

Initial Application Date: 3-25-15

Application # 1550035779  
CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL 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

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

LANDOWNER: Todd + Christi Dennis Mailing Address: 5371 Lakesbury Rd  
City: F-V State: NC Zip: 27526 Contact No: (919) 441-2969 Email: \_\_\_\_\_

APPLICANT\*: Same Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 2 Lot Size: 6.95Ac  
State Road # 1409 State Road Name: Oakridge Duncan Rd Map Book & Page: 204, 257  
Parcel: 05 0035 0014 02 PIN: 0645-07-5305 000  
Zoning: RA30 Flood Zone: X Watershed: MA Deed Book & Page: 3249, 960 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 28x44) # Bedrooms: 3 Garage: \_\_\_ (site built? \_\_\_) Deck: \_\_\_ (site built? \_\_\_)
- 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: 1 Other (specify): \_\_\_\_\_

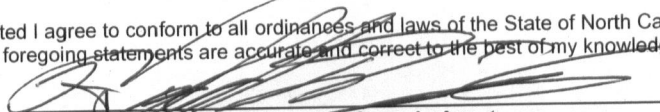
**Required Residential Property Line Setbacks:**

Front	Minimum	Actual
		<u>170.6</u>
Rear		<u>178.1</u>
Closest Side		<u>74.8</u>
Sidestreet/corner lot		
Nearest Building on same lot		

Comments: EH Note: call customer before you go out.  
# 919-441-2969  
# 919-753-7711

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 4015 toward F-V left on Rawls  
Church Rd to the end right on Cristian light  
then left on Oak Ridge Durcan for about 3 mi  
property on right,

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

3/25/15  
Date

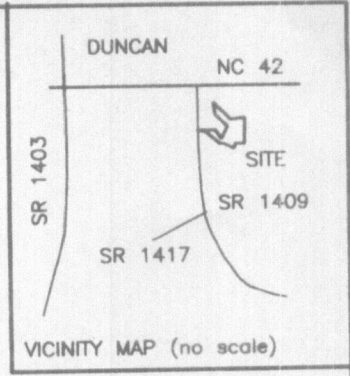
\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

