

Initial Application Date: 9-21-09

Application # 0950022893
CU BC-CU-22-99

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: James Adam Shindledecker Mailing Address: 2745 Kipling Road

City: Fuquay-Varina State: NC Zip: 27526 Home #: (919) 552-3637 Contact #: (919) 538-8514

APPLICANT*: _____ Mailing Address: _____

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

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: James Adam Shindledecker Phone #: (919) 538-8514

PROPERTY LOCATION: Subdivision: James Shindledecker Lot #: 1 Lot Size: 1 AC

State Road #: 1403 State Road Name: Kipling Rd Map Book & Page: 2005, 307

Parcel: 08 0052 0047 03 PIN: 0643-02-0489.000

Zoning: RF30 Flood Zone: X Watershed: IV Deed Book & Page: 2308, 224 Power Company: Progress

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: (From office) Turn right onto 401 go to next stop light turn left onto hwy. 401 go out of town a few miles then turn left onto Kipling RD. go about 2 1/2 or 3 miles driveway on left just over hill long gravel drive to trailer in the bottom 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 14 x 60) # Bedrooms 2 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

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 1 proposed Other (specify) _____

Comments: _____

Required Residential Property Line Setbacks:

| | Minimum | Actual |
|------------------------------|-----------|------------|
| Front | <u>35</u> | <u>130</u> |
| Rear | <u>25</u> | <u>56</u> |
| Closest Side | <u>10</u> | <u>48</u> |
| Sidestreet/corner lot | <u>20</u> | <u>—</u> |
| Nearest Building on same lot | <u>60</u> | <u>—</u> |

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.

