

Initial Application Date: 2-18-16

Application # 1650038040

CU# _____

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: David & Linda Chandler Mailing Address: 305 Creekside Dr.
City: Angier State: NC Zip: 27501 Contact No: 919-400-8413 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 #: _____ Lot Size: 19.40
State Road # _____ State Road Name: Creekside Dr. Map Book & Page: 2012 619
Parcel: 040664 0005 PIN: 0664-81-2628.000
Zoning: RA-30 Flood Zone: X Watershed: - Deed Book & Page: 3085178.77 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: _____ 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 24 x 56) # 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 Proposed Doublewide

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 198.5
Rear 25 331'
Closest Side 10 223.6
Sidestreet/corner lot _____
Nearest Building on same lot 23'

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take 210 towards Agigizier
turn left on Cross St - Turn L on Chalybeate
Springs Rd - Less than a mile go over a short span
bridge - Dirt Rd is on the left "Creekside",

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.

X Linda Chandler
Signature of Owner or Owner's Agent

X 2-18-16
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

NAME: _____

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.

Linda Chandler

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-18-16

DATE

SITE PLAN APPROVAL
DISTRICT **R4 30** USE **SFD**
#BEDROOMS **3**
2-18-16 **LB**
Zoning Administrator

X Linda Chandler

159

386

350

331'

81'

50'

223.6

198.5

CREKES



Harnett County Parcel

NOT FOR LEGAL USE

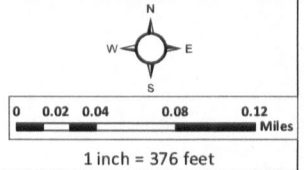


GIS/E-911 Addressing

February 18, 2016

LEGEND

- | | | | | | | | | |
|--------------|----------------------------|----------------------|------------|-------|-----------|-------------|----------------|-----------------------|
| USA Property | Harnett County Major Roads | Harnett County Roads | Tax Parcel | LOMRs | Effective | FIRM Panels | Cross-Sections | Base Flood Elevations |
|--------------|----------------------------|----------------------|------------|-------|-----------|-------------|----------------|-----------------------|



Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number: 910-893-7525 Fax 910-893-2793 www.harnett.org/permits **SCANNED**

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

DATE

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: David & Linda Chandler Address: 305 CREEKSIDE DR.
City: Angier State: NC Zip: 27501 Daytime Phone: 919 601 5270

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

Name: Same Address: SA
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: Barb Carter DBA Carters Mobile Home Servi

Phone: 919 422 0428 Address: 371 Woodruff Rd.
City: Selma State: NC Zip: 27576
State Lic# 002612 Email: _____

B. **Electrical Contractor** Company Name: Owner Johnny Rue

Phone: _____ Address: 5421 Rock Service Station Rd
City: Raleigh State: NC Zip: 27603
State Lic# 7812 Email: _____

C. **Mechanical Contractor** Company Name: Owner Ashworth Htg: Cooling

Phone: 919 425-5405 Address: 2537 White Memorial Church Rd
City: Willow Spring State: NC Zip: 27592
State Lic# 25719 Email: _____

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

Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____

Part III - Manufactured Home Information

Model Year: 1983 Size: 24x56 **Complete & follow zoning criteria sheet**
Park Name: _____ 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.

D. Chandler
Signature of Home Owner or Agent

3/21/2016
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 TAX PERMIT

COUNTY OF WAKE

STATE OF NORTH CAROLINA

PERMIT NO. 19930

Permission is granted to:

Date MARCH 23, 2016

FAYE BARNES HUDSON

PO BOX 531 GARNER NC 27529

06/21/2013

Owner (January 1 of current year)

Date Purchased

DAVID W CHANDLER & LINDA D CHANDLER

305 CREEKSIDE DR ANGIER NC 27501

03/21/2016

Current Owner Information if different

Date Purchased

CARTER'S MOBILE HOME SERVICE

311 WOODRUFF RD SELMA NC 27576

919-422-0428

Carrier

Phone #

to move the following mobile home:

TITAN

1983

Make

Model

24X56

Size

4938006446AB

Serial Number

From: 803 THOMPSON RD GARNER NC 27529

Physical Address

To: 390 CREEKSIDE DR ANGIER NC 27501

Physical Address

PRIVATE

Mobile Home Park & Lot#

HARNETT

County

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 transportation.

By: Robert A. Pearce

Wake County Revenue Department

THIS PERMIT VALID FOR THE ABOVE MOVE ONLY.

Attach copies of paid bill to File Copy

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30 Criteria Certification

I, Linda CHANDLER, landowner/agent of Parcel Identification Number 390 CREEKSIDE DR, 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.

Linda Chandler
*Signature of Landowner/Agent

9-9-2016
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
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.

Application Number	16-50038040	Page	2
Property Address	390 CREEKSIDE DR	Date	3/23/16
PARCEL NUMBER	04-0664- - -0005- - -		
Application description	CP MANUFACTURED HOME	RA 30	CRITERIA
Subdivision Name	CREEK SIDE FARMS		
Property Zoning	RES/AGRI DIST - RA-30		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
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	_____	___/___/___
999		H828	ENVIRO. WELL PERMIT	_____	___/___/___
999	307	P307	R*PLUMB WATER CONNECTION	_____	___/___/___
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

LILLINGTON, NC 27546

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PARCEL NUMBER	04-0664- - -0005- - -		
Application type description	CP MANUFACTURED HOME	RA 30	CRITERIA
Subdivision Name	CREEK SIDE FARMS		
Property Zoning	RES/AGRI DIST - RA-30		

Owner

CHANDLER DAVID W & LINDA D
 305 CREEKSIDE DRIVE
 ANGIER NC 27501
 (919) 639-9602

Contractor

KARL CARTER
 371 WOODRUFF ROAD
 SELMA NC 27576
 (919) 422-0428

----- Structure Information 000 000 -----

Flood Zone	FLOOD ZONE X		
Other struct info	# BEDROOMS		3.00
	PROPOSED USE	SFD	
	SEPTIC - EXISTING?	EXIST SEPTIC	
	WATER SUPPLY	COUNTY	

Permit	MANUFACTURED HOME PERMIT		
Additional desc			
Phone Access Code	1131994		
Issue Date	3/23/16	Valuation	0
Expiration Date	3/23/17		

Permit	LAND USE PERMIT		
Additional desc			
Phone Access Code	1131986		
Issue Date	3/23/16	Valuation	0
Expiration Date	9/19/16		
