Initial Application Date:

SCANNED

JAN 3 0 2018

pplication#	18-5043200	1
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	ARNETT RESIDENTIAL LAND USE APPLICATION C 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR OF	FER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: ROBERT EON DAVIS	Mailing Address: U3 Cucumber Ln
City: State: MZip:	Mailing Address: <u>U3 Cucumber Ln.</u> 2835 Contact No: 910.890.8032 Email:
APPLICANT*: TOri Gunn M	J8333 Contact No: 910-242-2426 Email:
CONTACT NAME APPLYING IN OFFICE:	Phone #
	Q-
PROPERTY LOCATION: Subdivision:	Lot #: Lot Size: 95 1011 (Maple (Mych 200) Map Book & Page: 2002 / 1195
MARTINE DOCTOR	25-1 2- 1002 22
Parcel: 1/0550 0000 0 1	PIN:
new structures with Progress Energy as service provider nee	ed to supply premise number from Progress Energy.
PROPOSED USE:	·
· ·	Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:) 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
) yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Size]L	+ x 51) # Bedrooms: 2 Garage: (site built?) Deck: (site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
□ Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Water Supply: County Existing Well N	lew Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklis	t) Existing Septic Tank (Complete Checklist) County Sewer
Does owner of this tract of land, own land that contains a mar	nufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether undergrou	nd or overhead (_) yes (\ replacement
Structures (existing or proposed): Single family dwellings:	
Required Residential Property Line Setbacks:	comments: 1 1 Stomer found new home changed
Front Minimum 35 Actual 1071	house dimensions, side setback, and number
Rear <u>25</u> <u>110</u> ¹	of bedrooms - per Oliver @ Environmental
Closest Side 10 59 36	no return trip or septic revision required.
Sidestreet/corner lot 20	<u>·</u>
Nearest Building 10 on same lot	<u> </u>

Residential Land Use Application

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SPECIFIC DIRECTIONS TO THE PROPERTY FROM LIL	LINGTON: Take 220-	towards Fayette	aller
travel approx 6 mi	turn right o	in Milgan Cha	vel .
Church Rd Bunnlevel, +	ravel approx.	3 mi 2867 W	115
be on left after	passing Rayr	nor McLambRd	
•		7	
			· · · · · · · · · · · · · · · · · · ·
			. •
			•
f permits are granted I agree to conform to all ordinances a hereby state that foregoing statements are accurate and or			
Ari Dun		1-30-18	
Signature of Owner or C	Owner's Agent	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**



NAME:	APPLICATION #: 18-50043200
County Health IF THE INFORMATION PERMIT OR AUTHORIZ depending upon documen 910-893-752 Environmental II All property lines must be Place "orang out buildings Place orange If property is evaluation to All lots to be for failure to After preparin 800 (after se confirmation Use Click2Ge Environmental II Follow above	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT CATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration tation submitted. (Complete site plan = 60 months; Complete plat = without expiration) Soption 1 CONFIRMATION # CONFIRM
 DO NOT LEA After uncove if multiple pe given at end 	In then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) VE LIDS OFF OF SEPTIC TANK ring outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permermits, then use code 800 for Environmental Health inspection. Please note confirmation number of recording for proof of request. ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC	ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{ } Accepted	{ } Innovative { } Conventional { } Anv
{}} Alternative	{} Other
The applicant shall not	ify the local health department upon submittal of this application if any of the following apply to the property is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES {}NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {}NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {} NO	Does or will the building contain any <u>drains</u> ? Please explain
{}}YES	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	Is the site subject to approval by any other Public Agency?
{_}}YES {}NO	Are there any Easements or Right of Ways on this property?

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

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.

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

{__}} NO

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

To whom it may concern:

I, Robert Earl Davis, owns the lot at 2867 McLean Chapel Church Rd, Bunnlevel, NC 28323. I give Tori Gunn, permission to get the proper permits to remove mobile home from property and to replace it with a different mobile home. It is the tenant's responsibility to do so and it will be at her own cost.

