

Initial Application Date: 10-27-14

Application # 1150040024

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: Patricia Dowd Mailing Address: 203 Garland Sloan Ln  
City: Broadway State: NC Zip: 27505 Contact No: 919 499 8982 Email: \_\_\_\_\_

APPLICANT\*: Patricia Dowd Mailing Address: 203 Garland Sloan Ln  
City: Broadway State: NC Zip: 27505 Contact No: 919 499 8982 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Patricia Dowd Phone # 919-499-8982

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: - Lot Size: 1.04

State Road # \_\_\_\_\_ State Road Name: 203 Garland Sloan Rd Map Book & Page: - 1 -

Parcel: 130601 0000 PIN: 06001-40-2587.000

Zoning: RA-30 Flood Zone: X Watershed: - Deed Book & Page: 1437, 432 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 28 x 12) # 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 power line - Home will be 25' away

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

**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	<u>35'</u>	<u>127'</u>
Rear	<u>25'</u>	<u>165:72"</u>
Closest Side	<u>10</u>	
Sidestreet/corner lot		
Nearest Building on same lot		

Comments: Leave message w/ enviro about when they are coming.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 421 toward Sanford  
for 10 miles pass Sloan/Patterson intersection for left  
drive way on left left home on left

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.

Patterson  
Signature of Owner or Owner's Agent

10-27-14  
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: Parasuram

APPLICATION #: 40024

**\*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 # 018715-10-27-16 <sup>LB</sup>

**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?

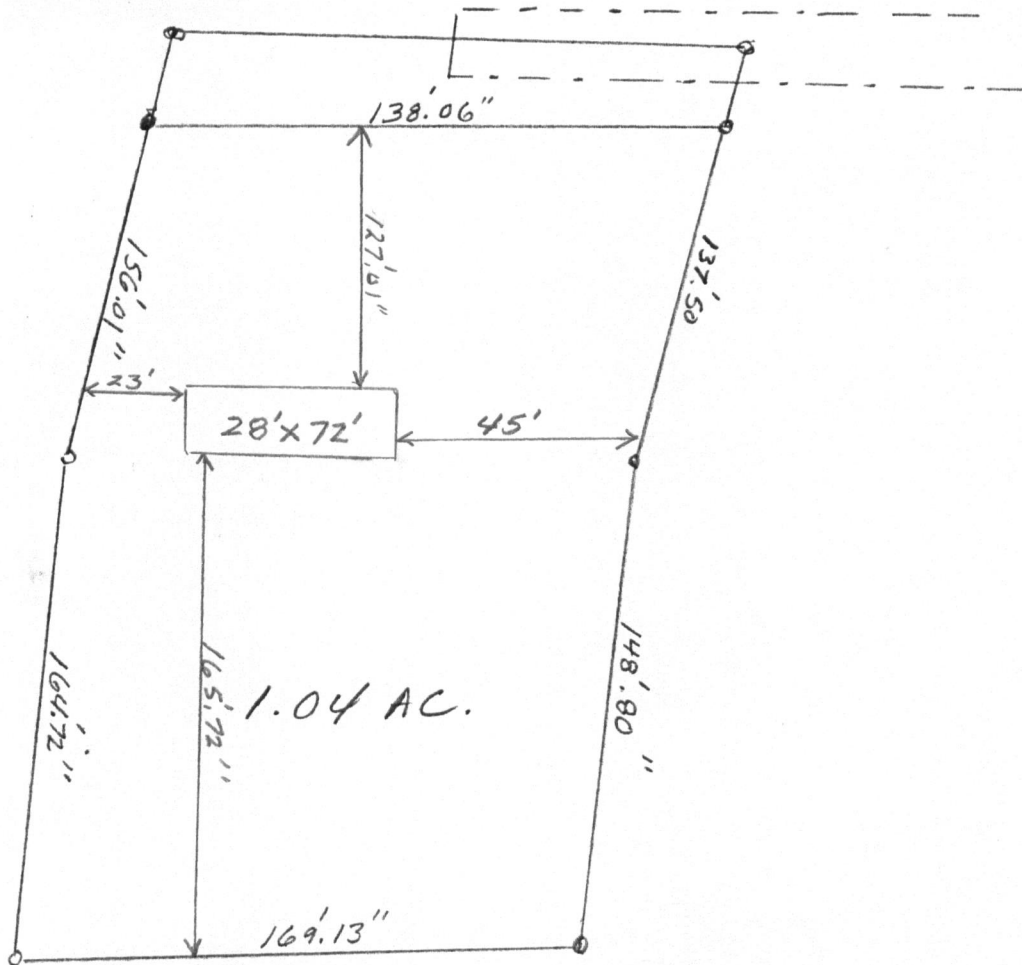
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**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.**

