| Initial Application Date:_ | <u> </u> | 12- | 4 | | |
|----------------------------|----------|-----|---|---|--|
| | • | | • | - | |

on same lot

Residential Land Use Application

| Application # | 650 | 037 | 828 | 3 |
|---------------|-----|-----|-----|---|
| | CH# | | | |

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION Mailing Address: Zip: 2750 Eontact No: 919-498-5944 mail: Mcneillbassy 677 (9 gmail, con Mailing Address: 481 Mount Pianh Ch Rd State: NC Zip: 2750 Contact No: 914498-5944 Email: MC Me: 11 bassy 677(9)9mail. Com CONTACT NAME APPLYING IN OFFICE: Dally 5 Mc PROPERTY LOCATION: Subdivision: PIN: 9691-70-9922 66 (Watershed: Name Deed Book & Page: 3356 346 Power Company*: South *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. **PROPOSED USE:** Monolithic SFD: (Size _) # Bedrooms: ___ # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) Mod: (Size 1) # Bedrooms 4 Batte 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 ____X __LS) # Bedrooms: ____ (site built?___) Deck:___ (site built?___) x) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: _____ Hours of Operation: Addition/Accessory/Other: (Size ____x___) Use:___ Closets in addition? (___) yes (___) no Water Supply W 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:_ ____ Other (specify):_____ Required Residential Property Line Setbacks: Comments: Front Minimum Rear Closest Side Sidestreet/corner lot Nearest Building

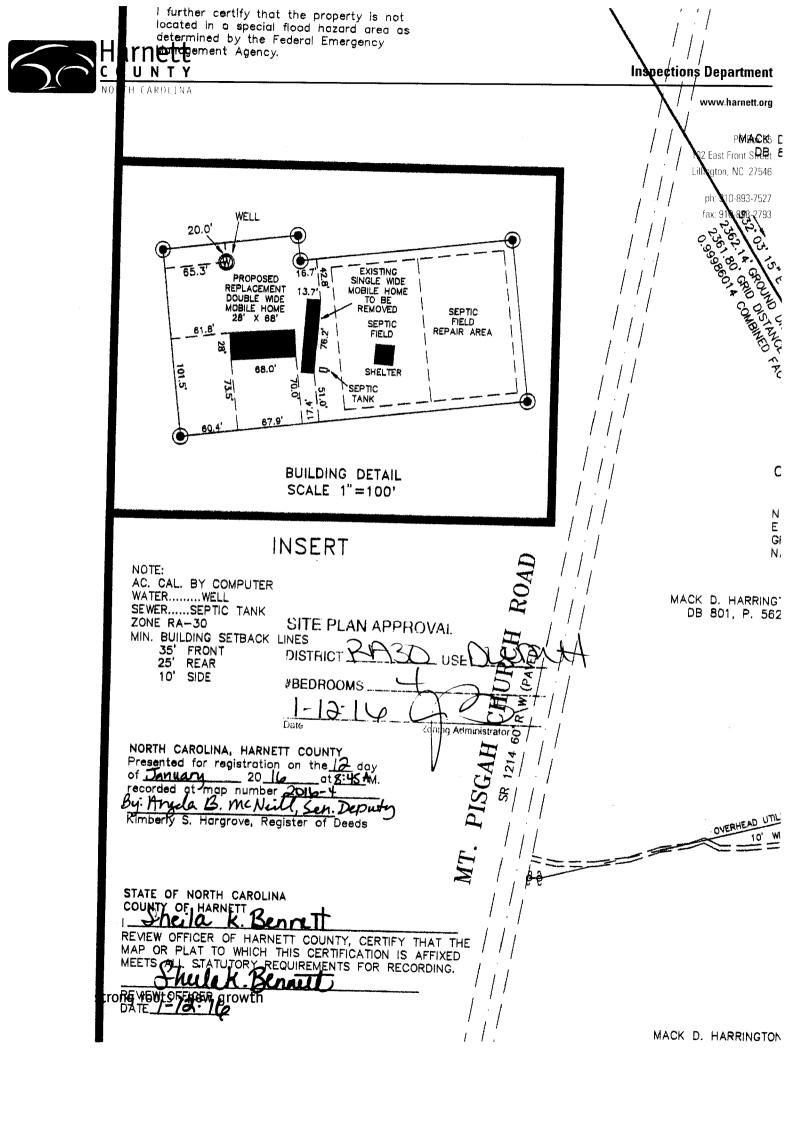
> Page 1 of 2 **APPLICATION CONTINUES ON BACK**

