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Initial Application Date:_	50	1-11	W

Application #	650038286
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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 \*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* c SOMMUN LANDOWNER Zip: 27546 Contact No: 910-984-5196 Mailing Address: 12 State: NC Zip: 27546 Contact No: 910-984-5196 Email: hand Kranger CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: Map Book & Page: Deed Book & Page:33 Watershed: Power Company\*: \*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: (Is the bonus room finished? (\_\_\_) yes (\_\_\_) no w/ a closet? (\_\_\_) yes (\_\_\_) no (if yes add in with # bedrooms) \_\_) # 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\_\_XDW \_\_TW (Size25\_x55\_) # Bedrooms: 3\_\_Garage: \_\_\_(site built?\_\_\_) Deck: 2\_(site built?\_\_\_)

Duplex: (Size \_\_\_\_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: \_\_\_\_ 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: Dury Hother (specify):

Required Residential Property Line Setbacks: Actual S Minimum\_ Front

Rear

**Nearest Building** on same lot

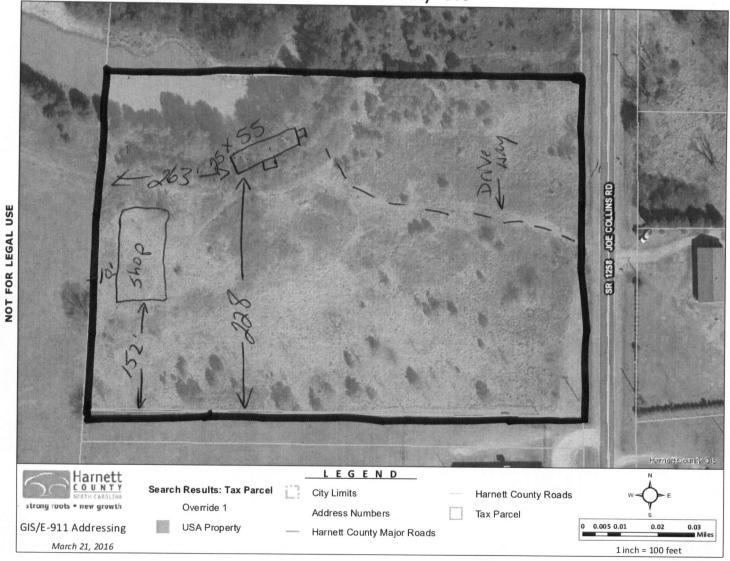
Closest Side Sidestreet/corner lot\_

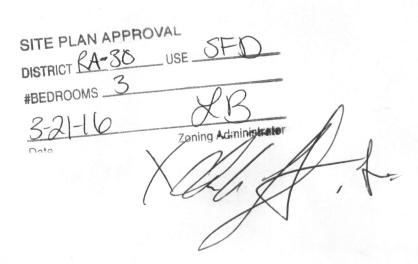
Residential Land Use Application

SPECIFIC DIPECTIONS TO THE PROPERTY FROM LILLINGTON: 60 West on 421 TOWARD
SA-GOLD TILSAS PAR MADE COLLINS PAR
Before the 5ton Stan there is a church as a chan hell
Source acoust it on the left Property is beside church
- boto id.
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.
Thereby state that foregoing statements are additional to the sound of
Signature of Owner or Owner's Agent 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\*\*

Harnett County GIS





NAME Challes Centar

APPLICATION#: 3828(0

\*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) CONFIRMATION # 910-893-7525 option 1 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. {\( \sum\_{\} \)} Conventional {\( \\_{\} \)} Any {\_\_} Accepted { } Innovative {\_\_}} 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 Does the site contain any Jurisdictional Wetlands? \_}YES Do you plan to have an irrigation system now or in the future? {\_\_}}YES Does or will the building contain any drains? Please explain. }YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? YES Is any wastewater going to be generated on the site other than domestic sewage? }YES Is the site subject to approval by any other Public Agency? Are there any Easements or Right of Ways on this property? \_}YES {\_\_}}YES 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/10

## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30	Criteria	Certification

1/1/1/	101000	iteria Ceruii	cation			
1. Charles Centry 13-0630-00810		landowner/ag in an RA-30	gent of	Parcel District	Identification	Number
following:				Diotrict,	do nereby	certify the

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:

The structure must be a multi-section unit built to the HUD code for manufactured

When located on the site, the longest axis of the unit must be parallel to the lot

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.

The exterior siding must consist predominantly of vinyl, aluminum, wood, or 5. hardboard; and must be comparable in composition, appearance, and durability to the exterior siding commonly used in standard residential construction. 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.

The tongue or towing device must be removed. 7.

