

Initial Application Date: 06/29/18

Application # 185004392

CU# _____

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: Jerry Griffin + Bobby Griffin Mailing Address: P.O. Box 2951
City: Sanford State: NC Zip: 27331 Contact No: 919-258-5622 Email: _____

APPLICANT: Bobby Griffin Mailing Address: 25 Backwood Ln
City: Broadway State: NC Zip: 27505 Contact No: 919-258-5622 Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Jerry Griffin Phone # 919-258-5622

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: .92
State Road # 1232 State Road Name: Cameron Road Map Book & Page: 2001, 41
Parcel: 130509 0005 04 PIN: 0600-32-7519.000
Zoning: PA-20R Flood Zone: X Watershed: No Deed Book & Page: 3584, 339 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: ___ Monolithic 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 72) # Bedrooms: 3 Garage: ___ (site built? ___) Deck: ___ (site built? ___) 2Bth
- 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: _____ Other (specify): _____

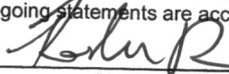
Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>68'</u>
Rear	<u>25</u>	<u>25+</u>
Closest Side	<u>10</u>	<u>26</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.


Signature of Owner or Owner's Agent

6-6-18
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

NAME: Jerry + Bekky Griffin

APPLICATION #: 44392

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 # 028447-6/29/18

- 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.

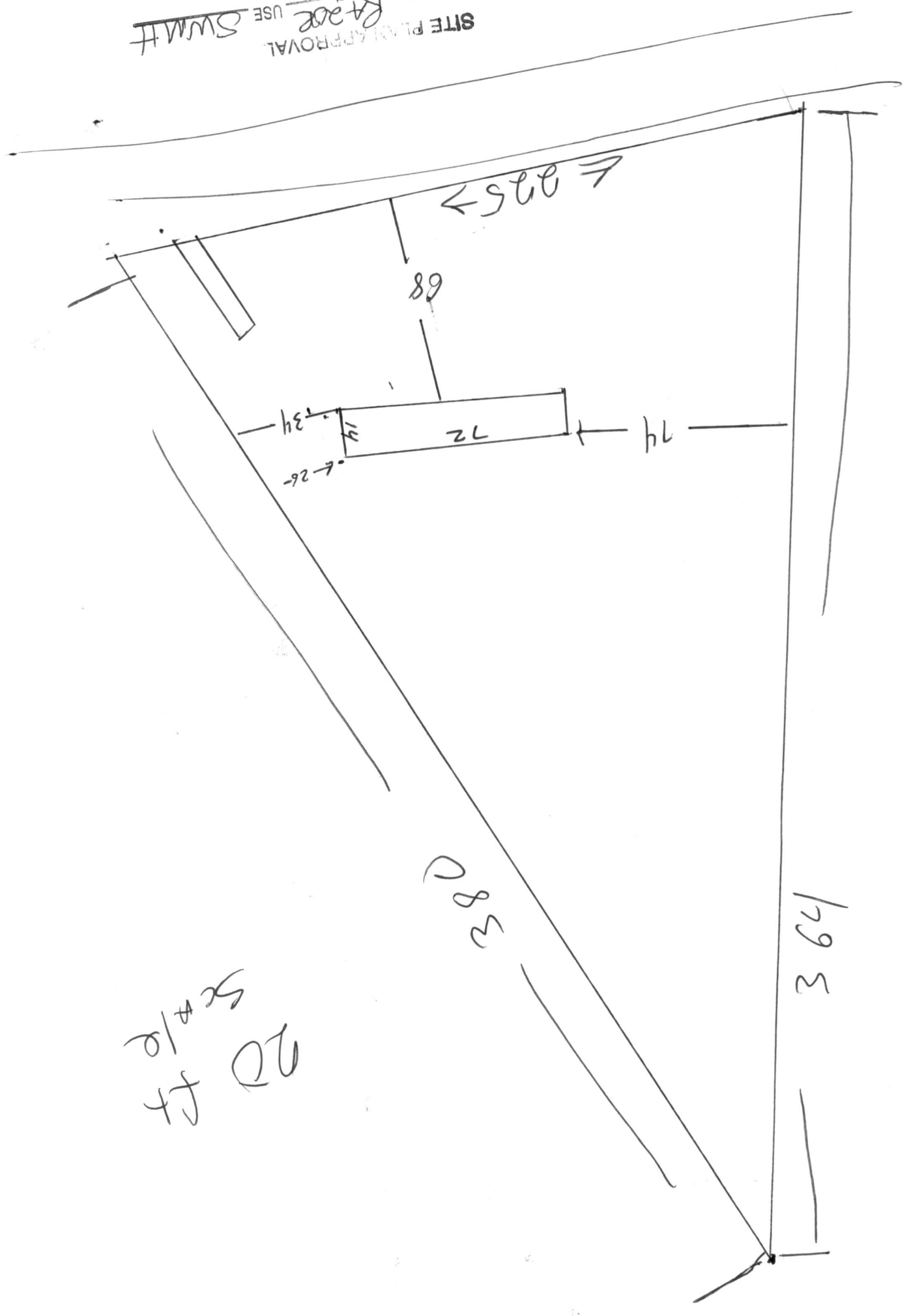
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