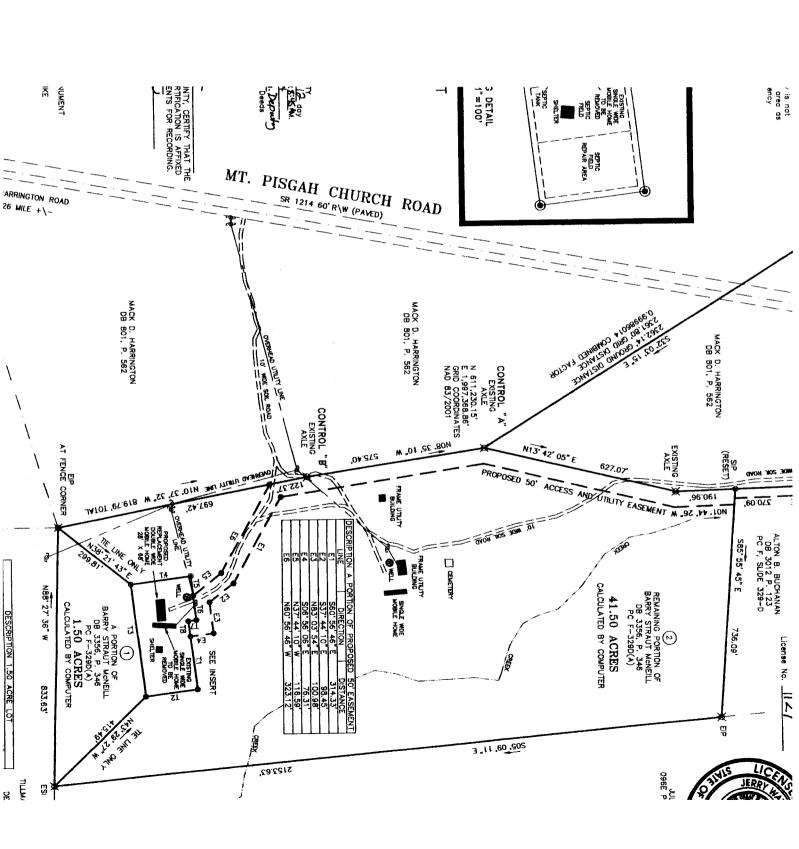
03/11

| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| 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. |
| K_{α} . V M M V |
| Signature of Owner's Agent Date |
| Signature of Owner of Owner a Agent |

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





| NAME: | 1-12-16 |
|---|--|
| | APPLICATION #: |
| Соц | *This application to be filled out when applying for a septic system inspection.* |
| PERMIT C depending 9 | PRMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration of documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) -893-7525 option 1 |
| O Envi | IMUNICAL FIGURE New Septic System Code 800 |
| · £ | property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property must be clearly flagged approximately every 50 feet between corners. |
| • P • P • If | ce "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. se orange Environmental Health card in location that is easily viewed from road to assist in locating property. |
| • <u>A</u> <u>fo</u> • Af 80 co | ots to be addressed within 10 business days after confirmation. \$25,00 return trip fee may be incurred allure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready, preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note |
| _ / \ • U8 | Click2Gov or IVR to verify results. Once approved proceed to Central Resulting for a serify results. |
| 7 200 | nental Health Existing Tank Inspections Code 800 w above instructions for placing flags and card on property. |
| po: • After mu | are for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if ble) and then close back down. (Unless inspection is for a septic tank in a mobile home park) uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if permits, then use code 800 for Environmental Health inspection. Please note confirmation number given to frequest. |
| | lick2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. |
| SEPTIC | authorization to company to the state of the |
| {}} Accep | uthorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {} Innovative {} Conventional {} Anv |
| {}} Alterna | |
| | |
| • | all notify the local health department upon submittal of this application if any of the following apply to the property in answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: |
| | 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? |
| | NO Does or will the building contain any drains? Please explain. |
| - | NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property? |
| · - | NO Is any wastewater going to be generated on the site other than domestic sewage? |
| | NO Is the site subject to approval by any other Public Agency? |
| | NO Are there any easements or Right of Ways on this property? |
| YYES 1_ | 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 | pplication And Certify That The Information Provided Herein is True, Complete And Correct. Authorized County And |
| State Officials As | Granted Right Of Entry To Conduct Necessary Inspections To Determine Compilance With Applicable Laws And Rules. |
| I Understand The | 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.

