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Initial Application Date: U	itial Application Date:_	0		10	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

on same lot

Residential Land Use Application

03/11

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION State: NC Zip: 2750/Contact No: 919 - 720- 7070@mail: Theyora __ Mailing Address:____ APPLICANT*: ____ Contact No: _____ Email: State: City: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: Map Book & Page: 2005 State Road Name: _ Deed Book & Page: 29 17b Power Company* from Progress Energy. *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: Monolithic SFD: (Size ____x___) # Bedrooms: ___ # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ (Is the bonus room finished? (___) yes (___) no w/ a closet? (___) yes (___) no (if yes add in with # bedrooms) On Frame____ Off Frame x ____) # Bedrooms____ # Baths____ Basement (w/wo bath)____ Garage:____ Site Built Deck:___ (Is the second floor finished? (___) yes (___) no Any other site built additions? (___) yes (___) no Manufactured Home: ___SW __DW ___TW (Size_1977_x_52) # Bedrooms: ____S Garage: Maite built?____) Deck: Maite built?____) Duplex: (Size ____x___) No. Buildings:_____ No. Bedrooms Per Unit:__ Home Occupation: # Rooms:______ Use:_____ Hours of Operation:_____ #Employees:_ Closets in addition? (___) yes (___) no Addition/Accessory/Other: (Size ____x___) Use:___ 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:_ Required Residential Property Line Setbacks: Actual_ Front Rear Closest Side Sidestreet/corner lot Nearest Building

