Initial Application Date: 4 30 1 Application # 1500 1 38	
CU#CU#	
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: Kenneth R McKoy Mailing Address: 874 Samuel McKoy Lane	
City: Lillington State: NC zip: 2754 Contact No: 910 658 66 Contact	
APPLICANT: Kenn the R McKey Mailing Address: 874 Samuel McKoy Lane	
APPLICANT*: Kenneth R McKoy Mailing Address: 874 Samuel McKoy Lane  City: L11 Lucton State NC Zip: 27546 Contact No: Email:  *Please fill out applicate information if different than landowner	
CONTACT NAME APPLYING IN OFFICE:Phone #	
PROPERTY LOCATION: Subdivision: Lot Size: 392A	
State Road # State Road Name: Samuel Mckey Lavene Book & Page: 675	
Parcel: 10054912010321 PIN: 0549-45-8718.000	
Zoning PAOR Flood Zone: Watershed: NA Deed Book & Page 1632 / 701 Power Company*:	
*New structures with Progress Energy as service provider need to supply premise number	
PROPOSED USE:	
Monelithic	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla	
☐ Mod: (Sizex) # 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	•
Tuture last to	<i>)</i>
Manufactured Home:SWDWTW (Size 76 x 32 ) # Bedrooms: 4 Garage:(site built?) Deck:(site built?) From Pure.	<u>ጉ</u>
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	Ð
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: □	L
Addition/Accessory/Other: (Sizex) Use: Closets in addition? ( ) yes ( ) no	_
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no	
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	
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):	
Required Residential Property Line Setbacks: Comments Property Line Setbacks:	
Front Minimum 35 Actual 85	
Rear 250 110+	
Closest Side 10	
Sidestreet/corner lot 20	
Nearest Building	

Residential Land Use Application

San	140	McKoy	Lane	15+	house	100	ring woo
road_	<u>co</u>	1 15/17/					
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		<u></u>					
; are granted I ad	gree to conform	to all ordinances a	and laws of the St	ate of North Carolina	a regulating such	work and the spe	cifications of plans su
state that forego	ing statements	are accurate and o	correct to the best	of my knowledge.	ermit subject to ا	revocation if false	information is provide

\*\*\*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.\*\*\*

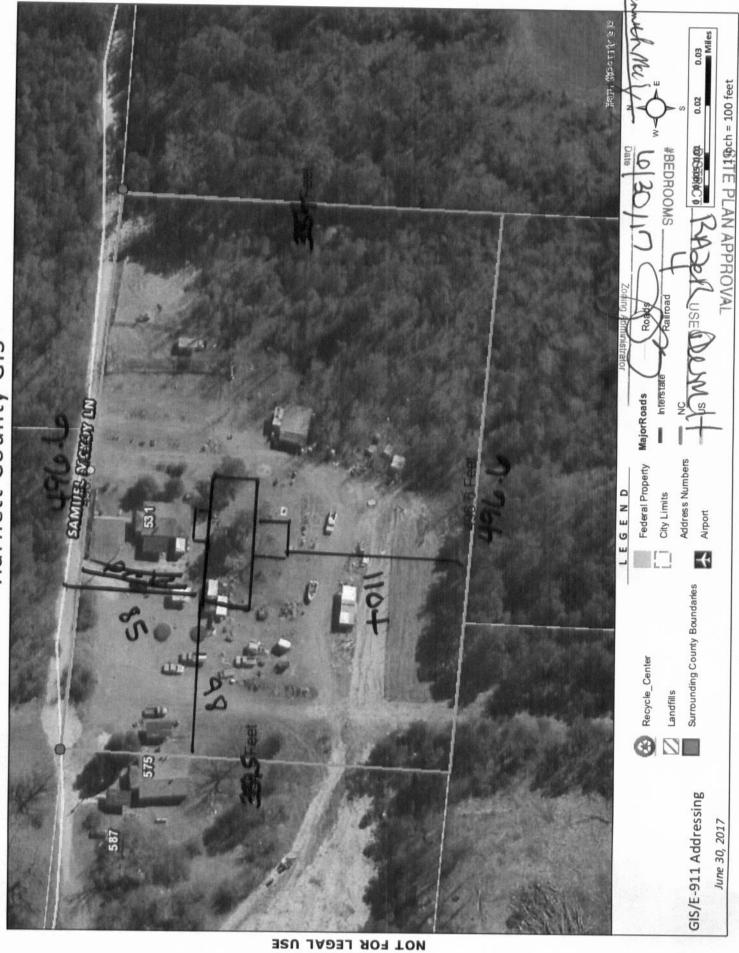
\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