Thank You

Robert Earl Davis

Robert Earl Dais

1/29/2018

(910) 890-8032

Acknowledgement

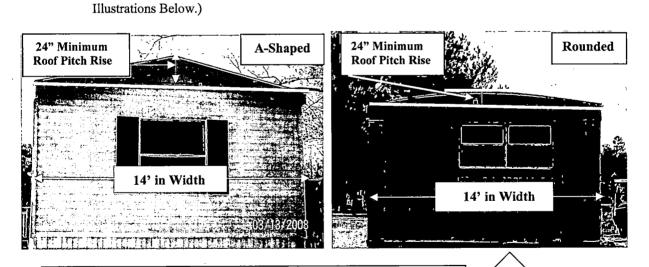
STATE OF NC	
COUNTY OF Woke	
I certify that Robert Earl Davis personally to me that he or she signed the foregoing document I further certify that (select one of the following ide	Name or description of attached document.
☐ I have personal knowledge of the ident	ity of the principal(s)
I have seen satisfactory evidence of the federal identification with the principal's ph	·•
A credible witness,	•
Date: 1/29/2018	Cody J. Nussbaum
(Official Seal)	My commission expires: 9-31-2022

Application# 18-50043200

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES Replacement & Removal Criteria

I,		, do hereby certify the following:
, 	(Pr	int Name)
	1.	That I own a tract of land located on SR in an RA-30 /RA-40 or RA-20R /RA-20M district which has a functional septic tank;
	2.	That the existing single/double-wide manufactured home is to be removed or was removed by 21118. (date)
	3.	That I am replacing an existing single/double wide manufactured home with a single/double wide manufactured home, and;
	4.	That the replacement of this manufactured home creates residence(s) on this single tract of land, and;
	5.	That there will be manufactured home(s) on this single tract of land and I do do not own property within 500 feet of this tract that contains a manufactured home.
	6.	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



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.....

- 7. The home must be underpinned, the underpinning must be designed for manufactured homes & installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked -on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
- The home must have been constructed after July 1st 1976.
- 9. The homes moving apparatus removed, underpinned or landscaped.
- 10. Select One of the Following Options Below:
- The current manufactured home will be removed prior to the Zoning Inspection.
- b. The current manufactured home is scheduled to be removed through Project AMPI
- c. The current manufactured home will be removed after the final inspection has been performed and the certificate of occupancy has been issued. (Additional Fees & Requirements Shall Apply)

*(Additional Information for Option C) Temporary approval for replacement of a manufactured home is allowed only under the procedures and limitations stated below.

Please initial next to each item to indicate that you understand and have or will comply with as necessary.



A valid manufactured home moving permit must be submitted for the removal of the existing home located on the property.



A copy of a Bill of Sale or a Title Transfer of the existing home must be submitted.



Items 1 & 2 must be submitted to Central Permitting prior to your permit issuance.



Property owner/agent acknowledges that due to the fact that a second zoning inspection is required, in order to facilitate this request, a re-inspection fee in the amount of fifty (\$50.00) dollars shall be paid during the permitting process.



Once the home has met all other zoning requirements, a temporary approval shall be to proceed with obtaining a certificate of occupancy. From the date the certificate of occupancy is issued, the property owner shall have five (5) business days to remove the pre-existing manufactured home.



Property owner/agent acknowledges that if the pre-existing manufactured home is not removed by the specified time of five (5) business days that he / or she shall be in direct violation of the Harnett County Zoning Ordinance. And by creating a violation of the Harnett County Zoning Ordinance shall subject themselves to enforcement actions, penalties, and fines specified within Article XV, (Administration, Enforcement, and Penalties) of the Harnett County Zoning Ordinance. Each day the violation continues is a separate offence and is a misdemeanor punishable by a fine not to exceed one hundred (\$100.00) dollars or imprisonment not to exceed thirty (30) days.



Property owner/agent acknowledges and affirms that the guidelines, procedures, and requirements associated with the replacement of a manufactured home and the penalties for creating a violation of the Harnett County Zoning Ordinance have been explained and accepts this document as an initial notice of violation.

Signature of Property Owner

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