

Initial Application Date: 5.9.08

Application # 08.50020044

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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793

www.harnett.org/permits

LANDOWNER: Clyde L Patterson Mailing Address: 4271 Leaflet ch Rd

City: Broadway State: NC Zip: 27508 Home #: 9192585538 Contact #: same

APPLICANT: same Mailing Address: _____

City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: same Phone #: _____

PROPERTY LOCATION: Subdivision: Frank Stewart Div of Heirs Lot #: 9 Lot Acreage: 1.0

State Road #: 1294 State Road Name: Cortez Morrison Rd Map Book & Page: 204, 1228

Parcel: 13 0611 0030 10 PIN: 0611-31-1063.000

Zoning: RA30 Flood Zone: x Watershed: NT Deed Book & Page: 2019, 1632 Power Company*: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 North Rt on
Cortez Morrison Rd. Lot 0.3 miles on left

PROPOSED USE:

(Include Bonus room as a bedroom if it has a closet)

Circle:

- ☐ SFD (Size x) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Crawl Space / Slab _____
- ☐ Mod (Size x) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF _____
- ☐ Manufactured Home: SW ☒ DW TW (Size 28 x 80) # Bedrooms 3 Garage _____ (site built?) Deck _____ (site built?)
- ☐ Duplex (Size x) No. Buildings _____ No. Bedrooms/Unit _____
- ☐ Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ # Employees _____
- ☐ Addition/Accessory/Other (Size x) Use _____ Closets in addition () yes () no

*Homes with Progress Energy as service provider need to supply premise number from Progress Energy

Water Supply: ☒ County ☐ Well (No. dwellings _____) MUST have operable water before final

Sewage Supply: ☒ New Septic Tank (Complete New Tank Checklist) ☐ Existing Septic Tank ☐ County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES ☒ NO

Structures (existing or proposed): Single family dwellings _____ Manufactured Homes proposed Other (specify) _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>101</u>
Rear	<u>25</u>	<u>61</u>
Closest Side	<u>10</u>	<u>88</u>
Sidestreet/corner lot	<u> </u>	<u> </u>
Nearest Building on same lot	<u> </u>	<u> </u>

Comments: _____

5.9.08
Confirmation # 090475

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.

Clyde L Patterson

Signature of Owner or Owner's Agent

Date

5.9.08

5/12/08

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This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

