

Initial Application Date: 10/2/17

Application # 1750042435
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) 893-2783 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: Amy M Matthews Mailing Address: 41 Edwin Matthews Lane
City: Spring Lakes State: NC Zip: 28390 Contact No: _____ Email: _____

APPLICANT: RALPH F. BYRON Mailing Address: 2909 LEWIS CIRCLE
City: SPRING LAKE State: NC Zip: 28390 Contact No: 910-497-1004 Email: cathymoorep325@att.net
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: 12665 NC 2105, SPRING LAKE, NC Lot #: 8 Lot Size: 1.07AC
State Road # NC 2105 State Road Name: NC 2105 Map Book & Page: PCAF 3790
Parcel: 010524 0018 08 PIN: 0524-03-9740.001
Zoning: Bazem Flood Zone: X Watershed: AD Deed Book & Page: 387 918 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: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Monolithic
- 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 80) # Bedrooms: 3 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 () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 proposed other (specify): sunH

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>105</u>
Rear		<u>25</u>		<u>122</u>
Closest Side		<u>10</u>		<u>48</u>
Sidestreet/corner lot				
Nearest Building on same lot				

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 210 SOUTH ABOUT
12 MILES DOWN ON LEFT

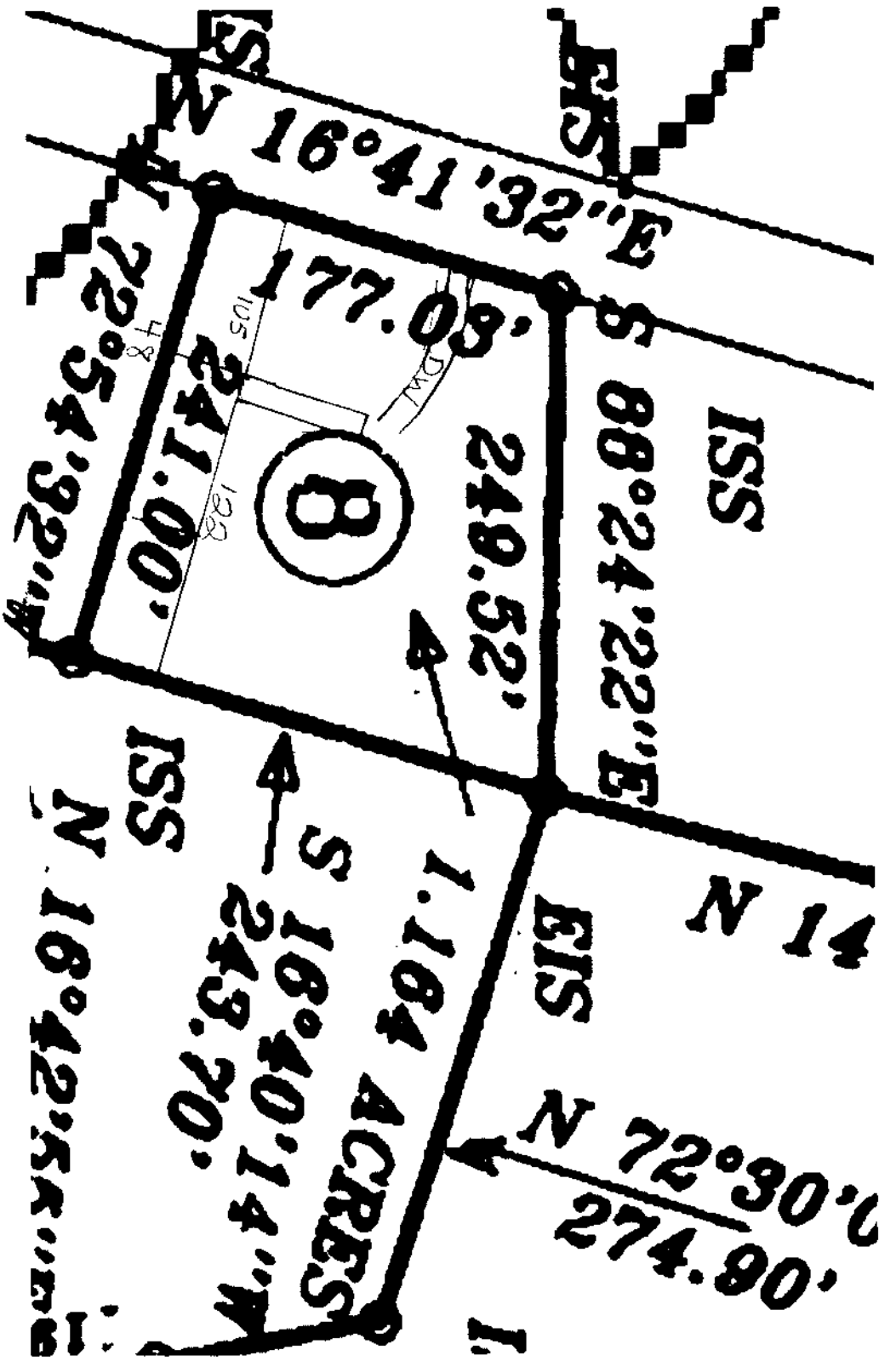
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Ralph Z. Byron
Signature of Owner or Owner's Agent

10/2/17
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



SITE PLAN APPROVAL

DISTRICT BARBERSHURST

#BEDROOMS 3

Date 10/2/17
 Zoning Administrator

Rosalee S. Bergman

NAME: RALPH F. BYRON

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.

