

SCANNED

Initial Application Date:

5/1/18

MAY 01 2018

Application #

18-50043903

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: Jaime & Deisy Perez Pomas Mailing Address: 67 Yogi Drive

City: Fuquay Varina State: NC Zip: 27546 Contact No: 9196691728 Email:

APPLICANT\*: Same Mailing Address:

City: State: Zip: Contact No: Email:

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Same Phone #:

PROPERTY LOCATION: Subdivision: James Steve Pope Lot #: 12 Lot Size: 1.27

State Road # 1540 State Road Name: Festus Map Book & Page: 2016 / 234

Parcel: 071610 0060 17 PIN: 1610-19-8528.000

Zoning: RA20M Flood Zone: X Watershed: No Deed Book & Page: 3450 / 804 Power Company\*:

\*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.

PROPOSED USE:

- Monolithic Slab: 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)
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 24 x 60) # Bedrooms: 2 1 Baths Garage: Future (site built? ) Deck: Future (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 doublewide Other (specify):

Required Residential Property Line Setbacks:

Front Minimum 35' Actual 325' 200'

Rear 25' 120' 185'

Closest Side 10' 20' 25'

Sidestreet/corner lot

Nearest Building on same lot

Comments: Future deck and garage shown on site plan.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

go to ~~401~~ 401 until you get to 27  
turn right to Festos Rd turn to  
EBBY LN coast

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.