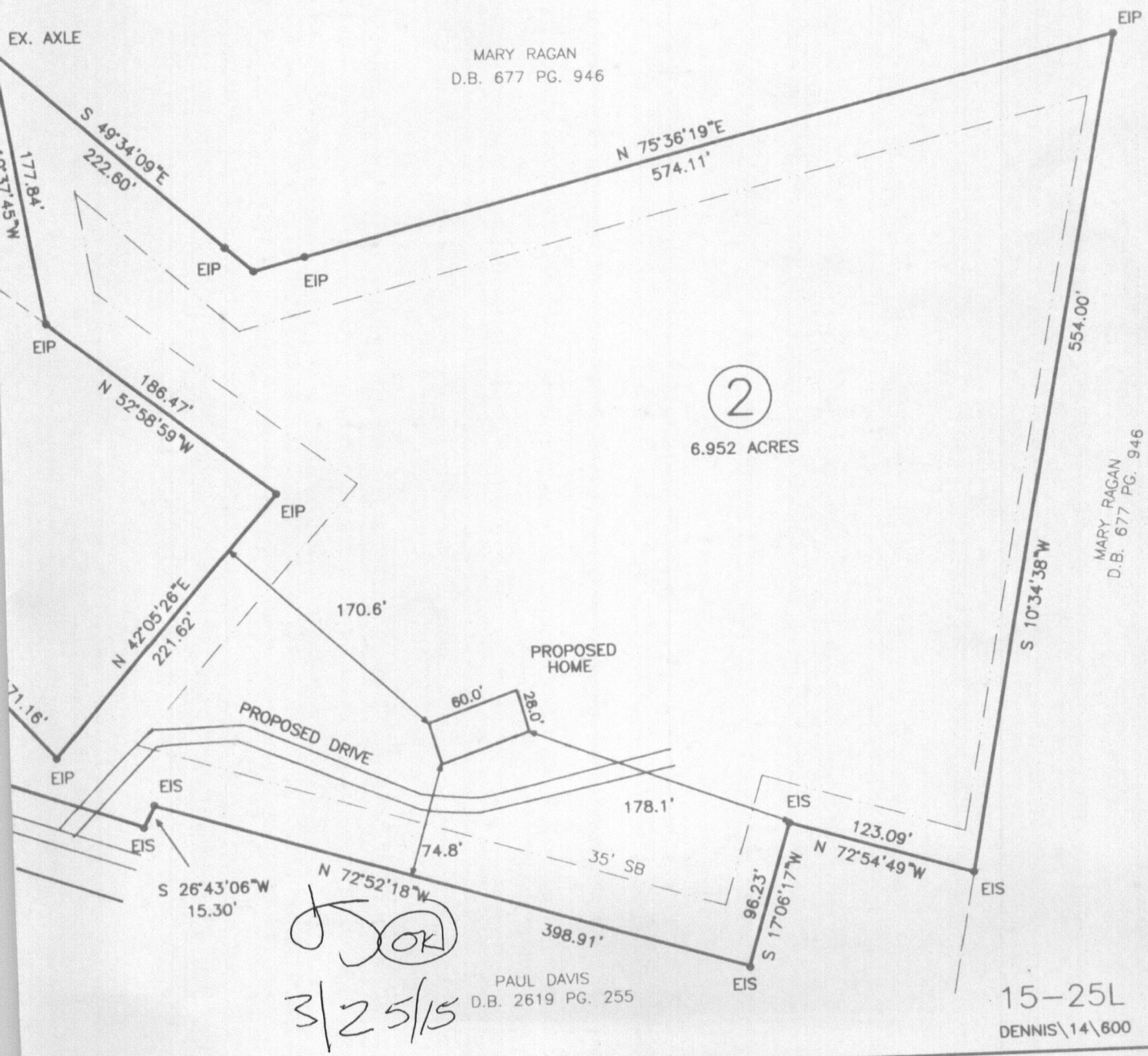
ORDINATES.  
 NOT LOCATED IN A FEMA MAPPED  
 RD AREA. FEMA MAP # 3720062400J;  
 DATE 10/3/2006.  
 ABOVE AND OR UNDERGROUND  
 OR EASEMENTS.

LEGEND

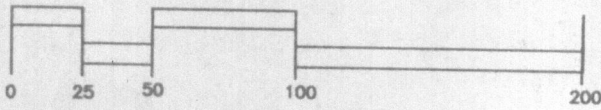
- EIP - EXISTING IRON PIPE
- EIS - EXISTING IRON STAKE
- R/W - RIGHT OF WAY
- D.B. - DEED BOOK



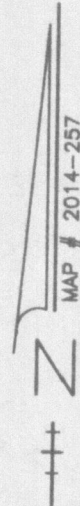
HARNETT COUNTY JURISDICTION  
 MINIMUM BUILDING SETBACKS  
 FRONT - 35'  
 SIDE - 10'  
 REAR - 25'  
 CORNER SIDE - 20'



PROPOSED PLAN FOR  
**TODD & CHRISTI DENNIS**  
 TRACT # 2 MAP # 2014 - 257  
 DEED BOOK 3249 PAGE 960  
 PIN # 0645-07-5305.000  
 BUCKHORN TOWNSHIP  
 HARNETT COUNTY - NORTH CAROLINA  
 SCALE: 1" = 100' - MARCH 24, 2015