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.

Jerry Moore Griffin + Bekky L Griffin
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-5-2018
DATE

11/01/18
#BEDROOMS 3
DISTRICT 3
SITE PLAN APPROVAL
USE SWMT RA 200



20 ft
5' x 10'

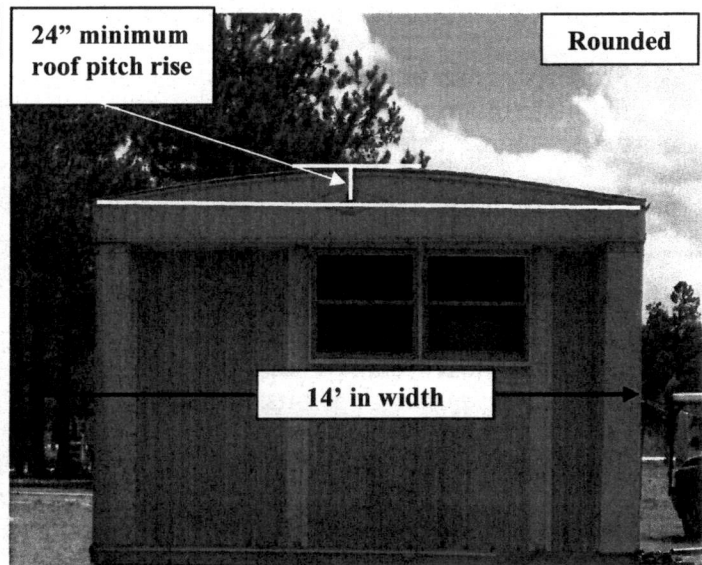
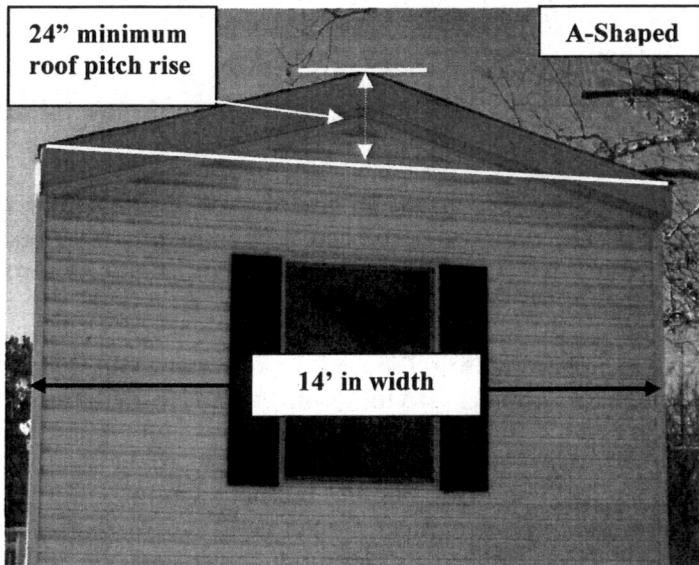
Date: 6/29/18

Application #: 1850044392

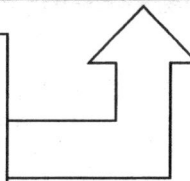
PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES
Replacement & Removal Criteria and Certification

I, Bobby Griffin, do hereby certify the following:
(Print Name)

1. That I own a tract of land located on SR 1232 in an RA-30 / RA-40 or RA-20R / RA-20M zoning district which has a functional septic tank;
2. That the existing single/double-wide manufactured home is to be removed or was removed on _____ (date) They will be moving old one before they bring in the new one
3. That I am replacing an existing (circle one) single wide/double wide manufactured home with a (circle one) single wide/double wide manufactured home or **other residential structure**, and;
4. That the replacement of this manufactured home creates 1 residence(s) on this single tract of land, and;
5. That there will be 1 manufactured home(s) on this single tract of land and I (circle one) 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 of twelve (12) inches for every seven (7) feet of width. (See diagram)



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. (Example: 14' wide home = 24'' roof rise)



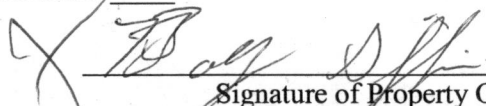
Continued...