Daisy Perez Guzman  
Signature of Owner or Owner's Agent

05/08/18  
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\*\*

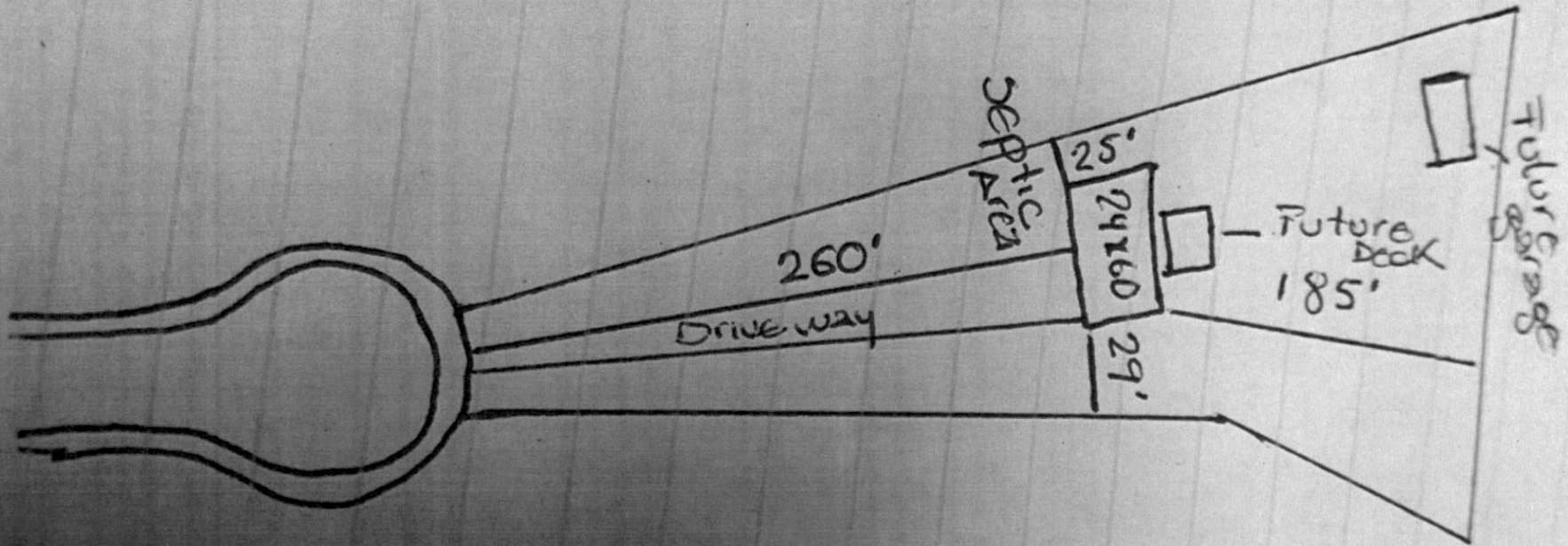
SITE PLAN APPROVAL

DISTRICT RA-20M USE DWMH

#BEDROOMS 2BD 1 Bath

5/3/18 PR

ADMINISTRATOR



NAME: Jaime Perez Ramos

APPLICATION #: 18-50043903

**\*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 # 382 5/1/18 027484

**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.**

Daisy Perez Guzman  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

05/01/18  
DATE

Date: 5/1/18

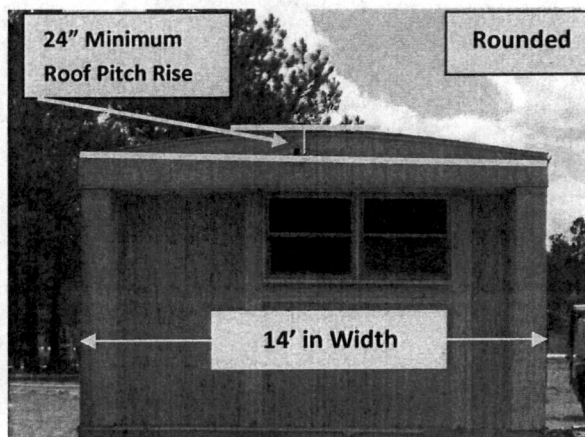
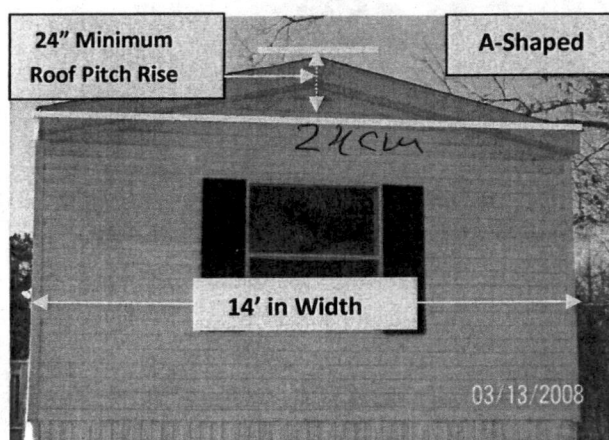
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## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

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

I, Daisy Perez, 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.)

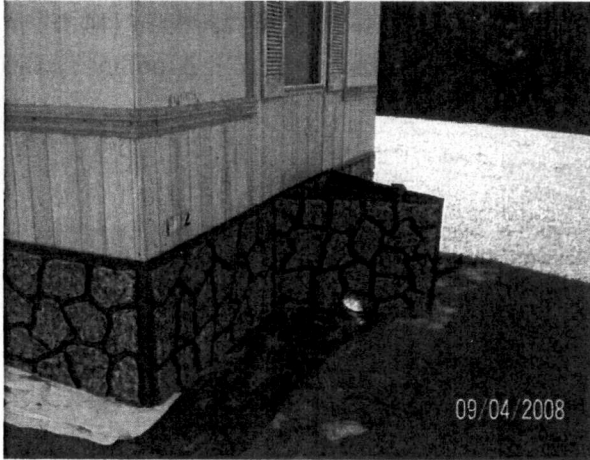


Note: Most Rounded Roofs **Will Not** Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (Ex: 14' Wide Home = 24" Roof Rise)



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 1<sup>st</sup> 1976.

Daisy Perez Guzman 01/05/18

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.

**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: Virginia Lopez Pelagio Address: 84 Crimson LN Angier NC

City: Angier State: NC Zip: 27501 Daytime Phone: 919 621-4407

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

Name: Laima Perez Ramos Address: 67 Yogi Dr

City: Daisy Perez Guzman State: NC Zip: 27526 Daytime Phone: 919 669-1728  
Fuquay Varina

**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: Eaton mobile home movers

Phone: (252) 230 0810 Address: 205 Bunn Rd

City: Kenly State: NC Zip: \_\_\_\_\_

State Lic# 3552 Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: Owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: Owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: Owner

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1994 Size: 24 x 60 **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.

Daisy Perez Guzman  
Signature of Home Owner or Agent

05/01/18  
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.



# MOBILE HOME TAX PERMIT

COUNTY OF WAKE

STATE OF NORTH CAROLINA

PERMIT NO. 20045

Permission is granted to:

Date APRIL 30, 2018

DAVID PARKER

401 BOILING ST CLAYTON NC 27520

09/28/2017

Owner (January 1 of current year)

Address

Date Purchased

VIRGINIA LOPEZ PELAGIO

84 CRIMSON LN ANGIER NC 27501-7258

04/27/2018

Current Owner Information if different

Address

Date Purchased

EATMON MOBILE HOME MOVERS

205 BUNN RD KENLY NC

252-230-0810

Carrier

Address (mailing and physical)

Phone #

to move the following mobile home:

STON

1994

24X60

13901889A-B

Make

Model

Size

Serial Number

From: 4405 SLY CT RALEIGH NC 27610

Physical Address

To: EBBY LN COATS NC 27521

Physical Address

PRIVATE

Mobile Home Park & Lot#

HARNETT

County

This permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 of the General Statutes of North Carolina.

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

By: 

Wake County Revenue Department

THIS PERMIT VALID FOR THE ABOVE MOVE ONLY.

Attach copies of paid bill to File Copy