Ralph F. Byron
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

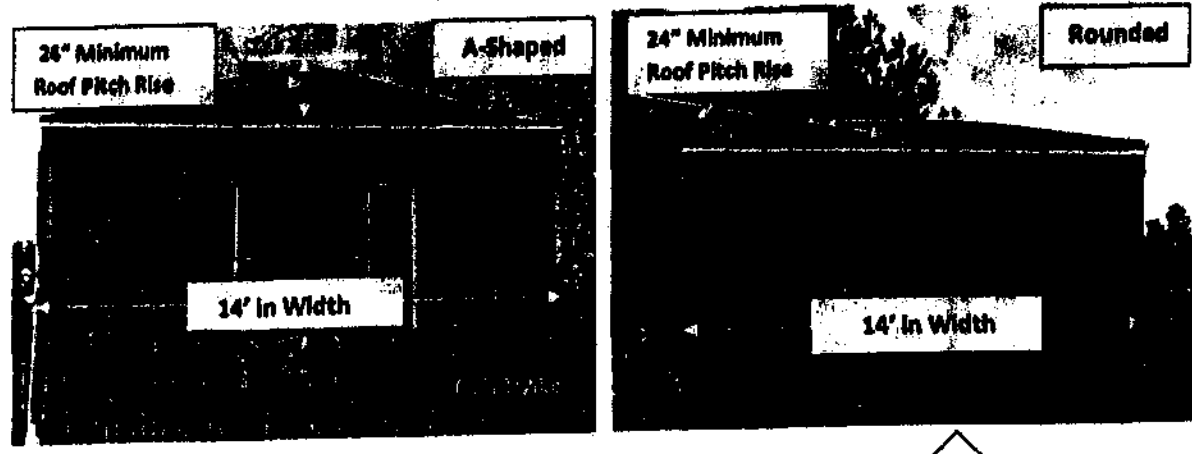
10/2/17
DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-20R & RA- 20M Certification Criteria

I, RALPH F. BYRON 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.)

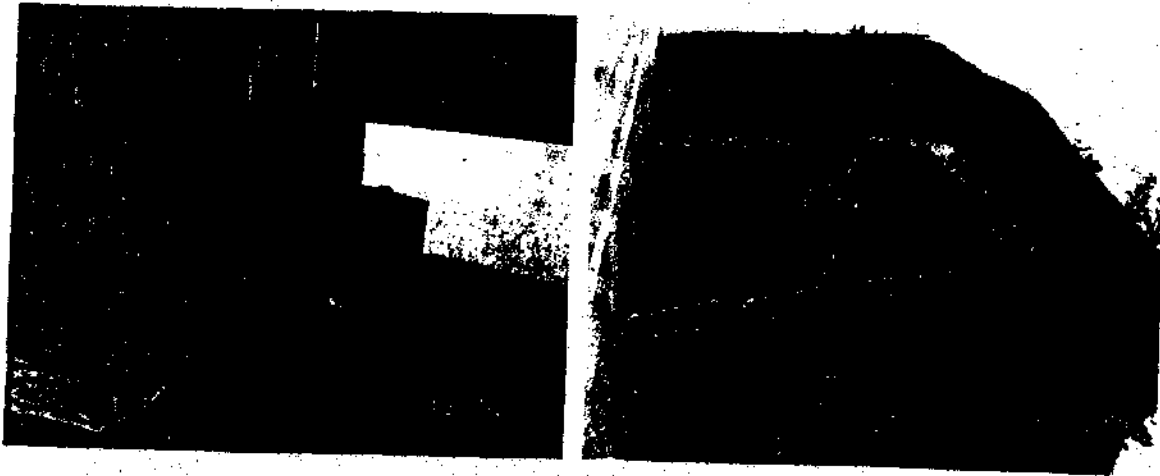


Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



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.

Ralph E. Byron
Signature of Property Owner / Agent

10/2/17
Date

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

I Amy Matthews am selling
the lot located at 12665 NC 210 S,
Spring Lake, NC to Ralph F. Byron.