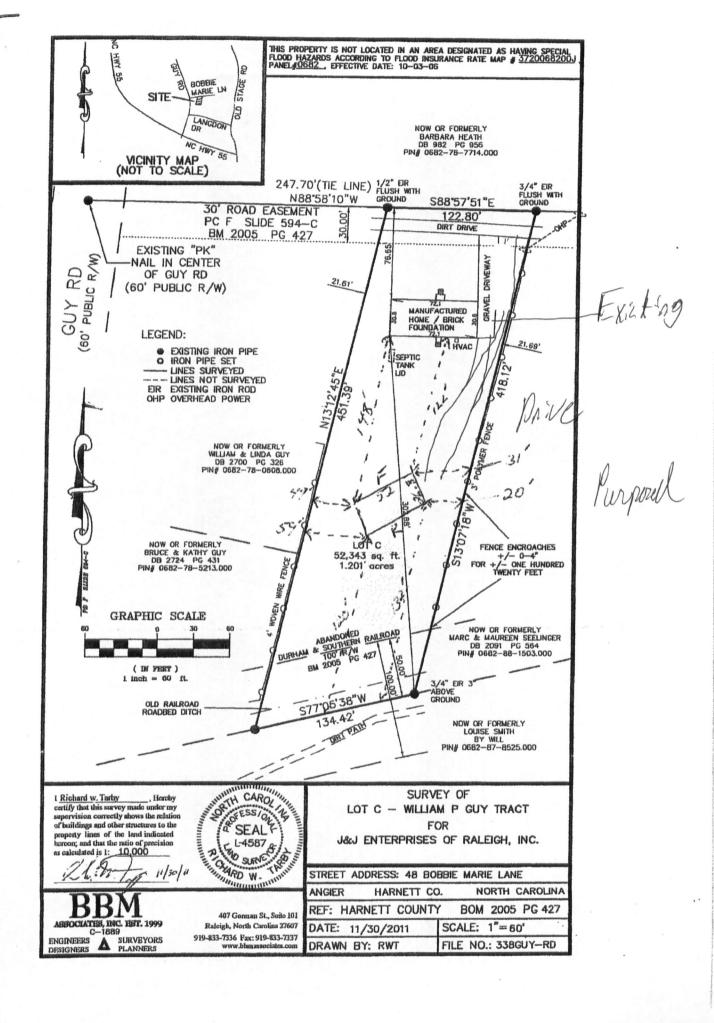
Page 1 of 2

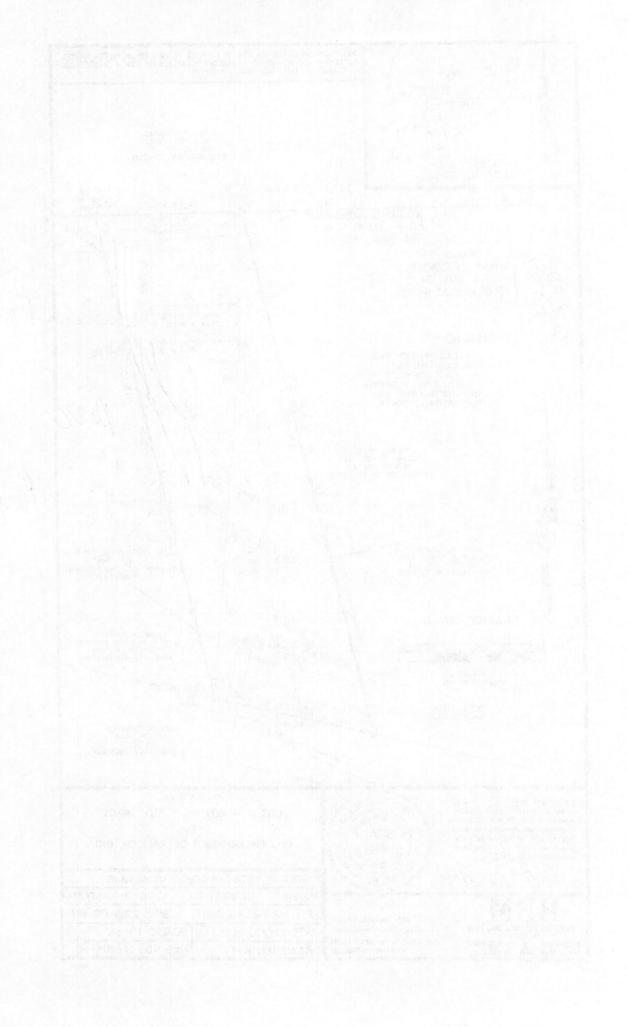
APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO	THE PROPERTY FRO	MILILINGTO	N. 210	n	to	HIL	IV	55	Ine +
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If permits are granted I agree I hereby state that foregoing	e to conform to all ordina statements are accurate	ances and laws and correct to	of the State of No the best of my kr	orth Carolina re lowledge. Per	egulating such with subject to re	work and the	he specific	ations of p	plans submitted.
The state of the s	- Inhall	M. m			el l	1			p.o.i.aoa.
	Signature of Owner	Mary	1		0/00	112			

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





	4
County Health D	*This application to be filled out when applying for a septic system inspection.* epartment Application for Improvement Permit and/or Authorization to Construct N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
depending upon documentat	tion submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-7525	option 1
All property is	ealth New Septic System Code 800 rons must be made visible. Place "pink property flags" on each corner iron of lot. All property 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, s	wimming pools, etc. Place flags per site plan developed at/for Central Permitting.
 If property is th 	Environmental Health card in location that is easily viewed from road to assist in locating property. nickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil e performed. Inspectors should be able to walk freely around site. Do not grade property .
All lots to be a	addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
for failure to I	upcover 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 cting notification permit if multiple permits exist) for Environmental Health inspection. Please note
confirmation nu	umber 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 He	palth Existing Tank Inspections Code 800 nstructions for placing flags and card on property.
 Prenare for ins 	spection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if
possible) and t	hen 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
if multiple perr	ng outlet end call the voice permitting system, at 910-893-7525 option 1 & select notification permit mits, then use code 800 for Environmental Health inspection. Please note confirmation number recording for proof of request.
Use Click2Gov	or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
CEPTIC	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{} Innovative {} Conventional {} Any
	{}} Other
The applicant shall notify	the local health department upon submittal of this application if any of the following apply to the property in "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 drains? Please explain
YES (S)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 {≥\(\sum_NO\)	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.
	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Understand That I Am So	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So Tha	t A Complete Site Evaluation Can Be Performed.
many	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REOUIRED) DATE DATE
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

NAME: _____

APPLICATION #:__

BA-CU 19-12

Conditional Use Certification

I, <u>Roy W Meyer</u> , understand that because I have obtained a Conditional (Print Name) Use Permit from the Harnett County Board of Adjustment for the use of a <u>MW</u>
located in a 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: Continous Massonry under pinning
*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)
Note: Most Rounded roofs will not meet this requirement! Some raised/boxed round roofs will pass. Rounded
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.
Signature of Property Owner Date

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Rever, Troy & Dawn. A Doublewide Manufactured Home in an RA-30 Zoning to 0682-78-7464.000; Black River Township; SR 1544 (Guy Road). The requested use (I) / is not in harmony with the surrounding area and compatible in the surrounding neighborhood for the following reasons:
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ith the surrounding neighborhood for the following reasons:
ne requested use will will not materially endanger the public health and safety for e following reasons: The star case dusting a correct, The requested use will / will not substantially injure the value of adjoining property, alternatively, the requested use is / is not or will / will not be a public necessity or the following reasons:
r, alternatively, the requested use is / is not or will / will not be a public necessity r the following reasons:
succeeding areas.
ne requested use will will not meet all required conditions and specifications for e following reasons: (an through form they which will address a specifications)
ne requested use is / is not in general conformance with the Harnett County Unified evelopment Ordinance (UDO), Land Use Plan, and other relevant adopted plans for e following reasons: Staff lest (led : 1 : 5 allowable (4 for zong).
ns to Consider:
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