## **Harnett County Department of Public Health**

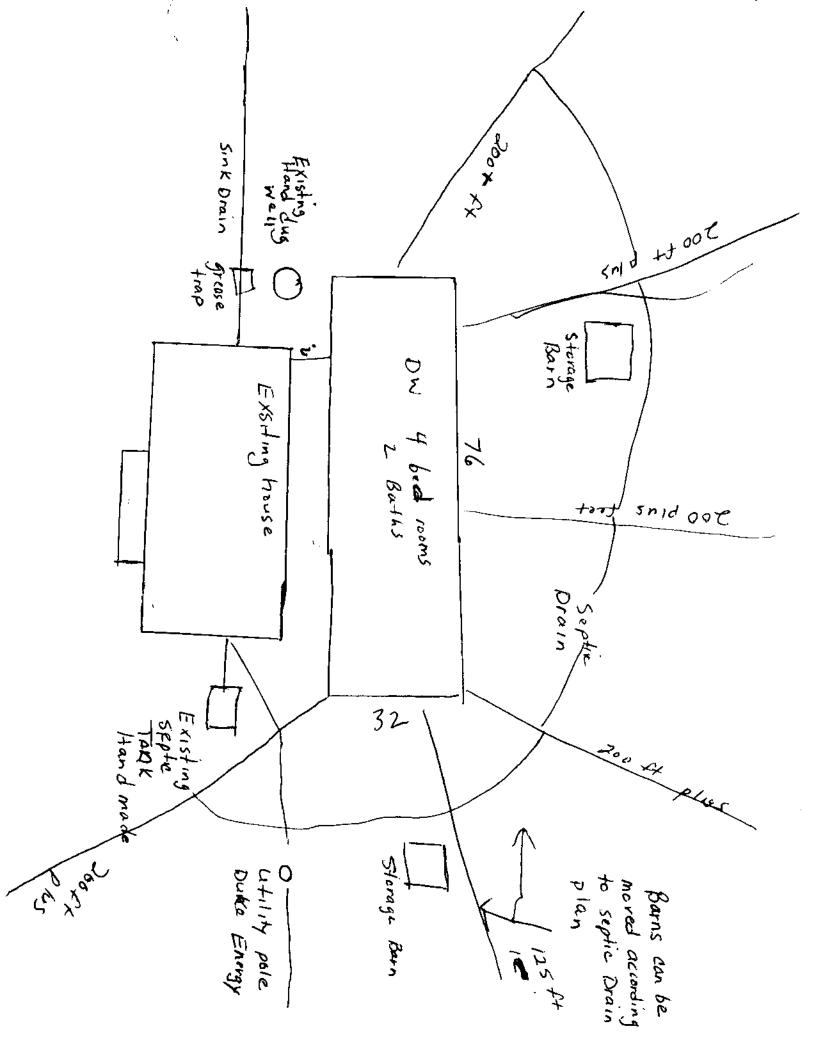
## **Well Construction Permit Application**

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 invalid.

<u>APPLICANT INFORMATION</u>
Kenneth R McKoy (910) 658-668  Applicant/Owner Phone Number  874 Samuel McKoy LN Lilling for NC 27546  Street Address, City, State, Zip Code
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:  1. existing and/or proposed property lines and easements with dimensions;  2. the location of the facility and appurtenance;  3. the location for the proposed well;  4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well;  5. the location of any existing wells within 100 feet of the property; surface water bodies;  6. above ground and/or underground storage tanks;  7. and any other known sources of contamination within 100 feet of the proposed well site.
The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:  1. there is a relocation of the proposed facility;  2. there is a change in the intended use of the facility;  3. there is a need for installing the waste water system in an area other than indicated on the well permit; or  4. there are landscape changed that affect site drainage.  Contact information: Environmental Health Division - 910-893-7547
PROPERTY INFORMATION
Proposed use of well Single-Family  ✓ Multifamily  — Church  — Restaurant  — Business  — Irrigation  —
Street Address Subdivision/Lot # PIN # 0549 - 45 - 8718 · XX
Directions to the Site
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.
Kennth R Welly Property Owner's of Owner's Legal Representative Signature Required  Date
Property Owner's of Owner's Legal Representative Signature Required  Date



