Initial Application Date: 12-14-3

Application #	1350032633
	CU#

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

Central Permitting

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2

Fax: (910) 893-2793 www.harnett.org/permits

City: Lillington State No.	Mailing Address:	151 Old Hundre	d loop Rd
City: Lilington State NC	Zip: <u>27546</u> Contact No: <u>49</u> -	810-0697 Email: A N	nangum 2000 (2) ya
APPLICANT*:	Mailing Address:		
	Zip: Contact No:	Email:	Marine G.
*Please fill out applicant information if different than landowner			
CONTACT NAME APPLYING IN OFFICE:		Phone #	
PROPERTY LOCATION: Subdivision:		Lot #:	O Lot Size: / //
State Road # State Road Name:			
Parcel: 13 0528 0072	28 DIN: 05-2	8 71 0928	000
Zoning: A 30 Flood Zone: Watershed:	A Deed Book & Page: 31	72 323 Power Company	*.
*New structures with Progress Energy as service provide			
new structures with Frogress Energy as service provide	Theed to supply premise number _		_ Irom Progress Energy.
PROPOSED USE:			
□ SFD: (Sizex) # Bedrooms: # Baths:	: Basement(w/wo bath): G	arage: Deck: Crawl Sp	Monolithic bace: Slab:
(Is the bonus room finished	d? () yes () no w/ a closet? () yes () no (if yes add in w	vith # bedrooms)
☐ Mod: (Şizex) # Bedrooms # Baths	Basement (w/wo hath) G	arage Site Built Deck	On Frame Off Frame
	d? () yes () no Any other si		
	20 21	2	
Manufactured Home:SWDWTW (Size	e 28 x (C) # Bedrooms:	Sarage:(site built?) [Deck:(site built?)
□ \Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:_		
			#Employees:
Home Occupation: # Rooms: Use:_	Hours of C	operation	#Employees
☐ Addition/Accessory/Other: (Sizex) Use	i	Closet	s in addition? () yes () no
	N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Water Supply: County Existing Well			
Sewage Supply:New Septic Tank (Complete Che			
Does owner of this tract of land, own land that contains a		1	oove? () yes () no
Does the property contain any easements whether under			
Structures (existing or proposed). Single family dwellings	: Manufactured I	Homes: Other	r (specify):
Required Residential Property Line Setbacks:	Comments:		
Front Minimum 35 Actual 300+			
Rear 25 30			
Closest Side 10 10117			
Sidestreet/corner lot			
Nearest Building		а	
on same lot Residential Land Use Application	Page 1 of 2		03/11

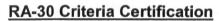
	1
Maria de Maria de Maria de Carta de Maria de Carta de Car	4