James Adam Shindledecker
Signature of Owner or Owner's Agent

9-21-09
Date

****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

James Adam Shindledecker

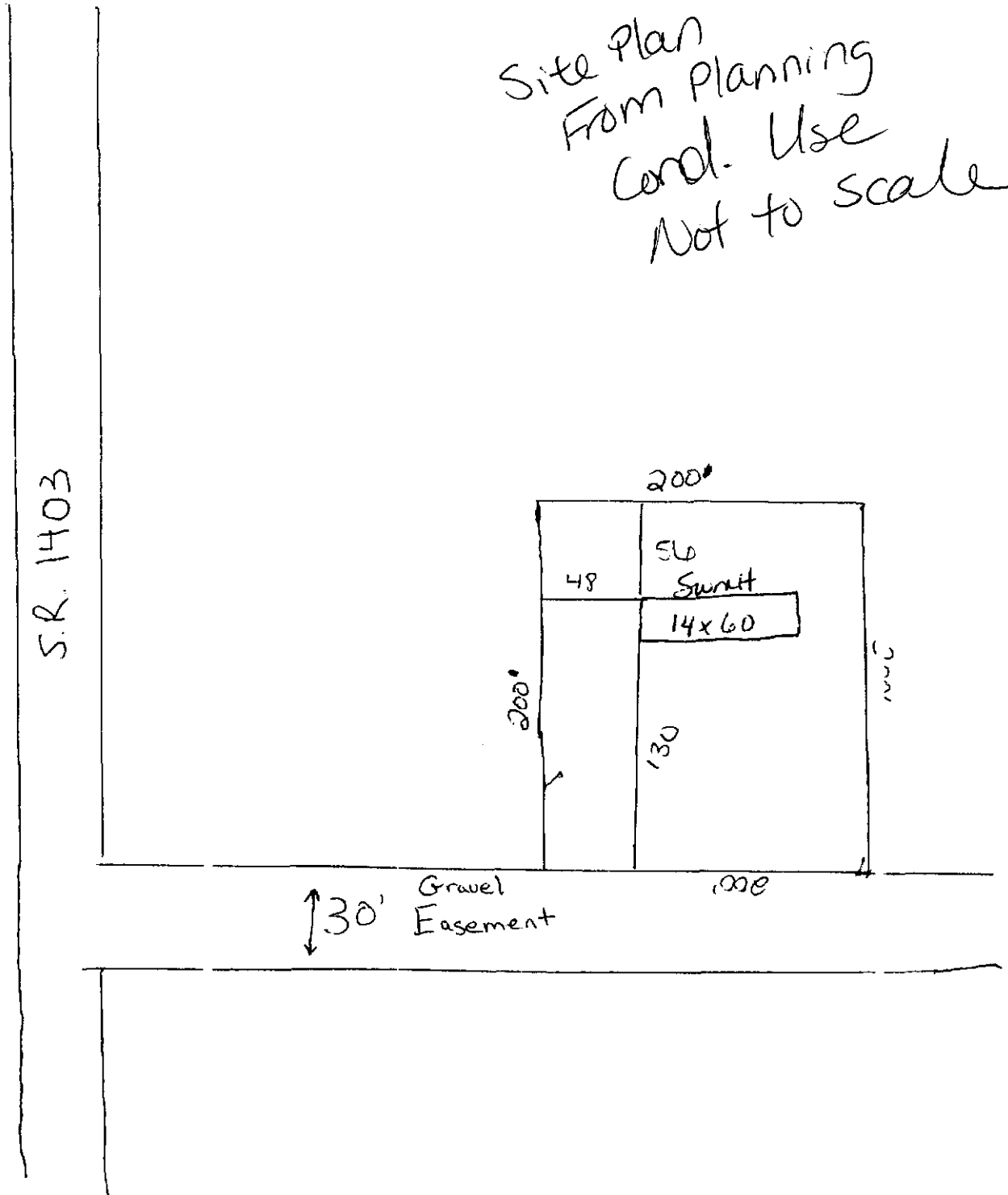
Parcel ID# 080652 0047 03

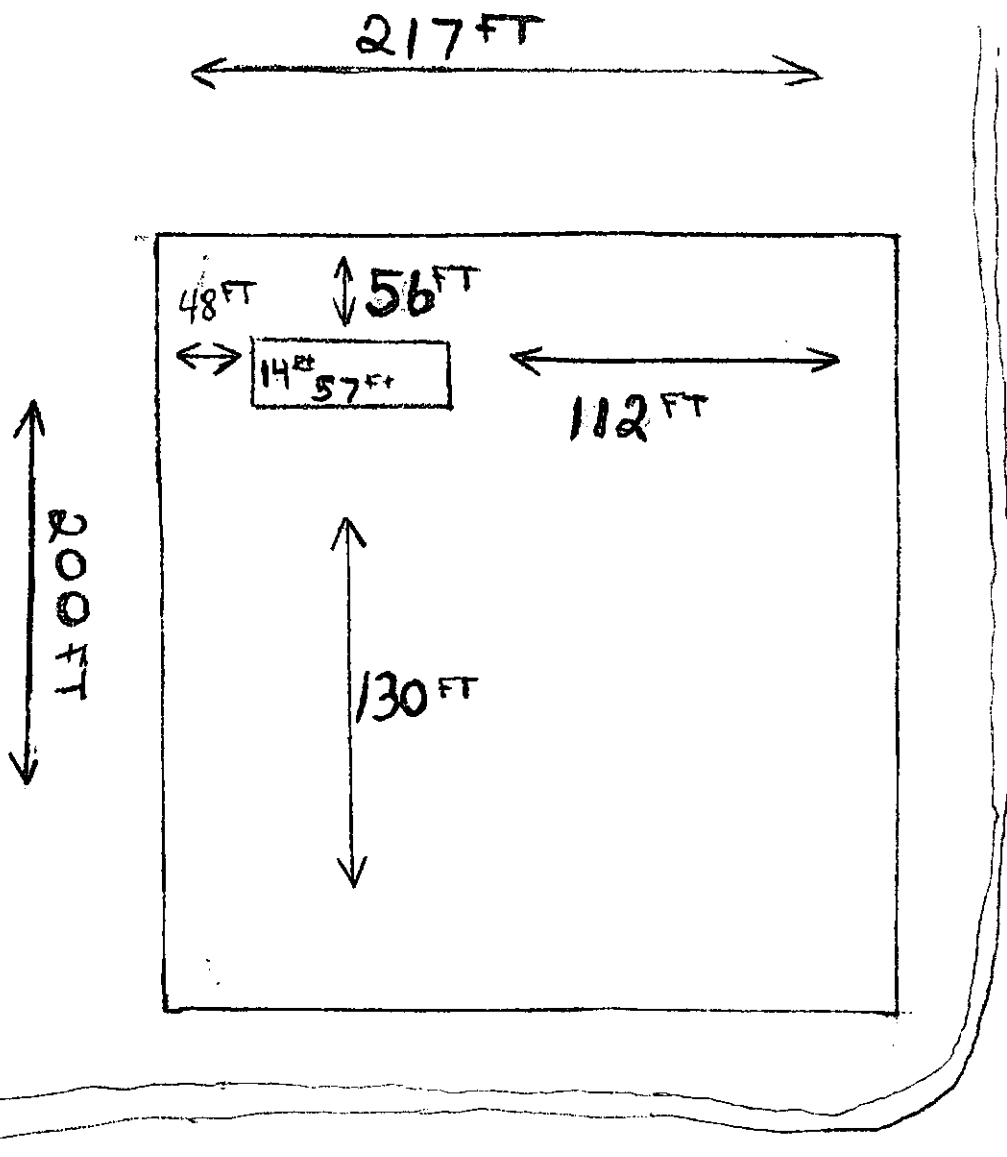
Deed Book# 02308

Deed Page# 0224

Hectors Creek' Harnett Co, NC

Site Plan
From Planning
Concl. Use
Not to scale





Customer
Info

NAME: James Adam Shindler

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
 - 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.**
 - Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
 - 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 door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
 - After preparing trapdoor 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? Rd Easement
 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.

James Adam Shindler
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9-21-09
DATE

Conditional Use Certification

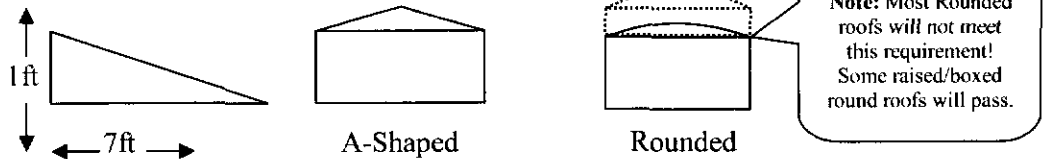
I, Adam Shindler/decker understand that because I have obtained a Conditional
(Print Name)

Use Permit from the Harnett County Board of Adjustment for the use of a SWMH
located in a RA30 Zoning District, I am required to meet the following Special
Conditions before a final Certificate of Occupancy will be issued for the home/business.

Conditions: 5 year time limit, than home
must be moved - masonry underpinning
Towing device / tongue to be moved.

***Note:** If you have obtained a Conditional Use Permit for a manufactured home and are required to meet any of the following conditions (**Pitched Roof, Masonry Foundation, Underpinning, Removal or Landscaping of the Towing Apparatus**) then please be aware of the minimum standards below.

Pitched Roof: 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)



Masonry Foundation: 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: brick, cinder block, or stone masonry.