Mrs. Amy Matthews
Ralph F. Byron

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

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

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: Ralph F. Byron Address: 2909 Lewis Circle
City: Sp. Lk. State: N.C. Zip: 28390 Daytime Phone: (910) 497-1004

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

Name: Amy Matthews Address: 41 Elvin Matthews Lane
City: Spring Lake State: NC Zip: 28390 Daytime Phone: 910-497-7944

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: Davis Mobile Home
Phone: 425-9524 Address: 3345 Wayne Ln
City: Fayetteville State: N.C. Zip: 28306
State Lic# 02888 Email: _____

B. **Electrical Contractor** Company Name: Lonnie Smith
Phone: 978-6638 Address: 8215 Fennisbrook Court
City: Parkton State: N.C. Zip: 28371
State Lic# 25606L Email: _____

C. **Mechanical Contractor** Company Name: Total Systems
Phone: 436-3450 Address: 13341 Hwy 210 South
City: Sp. Lk. State: N.C. Zip: 28390
State Lic# 28846 Email: _____

D. **Plumbing Contractor** Company Name: ABC Plumbing & Supply Co.
Phone: 323-4060 Address: 217 W. Russell, Fay.
City: Fay. State: N.C. Zip: 28301
State Lic# 5977 Email: _____

Part III - Manufactured Home Information

Model Year: 1991 Size: 14x80 **Complete & follow zoning criteria sheet**

Park Name: _____ Lot Number: _____

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.

Ralph F. Byron
Signature of Home Owner or Agent

10/17/17
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.

JOSEPH R. UTLEY, JR.
Tax Administrator



AMY B. KINLAW
Chief of Assessment and Collections

TAMI K. BOTELLO
Chief of Real Estate and Mapping

OFFICE OF THE TAX ADMINISTRATOR

Courthouse • 5th Floor - Suite 530 • P.O. Box 449 • Fayetteville, North Carolina 28302-0449
(910) 678-7507 • Fax: (910) 678-7588

MOBILE HOME MOVING PERMIT

Date: October 2, 2017 Current Listing Owner: BYRON, RALPH

County of Cumberland Permit No.: B-81
State of North Carolina Agent: Toni Gotshall

Permission is granted to the following person(s) to move the mobile home identified below.

Name: BYRON, RALPH Phone: (910) 497-1004
Address: 12665 NC HWY 210 S SPRING LAKE NC 28390
Are you the current owner of the mobile home? Yes No Purchase Date: 12/17/90

Mobile Home Carrier

Name/Company: DAVIS MOBILE HOME MOVING
Address: 3343 WAYNE LN FAY NC 28306

Property Description

Manufacturer	Year	Size	VIN
FISHER	1991	14X80	HONC28014CK3223462

Current Location: 2909 LEWIS CIR SPRING LAKE NC 28390
County: Cumberland Parcel ID: 0513-73-6322-

Location Moving To: 12665 NC HWY 210 S SPRING LAKE NC 28390
County: HARNETT Parcel ID: _____

This permit is issued in accordance with the provisions of North Carolina General Statute §105-316.1 through §105-316.8.

This permit shall be conspicuously displayed near the license plate on the rear of the mobile home at all times during transportation.

PERMIT VALID FOR THIS MOVE ONLY!

Joseph R. Utley, Jr.
Cumberland County Tax Administrator

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 17-50042435 Date 10/17/17
Property Address 12665 NC 210 S
PARCEL NUMBER 01-0524- - -0018- -08-
Application type description CP MANUFACTURED HOME RA20R/RA20M CRITERI
Subdivision Name
Property Zoning PENDING

Owner	Contractor
-----	-----
MATTHEWS AMY M 12665 NC 210 S SPRING LAKE NC 28390	DAVIS MOBILE HOME MOVING INC 3345 WAYNE LANE FAYETTEVILLE NC 28306 (910) 425-9524

Applicant

BYRON RALPH F
2909 LEWIS CIR
SPRING LAKE NC 28390
(910) 497-1004

--- Structure Information 000 000 14X80 3BDR SWMH
Flood Zone FLOOD ZONE X
Other struct info # BATHS 2
BEDROOMS 3000000.00
MOBILE HOME YEAR 1991000.00
PROPOSED USE SWMH
SEPTIC - EXISTING? EXT TANK
WATER SUPPLY COUNTY

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1214808
Issue Date 10/17/17 Valuation 0
Expiration Date 4/15/18

Permit MANUFACTURED HOME PERMIT
Additional desc
Phone Access Code 1214816
Issue Date 10/17/17 Valuation 0
Expiration Date 10/17/18

Special Notes and Comments
T/S: 10/02/2017 03:57 PM JBROCK ----
TAKE 210 S ABOUT 12 MILES DOWN ON LEFT

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.

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Date 10/17/17

Application Number 17-50042435
 Property Address 12665 NC 210 S
 PARCEL NUMBER 01-0524- - -0018- -08-
 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 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	_____	___/___/___