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

	DIA	ld Mangan		APPLICATION #:	
NAIV	IE STOVAL	1		contin system inspection	*
	tw Uooli	h Donautonant Amplic	e filled out when applying for improvement	Permit and/or Authori	zation to Construct
	TO THE OWN A A TEL	ONT THE TRUES A DIDE TO A TRONE I	CEALCIPIED CHANGED OR	THE SHE IS ALTERED, THE	N THE IMPROVEMENT
-	WE OD ALITUO	DIZ ATION TO CONSTDUCT	SHALL BECOME INVALID. e site plan = 60 months; Complete	The permit is valid for cruici of	months or without expiration
depend	ging upon docum 910-893-7.	nentation submitted. (Complete 525 option 1	e site plan = 00 months, Complete	CONFIRMATION #	
XE	- idranmanta	Health New Centic Sy	stem Code 800		
/\ \•	lines must	ha clearly flagged approx	visible. Place "pink propo imately every 50 feet between	en corners.	
	Diago "orar	and house corner flage" 2	t each corner of the propos	ed structure. Also liag arr	veways, garages, decks,
	aut building	se ewimming poole etc	Place flags per site plan de card in location that is easil	veloped avior Central Peri	nitting.
•	If municipality	in thickly wanded Environ	amental Health requires the	at vou clean out the under	growth to allow the soil
	- valuation t	a ha norformed Inchect	are should be able to walk t	reely around site. Do not	grade property.
•	411 1-4-4-1	ha adding and within 10	business days after conf ork house corners and pro	irmation. 525.00 return tr	ib tee mav be incurred
		odt llaa atia laaaaan aali	voice permitting system a	1 910-893-7525 ODDON 1 TO	schedule and use code
	800 (after s	electing notification perm	it if multiple permits exist)	for Environmental neath i	nspection. Please note
	confirmation	number given at end of I	ecording for proof of reques. Once approved, proceed	to Central Permitting for p	permits.
□ En	vironmental	Health Existing Tank In	spections Code 800		
•	Fallow about	a inateriations for placing !	flage and card on property.	ok as diagram indicates a	nd lift lid atraight up /if
•	Prepare for	inspection by removing s	soil over outlet end of tar ace. (Unless inspection is f	or a septic tank in a mobile	home park)
•	DOMOTIES	VE LING ARE AR CEPTIC 1	TANK		
•	After uncove	ering outlet end call the v	oice permitting system, at 9 00 for Environmental Hea	110-893-7525 option 1 & sellth inspection. Please note	elect notification permit econfirmation number
	airon at and	of recording for proof of t	equest.		
•	Use Click2G	ov or IVR to hear results.	Once approved, proceed t	o Central Permitting for ren	naining permits.
SEPTIC If applyi	ng for authoriza	ation to construct please indic	ate desired system type(s): can		ce, must choose one.
{}} A	ccepted	{}} Innovative	{}} Conventional	{}} Any	
{_}} A	Iternative	{}} Other			
The appliquestion.	icant shall notif	fy the local health departments "yes", applicant MUST A	nt upon submittal of this applATTACH SUPPORTING D	ication if any of the following OCUMENTATION:	apply to the property in
{}}YES	IVINO	Does the site contain any	Jurisdictional Wetlands?		
{}}YES			nigation system now or in the	future?	
{_}}YES	(NO		contain any drains? Please ex		
YES	NO		lls, springs, waterlines or Wa		perty?
{}}YES	(V) NO		o be generated on the site oth		
{_}}YES	NO NO	Is the site subject to appro	val by any other Public Ager	icy?	
{}}YES	NO NO	Are there any Easements	or Right of Ways on this prop	erty?	
{_}}YES	NO		existing water, cable, phone c		
			at 800-632-4949 to locate th		
I Have Rea	d This Applicat	ion And Certify That The Inf	ormation Provided Herein Is	True, Complete And Correct. A	Authorized County And
State Officia	als Are Granted	Right Of Entry To Conduct	Necessary Inspections To Dete	ermine Compliance With Appli	cable Laws And Rules.
I Understan	d That I Am So	lely Responsible For The Pro	per Identification And Labeli	ng Of All Property Lines And C	Corners And Making
		A Complete Site Evaluation			
/\	. () i//			THE DEALINED	D.A. DE
ROPERT	Y OWNERS	OR OWNERS LEGAL RE	PRESENTATIVE SIGNA	TURE (REQUIRED)	DATE

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES



I, Donald Management, landowner/agent of Parcel Identification Number 13 0528 0022 05, 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:

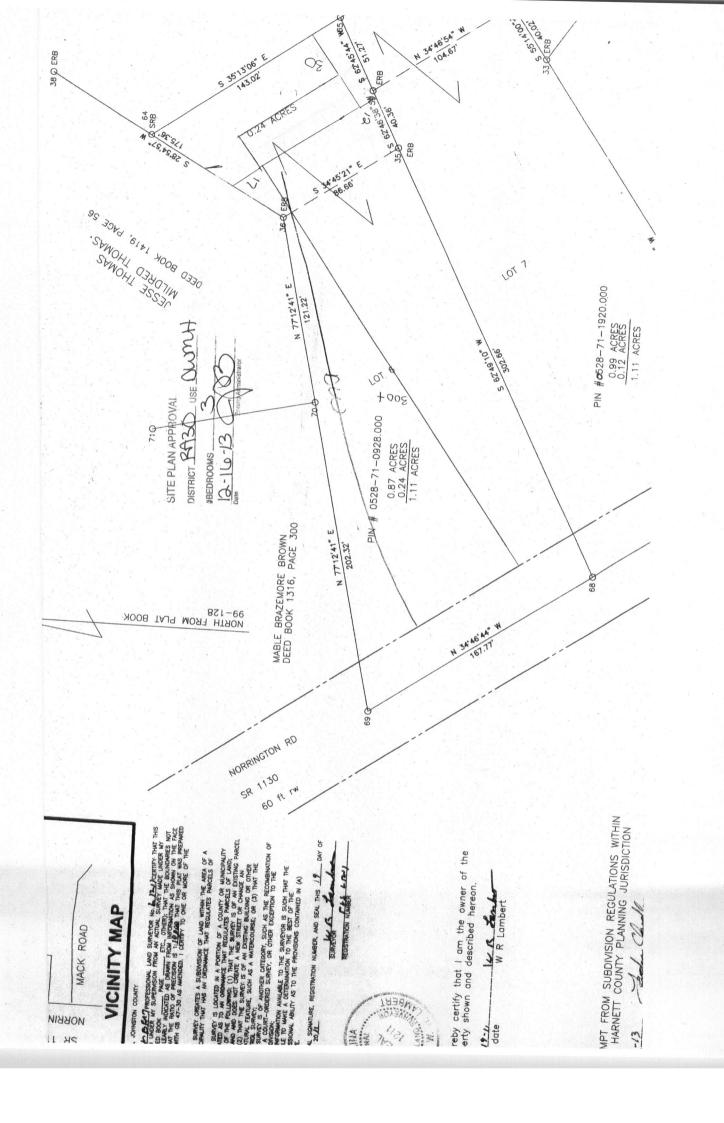
- 1. The structure must be a multi-section unit built to the HUD code for manufactured homes.
- 2. When located on the site, the longest axis of the unit must be parallel to the lot frontage.
- 3. The structure must have a pitched roof that is covered with material commonly used in standard residential roofing construction. Said material must be installed properly and be consistent in appearance.
- 4. The structure must have masonry underpinning that is continuous, permanent and unpierced except for ventilation and access.
- 5. The exterior siding must consist predominantly of vinyl, aluminum, wood, or hardboard; and must be comparable in composition, appearance, and durability to the exterior siding commonly used in standard residential construction. Said exterior siding shall be in good condition, complete, and not damaged or loose.
- 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.
- 8. The home must have been constructed after July 1st 1976.

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.

*Signature of Landownek/Agent

12-16-13 Date

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



Application # 135 0032 633

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph. 910-893-7525 - Fx. 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of	f Structure:		Phone:	
Owner (s) M	lailing Address:			
Land Owner	Name (s):		Phone:	
	or Site Address:			
		•		
Job Cost:	Description of V	Vork to be done		
		<u> </u>		
Mechanical:	New Unit With Ductwork _	New Unit Without Du	uctwork Gas Pipin	g Other
Electrical*:	200 Amp <200 Amp _ * For Progress Energy cus			_ Other
Plumbing:	Water/Sewer Tap	Number of Baths	Water Heater	_
Specific Direc	ctions to Job from Lillington:			
Subdivision:		1	_ot #:	•
,	<u>λοι</u> will provid	9		
am the buildi	ing owner or my NC state lid	cense number is <u>// 숙</u>	2 <u> 3 </u>	ntitles me to
erform such	work on the above structure	legally. All work shall c	omply with the State B	uilding Code and all
ther applicab	le State and local laws, ord	nances and regulations.	•	
CLEAU contractor's C	Charce Weter company Name	solution	<u>PIP- Pa</u> Telephone	14-600Z
ddress 1572 cense#	<u> </u>		Email Address	· · ·
ructure Own	er / Contractor Signature: 💋	Sonald Man	QLMD Date:	6/17/20
irchase perm	application you affirm that your its on their behalf. If doing the arty for 12 months after com	the work as owner you be	derstand that you can	

*Company name, address, & phone must match information on license

•

LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 13-50032633 Date 10/15/14 Property Address 365 NORRINGTON RD