LAND USE

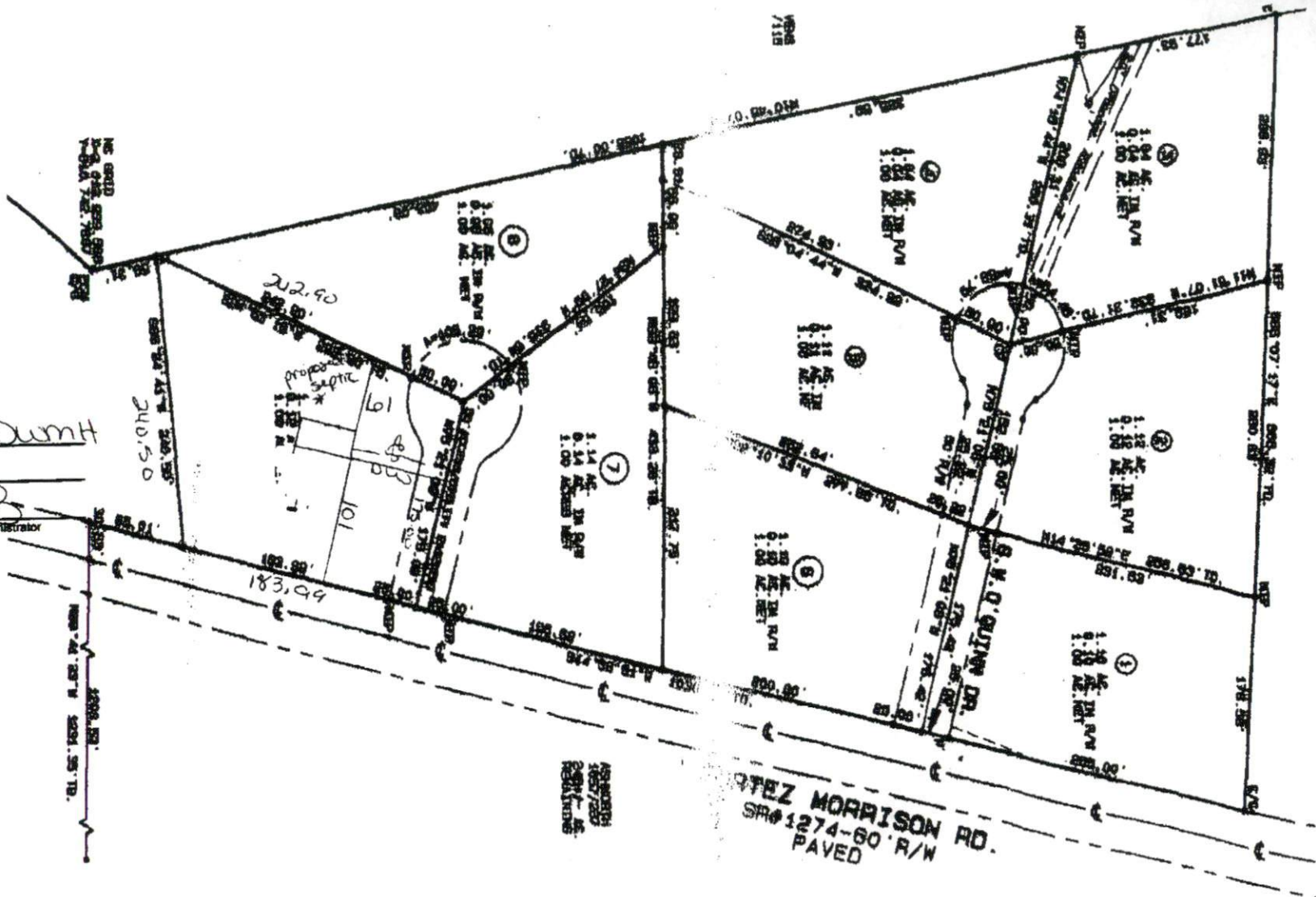
4/08

SITE PLAN APPROVAL

DISTRICT BA30 USE DumH

#BEDROOMS 3

Date 5/19/08 [Signature]
Zoning Administrator



OWNER NAME: Clyde L Patterson

APPLICATION #: 08-500 20044

This application to be filled out only when applying for a new septic system.

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)

DEVELOPMENT INFORMATION

- ☒ New single family residence
☐ Expansion of existing system
☐ Repair to malfunctioning sewage disposal system
☐ Non-residential type of structure

WATER SUPPLY

- ☐ New well
☐ Existing well
☐ Community well
☒ Public water
☐ Spring

Are there any existing wells, springs, or existing waterlines on this property?

☐ yes ☒ no ☐ unknown

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
☐ Alternative ☐ Other _____
☒ Conventional ☐ Any

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 Does the site contain any existing Wastewater Systems?
☐ 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.

Clyde L Patterson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5-9-08
DATE

20044

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS

RA-30 Criteria Certification

I, Clyde L Patterson, landowner of Parcel Identification Number _____, located in an RA-30 Zoning District, do hereby certify the following:

The multi-section manufactured home shall meet the following appearance standards, verified by zoning inspection approval, prior to the issuance of a Certificate of Occupancy:

1. The structure must be a multi-section unit built to the HUD code for manufactured homes.
2. When located on the site, the longest axis of the unit must be parallel to the lot frontage.
3. The structure must have a pitched roof which is covered with shingles.
4. The structure must have masonry underpinning that is continuous, permanent and unpierced except for ventilation and access.
5. The exterior siding must be horizontal lap siding consisting predominantly of vinyl, aluminum, wood or hardboard.
6. The minimum lot size must be one (1) acre excluding any street right-of-way and the minimum lot frontage must be 150 feet as measured at the right-of-way line or along an easement whichever applies.
7. The tongue or towing device must be removed.

By signing this form, I acknowledge that I understand and agree to comply with each of the seven (7) appearance criteria listed above for the multi-section manufactured home I propose to place on the above referenced property. I further acknowledge that a Certificate of Occupancy (CO) entitling me to apply for electric service will not be issued until each appearance criteria has been met and approved.

Clyde L Patterson
*Signature of Landowner/Agent

5-9-08
Date

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

Hamett County, North Carolina

I, _____, Notary Public for said state and county do hereby certify that _____ personally appeared before me and acknowledged the foregoing instrument.

This is the _____ day of _____, _____

Notary Public

My commission expires _____