	A . 1.			•
NAME: Lenneth	R.M.Kay		APPLICATION #:	
•	*This application to be f	illed out when applying	for a septic system inspectio	n.*
County Health D IF THE INFORMATION IN PERMIT OR AUTHORIZA	epartment Applicati THIS APPLICATION IS F JUDIN TO CONSTRUCT SH	on for Improvement FALSIFIED, CHANGED, O HALL BECOME INVALID	t Permit and/or Author R THE SITE IS ALTERED, THE The permit is valid for either 60 ete plat = without expiration)	ization to Construct EN THE IMPROVEMENT
910-893-7525		11 proc. 12 11/2/11/11	CONFIRMATION #	
	alth New Septic Syste			
lines must be o	learly flagged approxim	nately every 50 feet bet	perty flags" on each corne ween corners. osed structure. Also flag d	
			developed at/for Central Pe	
If property is th	nickly wooded, Environn	mental Health requires	sily viewed from road to as that you clean out the <u>und</u> k freely around site. Do no:	ergrowth to allow the soil
			nfirmation. \$25.00 return	
for failure to u After preparing 800 (after sele	incover outlet lid, mar proposed site call the cting notification permit	k house corners and project of the knowledge with the knowledge permits exist if multiple permits exist if multiple permits exist in the knowledge with the knowledge permits in the knowledge permi	property lines, etc. once   at 910-893-7525 option 1 st) for Environmental Health	ot confirmed ready. to schedule and use code
	umber given at end of re		<u>luest.</u> eed to Central Permitting fo	ır normits
	ealth Existing Tank Ins	• • • • • • • • • • • • • • • • • • • •	oca to ocintial i civilitatig to	, ponnito.
	nstructions for placing fl			
possible) and t		ce. (Unless inspection	tank as diagram indicates, is for a septic tank in a mob	
After uncovering	ng outlet end call the vi	oice permitting system	at 910-893-7525 option 1 & lealth inspection. Please r	
given at end of	recording for proof of r	equest.	•	
SEPTIC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ed to Central Permitting for can be ranked in order of prefe	
{ } Accepted		Conventional		arence, musi choose one.
· — ·	{} Other	<u>-</u>	,	
The applicant shall notify	the local health departme	ent upon submittal of this	—— application if any of the follow G DOCUMENTATION:	ving apply to the property in
()YES {} NO	Does the site contain an	y Jurisdictional Wetlands	?	
ON (X) SAY 1	Do you plan to have an j	<u>irrigation system</u> now or i	n the future?	
(YES (_X) NO	Does or will the building	g contain any <u>drains</u> ? Plea	ase explain	
{ <b>∑</b> }YES ( <u>``</u> ) NO		, -	or Wastewater Systems on this	
()YES {}} NO		<del>-</del>	e other than domestic sewage	?
{}YES {	•	roval by any other Public	•	
{}YES ( <u>∕</u> ) NO	-	sor Right of Wayson this		
{}YES (ヹ) NO			none or underground electric li	
	• ,		ate the lines. This is a free ser	
	-		ain Is True, Complete And Corr	•
			o Determine Compliance With	, ,
			Labeling Of All Property Lines	And Corners And Making
The Site Agoessible So The	at A Complete Site Evaluati		GNATURE (REQUIRED)	x 6/36/17
* PROPERTY OWNERS	OK OWNERS LEGAL	REPRESENTATIVE S	IGNATURE (REQUIRED)	DATE



Date:	

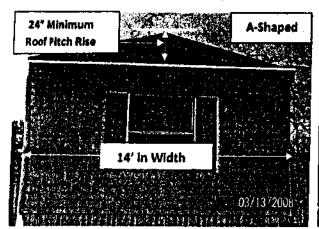
Application#	
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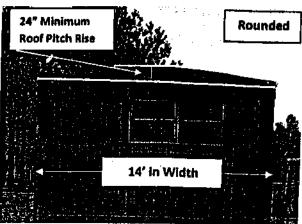
## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

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

I, Let P M C Junderstand 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.

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.)

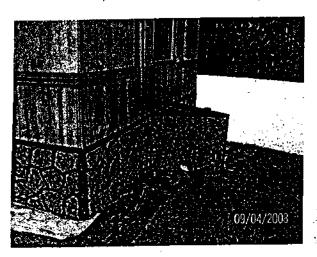


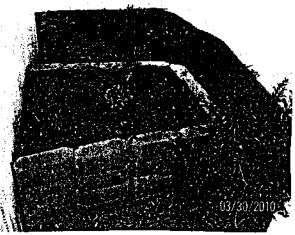


Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)

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.