Parasuram  
**PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**

10-27-16  
**DATE**



SITE PLAN

FOR - TORRES

SITE PLAN APPROVAL

DISTRICT RA-30 USE SFD

#BEDROOMS 3

Date 10-27-10

LB  
Zoning Administrator

X Pamela D. Wood

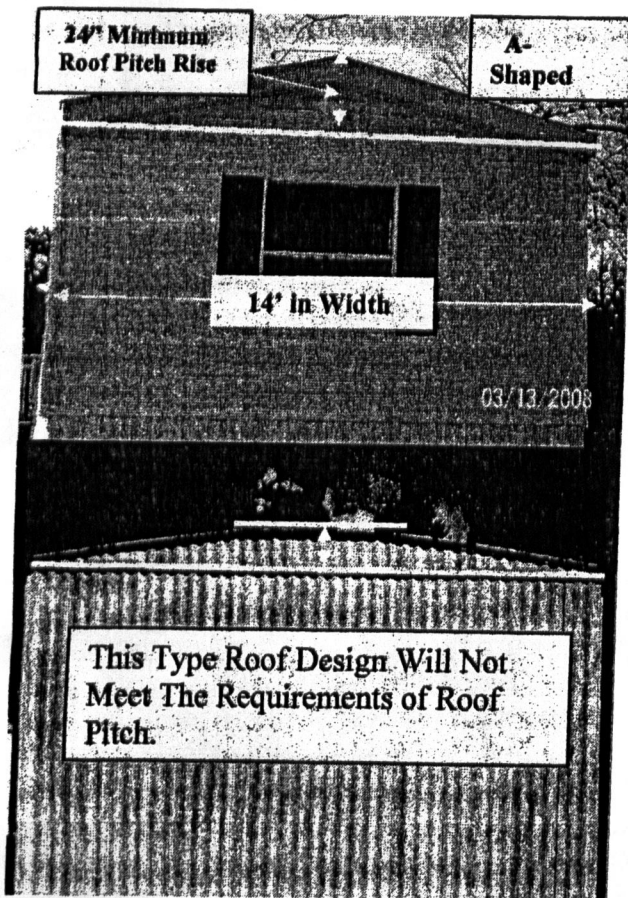


# PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

## Replacement & Removal Criteria

I, Patricia David, do hereby certify the following:  
(Print Name)

1. That I own a tract of land located on SR \_\_\_\_\_ 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 \_\_\_\_\_. (date)
3. That I am replacing an existing **single/double wide** 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.)



Note: Most Rounded Roofs Will Not Meet The Roof Pitch Requirement As Illustrated. The Measurement From The Peak Of The Roof To The Base Line Of The Roof Must Be 12" For Every 7' Of Total Width Of The Home. (14' Wide Home = 24" Roof Rise)

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.
9. Select One of the Following Options Below:
  - a. The current manufactured home will be removed prior to the Zoning Inspection.
  - b. The current manufactured home is scheduled to be removed through Project AMPI
  - c. 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.

Parvinder  
Signature of Property Owner

10-27-14  
Date

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