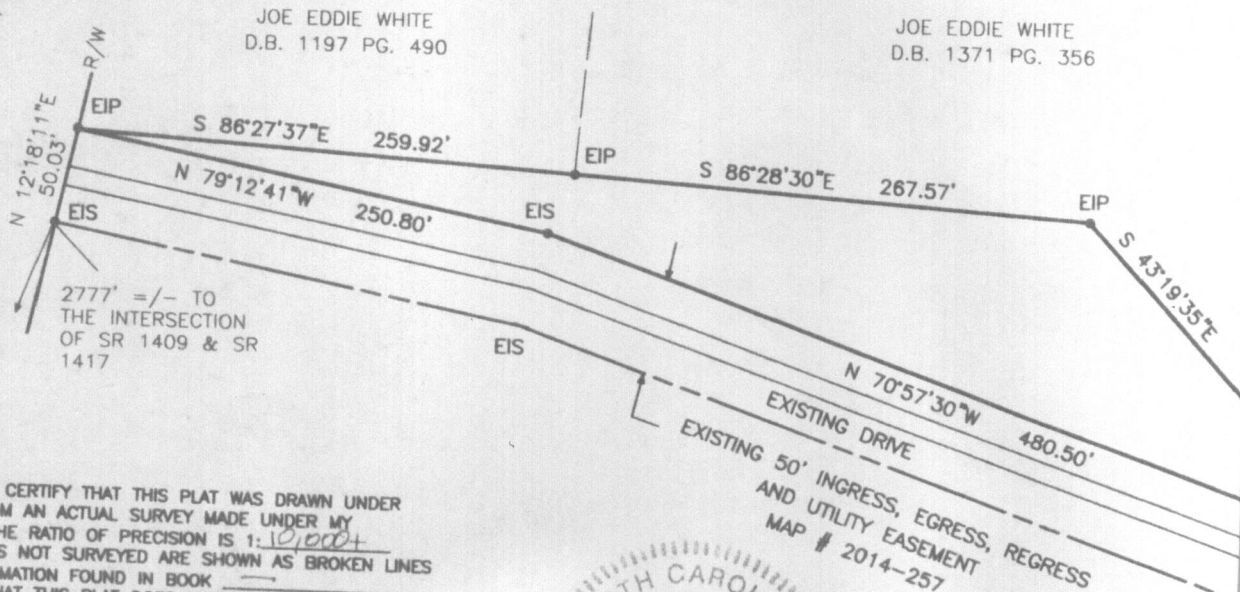
**BENTON DEWAR & ASSOCIATES**  
 PROFESSIONAL LAND SURVEYOR  
 5920 HONEYCUTT ROAD  
 HOLLY SPRINGS, NC 27540  
 (919)-552-9813



NOTES  
 AREA BY  
 THIS LOT  
 FLOOD HA  
 ZONE X;  
 SUBJECT  
 UTILITIES

JEFFREY WHITE  
 D.B. 1544 PG. 85

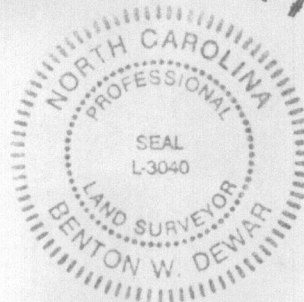
60' PUBLIC R/W  
 NCSR # 1409  
 OAKRIDGE DUNCAN ROAD R/W



2777' +/- TO  
 THE INTERSECTION  
 OF SR 1409 & SR  
 1417

I, BENTON W. DEWAR CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1:10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK \_\_\_\_\_ PAGE \_\_\_\_\_; THAT THIS PLAT DOES NOT MEET SIZE REQUIREMENTS FOR RECORDING IN THE REGISTER OF DEEDS, PER G.S. 47-30 AS AMMENDED. LICENCE NUMBER AND SEAL THIS 24<sup>th</sup> DAY OF MARCH 2015

*Benton W. Dewar*  
 PROFESSIONAL LAND SURVEYOR L-3040



THIS PLAT IS OF A BOUNDARY SURVEY OF AN EXISTING PARCEL OF LAND THAT IS REGULATED BY A COUNTY OR MUNICIPALITY ORDINANCE THAT REGULATES PARCELS OF LAND.

1

MAP # 2014-257

NAME: Todd Dennis

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

- **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.**

Todd Dennis  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3/25/15  
DATE

# PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES


## RA-30 Criteria Certification

I, Todd Dennis, landowner/agent 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 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.

