Initial Application Date: 6134	7
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Residential Land Use Application

Application #	75004	well	
	CH#	6.	

## **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

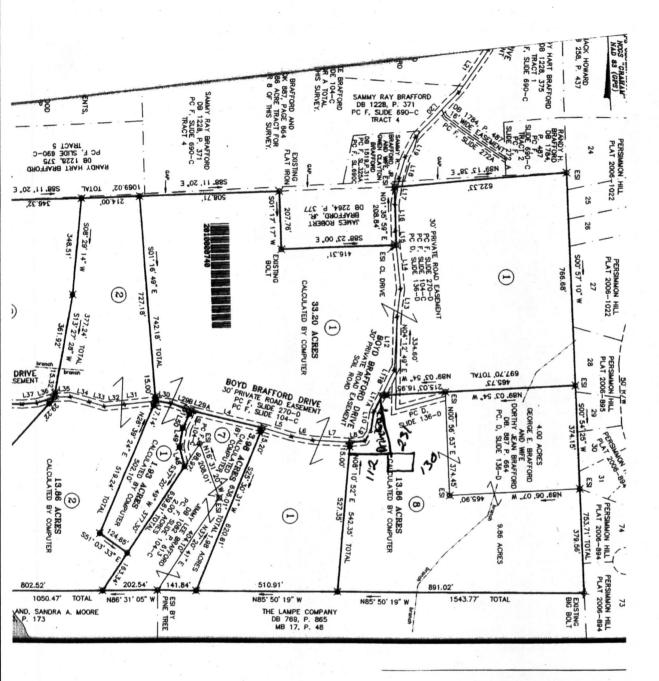
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" State: NC\_Zip:2733\_2 ontact No:\_\_\_\_ Mailing Address: Email: \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: GEORGY Braffer PROPERTY LOCATION: Subdivision: \_ State Road Name: \_\_\_\_\_\_Saud PIN: 9578-70-2007.000 Zoning: RA-201 Flood Zone: X Watershed: - Deed Book & Page 2723 /810 Power Company\*: Dulie Enrag \*New structures with Progress Energy as service provider need to supply premise number 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) 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\_32\_) # Bedrooms: \_\_\_ 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 (\_\_) 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:\_\_\_\_ Minimum 35 Actual Front Closest Side Sidestreet/corner lot **Nearest Building** on same lot

wich road, turn of go straight		200	3. · · · · · · · · · · · · · · · · · · ·	
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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\*\*

NAME: _				APPLICATION #:	41611
		*This application to be filled	out when applying f	or a sentic system inspection	1.*
Coun	ty Health D	epartment Application f			
		N THIS APPLICATION IS FALS			
		ATION TO CONSTRUCT SHALL			months or without expiration
9	10-893-7525	•		te plat = without expiration)  CONFIRMATION #	22494-11
□ Envir	onmental H	ealth New Septic System Co	ode 800		
1111	ies must be t	rons must be made visible the role of the	every 30 feet betw	reen comers.	
Ol	ut buildings, s	house corner flags" at each	flags per site plan d	eveloped at/for Central Per	mitting.
		Environmental Health card in			
		nickly wooded, Environmenta e performed. Inspectors sho			
		addressed within 10 busin			
		incover outlet lid, mark ho			
		proposed site call the voice			
80	00 (after sele	cting notification permit if mumber given at end of record	ultiple permits exist	) for Environmental Health	
		or IVR to verify results. One			permits.
		alth Existing Tank Inspect			
		nstructions for placing flags a			
po	ossible) and t	spection by removing soil ownen put lid back in place. (If LIDS OFF OF SEPTIC TANK			
NO. 11317 1. 1238 1238	REST COUNTY AND ADMINISTRATION OF A CHARLEST SERVICE AND A COUNTY OF THE PROPERTY OF A COUNTY OF THE PROPERTY	g outlet end call the voice	nermitting system a	t 910-893-7525 option 1 &	select notification permi
		nits, then use code 800 for			
gi	ven at end of	recording for proof of reques	st.		
	se Click2Gov	or IVR to hear results. Once	approved, proceed	to Central Permitting for re	emaining permits.
SEPTIC If applying	for authorizati	on to construct please indicate de	sired system type(s):	can be ranked in order of prefere	ence, must choose one.
{}} Acce	epted	{}} Innovative {	Conventional	{}} Any	
{}} Alter	rnative	{}} Other		_	
		the local health department up "yes", applicant <b>MUST ATT</b>			ng apply to the property in
{}}YES	NO	Does the site contain any Juris	sdictional Wetlands?		
{}}YES	{ <b>∠</b> } NO	Do you plan to have an irrigat	ion system now or in	the future?	
{}}YES	{∠ NO	Does or will the building cont	ain any drains? Please	e explain	
{}}YES	{} NO	Are there any existing wells, s	prings, waterlines or	Wastewater Systems on this p	roperty?
{_}}YES	{}} NO	Is any wastewater going to be			
{}}YES	{_} NO	Is the site subject to approval			
YES	{}} NO	Are there any Easements or R			
{_}}YES	{   ✓ NO			one or underground electric line	
		If yes please call No Cuts at 8	300-632-4949 to locat	te the lines. This is a free serv	ice.
		on And Certify That The Inform			
		Right Of Entry To Conduct Ne			
		olely Responsible For The Proper		ibeling Of All Property Lines A	nd Corners And Making
The Site Acc	cessible So Tha	A Complete Site Evaluation Ca	n He Ferformed.		10.
PROPERT	Y OWNERS	OR OWNERS LEGAL RES	ESENTATIVE SIC	GNATURE (REQUIRED)	6-9-17 DATE
		-			



SITE PLAN APPROVAL  DISTRICT RA-20R USE _	SFD
#BEDROOMS	LL ing Administrator
X alma	Duchera

Date	

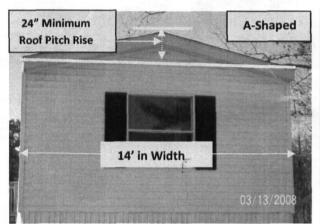
Application#		

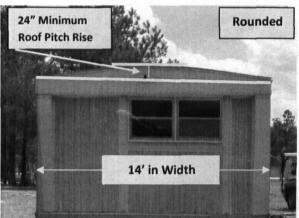
## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, 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.)

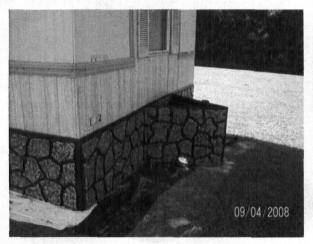




Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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

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