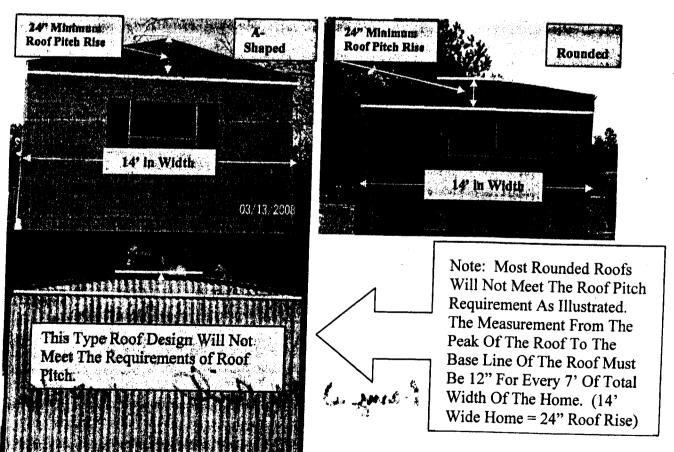
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

Replacement & Removal Criteria

I, Port McNeill, do hereby certify the following:
(Print Name)

- 1. That I own a tract of land located on SR USY 21 10 in an RA-30 / RA-40 or RA-20R /RA-20M district which has a functional septic tank;
- 2. That the existing single/double-wide manufactured home is to be removed or was removed on they peut the Durnttin
- 3. That I am replacing an existing single manufactured home with a single double wide manufactured home, and;
- 4. That the replacement of this manufactured home creates residence(s) on this single tract of land, and;
- 5. That there will be ____ manufactured home(s) on this single tract of land and I do/do not own property within 500 feet of this tract that contains a manufactured home.
- 6. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at the center of the home) of twelve (12) inches for every seven (7) feet of total width of the home. (Example: A home measuring fourteen (14 ft.) in width must have a twenty four (24) inch rise as measured from the center of the roofline to the baseline of the roof.) (See Illustrations Below.)



- 7. The home must be underpinned, the underpinning must be designed for manufactured homes & 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.
- 8. The homes moving apparatus removed, underpinned or landscaped.

Select One of the Following Options Below:

The current manufactured home will be removed prior to the Zoning Inspection.

The current manufactured home is scheduled to be removed through Project AMPI

 The current manufactured home will be removed after the final inspection has been performed and the certificate of occupancy has been issued. (Additional Fees & Requirements Shall Apply)

*(Additional Information for Option C) Temporary approval for replacement of a manufactured home is allowed only under the procedures and limitations stated below.

Please initial next to each item to indicate that you understand and have or will comply as necessary. 1) A valid manufactured home moving permit must be submitted for the removal of the existing home located on the property. 2) A copy of a Bill of Sale or a Title Transfer of the existing home must be submitted. 3) Items 1 & 2 must be submitted to Central Permitting prior to your permit issuance. 4) Property owner/agent acknowledges that due to the fact that a second zoning inspection is required, in order to facilitate this request, a re-inspection fee in the amount of fifty (\$50.00) dollars shall be paid during the permitting process. 5) Once the home has met all other zoning requirements, a temporary approval shall be granted in order to proceed with obtaining a certificate of occupancy. From the date the certificate of occupancy is issued, the property owner shall have five (5) business days to remove the pre-existing manufactured home. 6) Property owner/agent acknowledges that if the pre-existing manufactured home is not removed by the specified time of five (5) business days that he / or she shall be in direct violation of the Harnett County Zoning Ordinance. And by creating a violation of the Harnett County Zoning Ordinance shall subject themselves to enforcement actions, penalties, and fines specified within Article XV, (Administration, Enforcement, and Penalties) of the Harnett County Zoning Ordinance. Each day the violation continues is a separate offence and is a misdemeanor punishable by a fine not to exceed one hundred (\$100.00) dollars or imprisonment not to exceed thirty (30) days. 7) Property owner/agent acknowledges and affirms that the guidelines, procedures, and requirements associated with the replacement of a manufactured home and the penalties for creating a violation of the Harnett County Zoning Ordinance have been explained and accepts this document as an initial notice of violation. Property Owner By signing this form the owner/agent is stating that they have