7. The home must be underpinned, the underpinning must be 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.
8. The home must have been constructed after July 1, 1976.
9. The homes moving apparatus must be removed, underpinned or landscaped.
10. Select One of the Following Options Below
 - The current manufactured home will be removed prior to the Zoning Inspection.
 - A valid moving permit or demolition permit shall be submitted and approved prior to issuance of permit for the new structure.
 - The current manufactured home will be removed after the final inspection has been performed and the certificate of occupancy has been issued. ***Additional Fees and Requirements shall apply, see below for additional information.)**

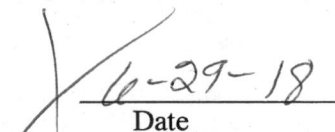
***Additional Information for Option B: Temporary approval for replacement of a manufactured home is allowed only under the procedures and limitations stated below.**

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

1. A valid manufactured home moving permit must be submitted for the removal of the existing home located on the property to Harnett County Planning Services. _____
2. A copy of a Bill of Sale or a Title Transfer of the existing home must be submitted to Harnett County Development Services. _____
3. Items 1 & 2 must be submitted to Central Permitting prior to your permit issuance. _____
4. Property owner 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. _____
5. Once the home has met all other zoning requirements, a temporary approval shall be granted in order 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. _____
6. Property owner 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 Unified Development Ordinance. And by creating a violation of the Harnett County Unified Development Ordinance shall subject themselves to enforcement actions, penalties, and fines specified within Article XV, (Administration, Enforcement, and Penalties) of the Harnett County Unified Development Ordinance. Each day the violation continues is a separate offense and is a misdemeanor punishable by a fine not to exceed one hundred (\$100.00) dollars or imprisonment not to exceed thirty (30) days. _____
7. Property owner 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 Unified Development Ordinance have been explained and accepts this document as an initial *Notice of Violation*. _____



 Signature of Property Owner



 Date

***By signing this form the owner is stating that they have read and understand the information stated above and should consider this as their initial *Notice of Violation* if any of the above requirements/regulations are not adhered to,**

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: Jerry Moore Griffin Address: 25 Backwoods Ln Broadway
City: Broadway State: N.C. Zip: 27505 Daytime Phone: 919 258-5622

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

Name: Jerry M Griffin + Eddy Griffin Address: _____
City: _____ State: _____ Zip: _____ Daytime Phone: () _____

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: Choo's mH Transit
Phone: 910 850 6572 Address: P.O. Box 35595
City: Fayetteville State: NC Zip: 28303
State Lic# 3532 Email: _____
- B. **Electrical Contractor** Company Name: Bruce T+T Electre
Phone: 910 494 1425 Address: P.O. Box 185
City: Raeford State: NC Zip: 28376
State Lic# 18227-L Email: _____
- C. **Mechanical Contractor** Company Name: Reliable Heat & Air
Phone: 910 922 9605 Address: 2040 Haire Rd
City: Shannon State: NC Zip: 28386
State Lic# 22270 Email: _____
- D. **Plumbing Contractor** Company Name: Choo's mH Transit
Phone: _____ Address: P.O. Box 35595
City: Fayetteville State: NC Zip: 28303
State Lic# 3532 Email: _____

Part III - Manufactured Home Information

Model Year: 2018 Size: 14 x 72 **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.

[Signature]
Signature of Home Owner or Agent

6-6-18
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.

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 6/29/18 53 Receipt no: 404176

Year	Number	Amount
2018	50044392	
91750	TECH 3	
LILLINGTON, NC	27546	
B4	BP - ENV HEALTH FEES	
		\$100.00
EXIST		

BOBBY GRIFFIN

Tender detail	
CA CASH PAYMENT	\$100.00
Total tendered	\$100.00
Total payment	\$100.00

Trans date: 6/29/18 Time: 12:18:24

** THANK YOU FOR YOUR PAYMENT **