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 Landowner/Agent

3/25/15  
Date

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

**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: Todd and Cristidennis Address: 5371 Cakesbury Rd

City: F-V State: NC Zip: 27526 Daytime Phone: 919-753-7211

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

Name: \_\_\_\_\_ 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: Christian mobile home services

Phone: 919-770-9660 Address: 544 Golden Hills Ln

City: Sanford State: NC Zip: 27332

State Lic# 2367 Email: \_\_\_\_\_

B. **Electrical Contractor** Company Name: same as above (owner)

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Lic# \_\_\_\_\_ Email: \_\_\_\_\_

C. **Mechanical Contractor** Company Name: HVAC specialist

Phone: (919)669-9509 Address: 5843 Cakesbury Rd

City: F-V State: NC Zip: 27526

State Lic# 27035 Email: \_\_\_\_\_

D. **Plumbing Contractor** Company Name: Cain Plumbing

Phone: \_\_\_\_\_ Address: Oakridge Ducas

City: F-V State: NC Zip: 27526

State Lic# 1090036 Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1999 Size: 28x48

**Complete & follow zoning criteria sheet**

Park Name: Oakwood 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

5/11/19  
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.



# MOBILE HOME MOVING PERMIT

COUNTY OF Hannett  
STATE OF NORTH CAROLINA

PERMIT NUMBER 1809

Permission is granted to: Sold to: Todd & Kisty Danner

Date 5/11/2015

Owner Joseph B. Zupancic 205 Tanager Rd Broadway  
Address

Carrier Greg Christian Christian MH Services 544 Gordon Hills Dr. Sanford NC 27332  
Address  
to move the following mobile home:

Make Oakwood 1999 28 X 48 HONC055308487AB  
Model Size Serial Number

From: 205 Tanager Rd Broadway NC  
Address

To: 1400 Oakridge Terrace Rd Fuquay-Varina NC 27526  
Address

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

K. Barker - TP Assistant  
County-City Tax Collector

THIS PERMIT VALID FOR THIS MOVE ONLY.



HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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Application Number . . . . . 15-50035779 Date 5/11/15  
Property Address . . . . . 93548 \*UNASSIGNED  
PARCEL NUMBER . . . . . 05-0635- - -0014- -02-  
Application type description CP MANUFACTURED HOME RA 30 CRITERIA  
Subdivision Name . . . . .  
Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner

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DENNIS TODD & WILLIAMS-DENNIS  
CHRISTIANA E  
5371 COKESBURY RD  
FRANKLINTON NC 27525

Contractor

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CHRISTIANS MOBILE HOME MOVERS  
544 GOLDEN HILLS LANE  
SANFORD NC 27332  
(919) 499-6720

Applicant

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DENNIS TODD & CHRISTI  
5371 COKESBURY RD  
FUQUAY VARINA NC 27526  
(919) 441-2969

--- Structure Information 000 000 28X44 3BDR DWMH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3000000.00  
PROPOSED USE DWMH  
SEPTIC - EXISTING? NEW TANK  
WATER SUPPLY COUNTY

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Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1086941  
Issue Date . . . . . 5/11/15 Valuation . . . . . 0  
Expiration Date . . . . . 5/10/16

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1086933  
Issue Date . . . . . 5/11/15 Valuation . . . . . 0  
Expiration Date . . . . . 11/07/15

Special Notes and Comments

T/S: 03/25/2015 04:26 PM JBROCK ----  
OAKRODGE DUNCAN RD ABOUT 3 MILES DOWN  
TO PROPERTY EASEMENT RD NEAR ADDRESS  
1586

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

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PARCEL NUMBER . . . . .	05-0635- - -0014- -02-		
Application description . . .	CP MANUFACTURED HOME	RA 30	CRITERIA
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

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Required Inspections

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Seq	Phone Insp#	Insp Code	Description	Initials	Date
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Permit type . . . . . MANUFACTURED HOME PERMIT

10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___