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

\*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)

Part I –Owner Information:  Home Owner Information (To be completed by owner of the manufactured home)	
Name: Charles Gentry Address: 72 Haple Tire LN.	
City: Lillandon State: DC Zip: 275 1 (Daytime Phone: 419 784 - 574	1
City: Zip: 273 1 (Daytime Phone: 1619 169)	; <b>v</b>
Landowner Information (To be completed by landowner, if different than above)	, \
Name: Charles Gently Address: 587 de Collins (10	52
City: Loll righen State: SC Zip: 275 Y Coaytime Phone: 19984-5196	<b>)</b>
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: Kowen Rock M.H.M.	
Phone: 919-775-3600 Address: 3335 NC HWY 87	
City: State: D Zip:	
State Lic# 3400 Email:	_
B. Electrical Contractor Company Name: OWNE	
Phone: Address:	
City: State: Zip:	
State Lic# Email:	_
C. Mechanical Contractor Company Name:	
Phone: Address:	
City: State: Zip:	-
State Lic#Email:	_
D. Plumbing Contractor Company Name:	
Phone: Address:	•
City: State: Zip:	-
State Lic# Email:	
Part III – Manufactured Home Information	
· · · · · · · · · · · · · · · · · · ·	
Model Year: 2012 Size: 25 X 55 Complete & follow zoning criteria sheet	
Park Name: Lot Number: NAME	-
I hereby certify that I have the authority to apply for this permit, that the application is correct including the contra information and have obtained their permission to purchase these permits on their behalf, and that the construction installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zo Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could revoked.	n or ning
Signature of Home Owner or Agent Date	

\*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.

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

04/11



ATE OF NORTH CAROLINA mission is granted to: (SOU) TO CHUNDER CARCITATION nove the following mobile home EDROCK ONT. NO MOION of will breaking Address >33000 1-4 000 4-33 48 Serial Number Date 3 -31-16 PERMIT NUMBER 

This permit shall be conspicuously displayed near the license tag on the rear of the mobile home at all times during its transportation.

THIS PERMIT VALID FOR THIS MOVE ONLY.

permit is issued in accordance with the provisions of G.S. 105-316.1 through G.S. 105-316.8 segeneral Statutes of North Carolina.

County-City Tax Collector

P.O. BOX 65 LILLINGTON, NC 27546 For Inspections Call: (910) 893-7525 Fax: (910) 893-2793 Bldq Insp scheduled before 2pm available next business day. \_ \_ . -------Date 3/30/16 Application type description CP MANUFACTURED HOME RA 30 CRITERIA Subdivision Name . . . . . . Property Zoning . . . . . PENDING Contractor Owner \_\_\_\_\_\_ \_\_\_\_\_\_ GENTRY SOMMER C & CHARLES A JR RAVEN ROCK MOBILE HOME MOVER 3335 NC 87 HWY. 730 COLLINS RD SANFORD NC 27546 LILLINGTON (919) 775-3600 Applicant GENTRY CHARLES 72 MAPLE TREE LN NC 27546 LILLINGTON (910) 984-5796 Structure Information 000 000 25X55 DWMH 3BDR 2DECKS Flood Zone . . . . . . . . . . FLOOD ZONE X
Other struct info . . . . . # BEDROOMS 3.00 MOBILE HOME YEAR PROPOSED USE 2012.00 SFD SEPTIC - EXISTING? NEW COUNTY WATER SUPPLY \_\_\_\_\_\_ Permit . . . . . MANUFACTURED HOME PERMIT Additional desc . . Phone Access Code . 1133131
Issue Date . . . 3/30/16 Valuation . . . 0
Expiration Date . . 3/30/17 Permit . . . . . LAND USE PERMIT Additional desc . .

Phone Access Code . 1133123

Issue Date . . . 3/30/16 Valuation . . . .

Expiration Date . . 9/26/16 Special Notes and Comments T/S: 03/21/2016 01:58 PM LBENNETT --GO WEST ON 421 TOWARDS SANFORD - THEN RIGHT ON JOE COLLINS RD- BEFORE THE STOP SIGN THERE IS A CHURCH @ A CHAIN LINK FENCE AROUND IT ON THE LEFT PROPERTY IS BESIDE CHURCH PROPERTY

\_\_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

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.						
Pro PAR App Sub	perty Add CEL NUMBE lication division	ress R descri Name	16-50038286 64456 *UNASSIGNEI 13-0630008 ption	31	2 3/30/16 ITERIA	
	Required Inspections					
Seq	Phone Insp#		Description	Initials	Date	
Permit type MANUFACTURED HOME PERMIT						
10 20 20 30 999	501 818 814 507	Z818	PZ*ZONING INSPECTION ADDRESS CONFIRMATION			