 PM JBROCK ----
HWY 27 17 MILES L ON ASSET PKWY TO 555
PKWY

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	17-50041591	Page	2
Property Address	555 ASSET PKWY	Date	6/23/17
PARCEL NUMBER	03-9577- - -0038- -01-		
Application description . . .	CP MANUFACTURED HOME		RA20R/RA20M CRITERI
Subdivision Name			
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
10	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___