read and understand the information on this form

Application #_ 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)

| Name: | : | - | Address: | |
|----------------------|---|------------------------------|-------------------------------|--|
| City: _ | | State: | Zip: | Daytime Phone: () |
| Lando | wner Information (To be co | mpleted by | landowner, if d | ifferent than above) |
| | | | | |
| City: _ | | State: | Zip: | Daytime Phone: () |
| Part II | - Contractor Information | (To be com | oleted by Contrac | ctors or Homeowner, if applicable. |
| | | Name, addre | ess, & phone mus | st match information on license) |
| A. | | | | Mobile Home Movers |
| | | | | 5-A Aguilla Rd |
| | | | | Zip: ⁰ 27504 |
| | State Lic# 2859 | Em | nail: | |
| B. | | | | han Beasley |
| | | | | Fred McLesod Lane |
| | City: Coats | Sta | ite: <u>NC</u> | Zip: <u>27521</u> |
| | State Lic# 26739 | Em | nail: | |
| C. | Mechanical Contractor | Company N | ame: Ma | rk Shockey |
| | Phone (919) 624-2 | 174 Add | dress: 544 | October Dr. |
| | | | | Zip: <u>2759</u> 2 |
| | State Lic# 12730 H | ∄ Em | ail: | |
| D. | Plumbing Contractor Co | mpany Nar | ne: Priori | ty Plumbing |
| | Phone: (919) 639 - 73 | | | |
| | 1 1 | | | Zip: _27592 |
| | State Lic# 18550 P- | | | |
| | State Elon 7.850(5) 1 | | | |
| Part III | - Manufactured Home Ir | formation | | |
| Madal | Year: 2016 Size: Z | 2,68 | 0 | 0 fallow somion outside about |
| iviodei | rear: 6 Size: | 0 X (0) | Complete | & follow zoning criteria sheet |
| Park N | ame: | | Lo | t Number: |
| informa installat | tion and have obtained their ion will conform to the appl ice. I understand that if any | permission to cable manuf | purchase these actured home s | that the application is correct including the contractors permits on their behalf, and that the construction of set-up requirements, and the Harnett County Zoning permation has been provided that this permit could be |
| | | | | |

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

^{*}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.

SALES AGREEMENT

| Custon | MER NO.:_ | | | DATE:10/23/2015 |
|---------------------|-------------------|--------------------------------------|-------------------------|--|
| BUYER(| (s): Barry | y McNeill | | SSN: |
| | | | | SSN: |
| ADDRES | ss: 48 Mt | . Pisgah (| Church Road | d Broad NC. 27505 |
| | | ss: Same | | |
| | | -498-594 | | SALES PERSON: Cathy Long |
| | | 100-004- | | |
| BASE PI Dealer F | | | \$ 79,759.9 | Make: CMH Model: Tyson Year WA Length: WAS Width: NS Stock #: RSO |
| SUB-TO | | | \$\$ \$79,759.9 | Serial No.: RSO WP030614TN HB × New Used |
| Sales Ta | | | \$ | OI TRADE: Make: Model: |
| Title Fee | | | \$ 40.0 | |
| | | | \$ | Serial No.: |
| | | | \$ | Amount owed will be paid by: Buyer Seller |
| 1. CASH | PRICE | | \$ \$81.734.9 | Owed to: |
| Trade Al | | | \$ 2,000.0 | |
| | ount Owe | | \$ | line, Pier and prem. footers, Brick skirting wall. |
| Trade Ec | luity wn Payme | | \$ \$1,000.0 | SELLER RESPONSIBILITIES: Delivery set up and Trim out |
| Other Pa | | nt | \$1,000.0 | Delivery and set and heat pump permits only. Customer responsible for |
| | ALL CRED | ITS | 3,000.0 | all other permits. |
| 3. REMA | INING BAL | ANCE | \$78,734.9 | |
| Location | R-Value | Thickness | Type of Insulat | |
| Ceiling | - | | | connections, and wiring of home for power. |
| Exterior Floors | Energy | Star | Rated | Note: Bank closing cost and attorney fees to be added to remaining Balance. Deal subject of looking at Trade in by Mgt. |
| This insulat | ion informati | on was furnishe | d by the Manufactu | |
| and is discle | osed in comp | liance with the I , Section 460.1 | Federal Trade | I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE |
| | | | o. luntarily purchas | |
| any insura | | | . All numbers are | |
| estimated. | | | | DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME |
| A. OTHER Property I | R CHARGE | | | BACK ALL THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE OF THE TERMS OF |
| HBPP Ins | | \$ | | THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT. ESTIMATED RATE OF FINANCING: N/A NUMBER OF YEARS: NULL |
| License F | | \$ | | ESTIMATED MONTHLY PAYMENTS \$ N/A |
| | | \$ | | |
| | | \$ | | Buyer(s) agree: (1) that the terms and conditions on page two are part of this |
| | | \$ | | agreement; (2) to purchase the above home including the options; (3) they |
| D Hanaid | Pal/Amt E | TOTAL \$ | | received and acknowledge receiving a completed copy of this agreement; (4) |
| C. Interest | Bal/Amt F Rate | 1П. (3+A) \$ | | that all promises and representations made are listed on this agreement; and (5) there are no other agreements, written or verbal, unless evidenced in writing and |
| D. Finance | | \$ | | signed by the parties. |
| | Payments | | | SELLER: 1 0 BUYER: |
| | les Price | | | The I seld I want I |
| | of Payme | nts # | | Alanh Say X Stry (Signature) |
| I. Paymen | t Amount | \$_ | | X |
| 7 | This is not | a loan com | nitment | (Signature) |
| | | | | X |
| | | | | (Signature) |
| | | | | (Signature) |

| LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day | |
|---|---------------------------|
| Page Application Number 16-50037828 Date Property Address 481 MT PISGAH CHURCH RD PARCEL NUMBER 13-9691009604- Application description CP MANUFACTURED HOME RA 30 CI Subdivision Name Property Zoning PENDING | 2 2/17/16 RITERIA |
| Required Inspections | |
| Phone Insp Seq Insp# Code Description Initials | Date |
| Permit type MANUFACTURED HOME PERMIT | |
| 10 501 T501 R*MOBILE HOME FOUND./ M. WALL | / / |
| 10 307 P307 R*PLUMB WATER CONNECTION | -',', |
| 20 818 Z818 PZ*ZONING INSPECTION | — <i>'</i> ,— <i>'</i> ,— |
| 20 814 A814 ADDRESS CONFIRMATION | // |
| 30 507 T507 R*MANUFACTURED HOME FINAL | // |
| 999 H824 ENVIR. OPERATIONS PERMIT | _/_/_ |
| 999 H828 ENVIRO. WELL PERMIT | _/_/_ |
| Permit type LAND USE PERMIT | |
| 999 818 Z818 PZ*ZONING INSPECTION 999 820 Z820 PZ*ZONING/FINAL INSPECTION | _/_/_ |

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldg Insp scheduled before 2pm available next business day. Application Number 16-50037828 Date 2/17/16
Property Address 481 MT PISGAH CHURCH RD
PARCEL NUMBER 13-9691- - -0096- -04Application type description CP MANUFACTURED HOME RA 30 CRITERIA Date 2/17/16 Subdivision Name Property Zoning PENDING Contractor Owner _____ ______ MCNEILL BARRY STRAUT STATE MOBILE HOME MOVERS 481 MT PISGAH RD

BROADWAY

NC 27505

BENSON

(910) 894-8038

1085 A AQUILLA RD

NC 27504 Applicant ______ MCNEILL BARRY 481 MT PISGAH CHURCH RD BROADWAY NC 27505 (919) 498-5944 Structure Information 000 000 28X68 4BDR DWMH REPLACEMENT WATER SUPPLY Permit MANUFACTURED HOME PERMIT Additional desc . . Phone Access Code . 1126796

Issue Date . . . 2/17/16 Valuation

Expiration Date . . 2/16/17 Permit LAND USE PERMIT Additional desc . . Phone Access Code . 1126812 Issue Date . . . 2/17/16 Valuation 0
Expiration Date . . 8/15/16 Special Notes and Comments T/S: 01/12/2016 09:42 AM JBROCK ----

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

481 MT PISGAH CHURCH RD