PARCEL NUMBER 13-0528- - -0022--08
Application type description CP MANUFACTURED HOME RA 30 CRITERIA Subdivision Name PENDING Contractor Owner MANGUM DONALD & OLIVIA OWNER 151 OLD HUNDRED LOOP RD LILLINGTON NC 27546 Applicant ______ MANGUM DONALD 151 OLD HUNDRED LOOP RD LILLINGTON NC 27546 (919) 810-0692 --- Structure Information 000 000 28X76 3BDR DWMH Flood Zone FLOOD ZONE X Other struct info # BEDROOMS 3000000.00 PROPOSED USE PROPOSED USE DWMH
SEPTIC - EXISTING? NEW TANK
WATER SUPPLY COUNTY Permit MANUFACTURED HOME PERMIT Additional desc . . 1998 3BDR DWMH Phone Access Code . 1057819
Issue Date . . . 10/15/14
Expiration Date . . 10/15/15 Valuation Permit LAND USE PERMIT Additional desc . . 1998 3BDR DWMH Phone Access Code . 1057827
Issue Date . . . 10/15/14
Expiration Date . . 4/13/15 Valuation Special Notes and Comments T/S: 12/16/2013 03:31 PM JBROCK ----NEXT TO 325 NORRINGTON RD

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

For	INGTON, NC Inspection Insp sche	s Call: (910) 89:	3-7525 Fax: (910 available next k	0) 893-2793 ousiness da	у.
Propert PARCEL Applica Subdivi	NUMBER tion descr	36!	-05280022- MANUFACTURED HON	08-	10/15/14
		Required Insp	pections		
	hone Insp nsp# Code	Description		Initials	Date
Permit	type	. MANUFACTURED	HOME PERMIT		
10 10 20 20 30 999 999	307 P307 818 Z818 814 A814	PZ*ZONING INSPE ADDRESS CONFIRM R*MANUFACTURED	CONNECTION ECTION MATION HOME FINAL DNS PERMIT		
Permit t	туре	. LAND USE PERM	fr .		
999 999	818 Z818 820 Z820	PZ*ZONING INSPE PZ*ZONING/FINAL		-	_/_/_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

Moving Permit + -

Application #
Harnett County Central Permitting

arnett 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)

Home	-Owner Information: Owner Information (To be complet	ted by o		nufactured home)
Name:	Donald W. Mangu		Address: 15	1 old Hooked Loop Rd
City:]	illingtonState: 1	10	Zip: <u>2754</u> L	₂ Daytime Phone: (9 <u>4) 810 - 069 7</u>
Lando	wner Information (To be completed	by land	downer, if differe	ent than above)
Name:			Address:	
City:	State:		Zip:	_ Daytime Phone: ()
Part II	- Contractor Information (To be d	complete	d by Contractors	or Homeowner, if applicable.
A.	Set-Up Contractor Company Na			tch information on license)
	Phone:	Addres	ss:	
	City:	State:		_ Zip:
	State Lic#	Email:		
B.	Electrical Contractor Company	Name:_	OWNER_	
	Phone:	Addres	:s:	
	City:	State: _		Zip:
	State Lic#	Email:		
C.	Mechanical Contractor Compar	ny Name	e:OWNES_	
	City:	State: _		Zip:
	State Lic#	Email:		
D.	Plumbing Contractor Company	Name:_	onner_	
	Phone:	Addres	s:	
	City:	State: _		_ Zip:
** *	State Lic#	Email:		
Part III	- Manufactured Home Informati	ion		
Model '	Year: <u>1498</u> Size: 11x		Complete & fo	llow zoning criteria sheet
Park N		روه	Lot Nui	mber:
informatinstallat	ion and have obtained their permissi on will conform to the applicable m ce. I understand that if any item is	on to put	rchase these per red home set-up	the application is correct including the contractor mits on their behalf, and that the construction or requirements, and the Harnett County Zoning tion has been provided that this permit could be
X	Signature of Home Owner or Age	ent		Date

List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

04/11

^{*}Effective July 1, 2004, a County <u>Tax Department Moving Permit</u> 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.

775-7533



STATE OF NORTH CAROLINA COUNTY OF

PERMIT NUMBER Date 10/

Permission is granted to:

Donald Mangum

Raven Bock Mobile Hane Monars

335 Hay 87 Sanhad NC 22332

5161d Hudredloop Rd Lillington MC 21546

Address

to move the following mobile home:

1998

70x28

Patura 2 Model

Honcozz 33646

Serial Number

From: 151 Old Handred Cayo Kd Wing for MC

Address

Morring to To: 365

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 icense tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

	•	
	,	
	· · · · · · · · · · · · · · · · · · ·	
	•	