Standard Underpinning: The home must be underpinned, the underpinning must be designed for a manufactured home & 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.

Towing Device: The homes moving apparatus must be removed, underpinned or landscaped.

Adam Shindler/decker 9-21-09
Signature of Property Owner Date

HARNETT COUNTY BOARD OF ADJUSTMENT

County Administration Building
102 East Front Street, Lillington, NC
September 14, 2009 at 6:30 P.M.

FINDINGS OF THE BOARD OF ADJUSTMENT

Having heard the evidence in the following cases at their regular meeting on September 14, 2009 the Harnett County Board of Adjustment makes the following findings of fact:

New Business

Manufactured Home

1. BA-CU-22-09. Shindlecker, James Adam. A Singlewide Manufactured Home in a RA-30 Zoning District, Hectors Creek Township; off SR 1403 (Kipling Rd).

1. The requested use will will not impair the integrity or character of the surrounding area for the following reasons: Structure is off the main road and out of view. *5/1*
2. The requested use will will not be detrimental to the public health, morals, or welfare for the following reasons: Blends into Community, and is allowed by conditional use. *5/5*
3. Adequate utilities, access roads, drainage, sanitation and/or other necessary facilities have / have not been made or are being provided for the following reasons: The side has County water, has access that the applicant alone will use. *5/1*
4. Adequate measures have / have not been will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets for the following reasons: Single family dwelling there will be no more impact on traffic. *7/5*
5. The conditional use shall shall not, in all other respects, conform to the applicable regulations of the district in which it is located, except as such regulations may, in each instance, be modified by the Board of Adjustment for the following reasons: Applicant has passed other 4 Findings of fact.

Conditions to Consider:

- 5 year time limit, that home must be moved
- Continuous masonry underpinning
- Tor crane and tongue to be removed

passed