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Initial Application Date:	1.30.10
Initial Application Datet	

Application #	165004028
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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

108 E. Front Street, Lillington, NC 27546

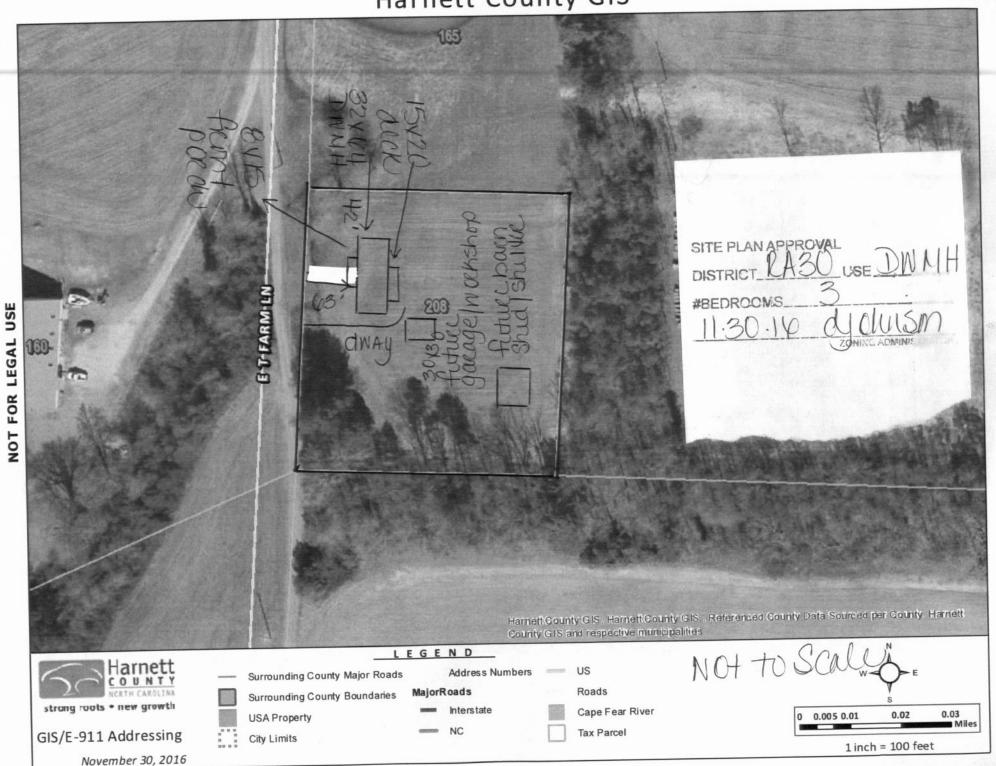
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: AL craven Griffin Jr Mailing Address: 203 Cariffin Rol _____State: NG_Zip: 2754(6) ontact No: 9/9-499-3096 Email: ALG: Hin 3104(0) Gonail-Com AL Craven Griffin Tr Mailing Address: City: _____ State: ___ Zip: ____ Contact No: _ *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE:_ PROPERTY LOCATION: Subdivision: State Road Name: (30) Power Company*: South Rivel from Progress Energy. *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: Monolithic _) # 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 ____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? (_ Manufactured Home: ___SW __DW __TW (Size 32 x 64) # Bedrooms: 3 Garage Duplex: (Size ____x___) No. Buildings: _____No. Bedrooms Per Unit: Home Occupation: # Rooms: _____ Use: ____ Hours of Operation: Closets in addition? (___) yes (____) no Addition/Accessory/Other: (Size ____x___) Use:____ 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 Manufactured Homes: Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Comments:__ Minimum 35 Actual 63 Front Rear Closest Side Sidestreet/corner lot_20 Nearest Building 03/11 Page 1 of 2 Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421N	to Mamers Then left anto
Maniers Koad, go to 5tot sigh and turn vight	tanta ald 1131 next 1-11.
THE CHITTO CHITTIN YOUR TUYN LEFT ON E.T. FAY	min Stay to visht and tra Party
is on left hand side Tust fast fond	, J J J J J J J J J J J J J J J J J J J
	A STATE OF THE STA
The state of the s	- X-200
	Contract the Average
	The state of the s
If permits are granted I agree to conform to all ordinances and laws of the State of Nort I hereby state that foregoing statements are accurate and correct to the best of my known and the state of the best of my known and the state of the best of	th Carolina regulating such work and the specifications of plans submitted. wledge. Permit subject to revocation if false information is provided.
Signature of Owner or Owner's Agent	Date
* * * * * * * * * * * * * * * * * * * *	
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^{***}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: AL Craven Griffin Jr

{_}}YES

APPLICATION #: 1050040281

NAME: AL CIAU	W Oliver St
	This application to be filled out when applying for a septic system inspection.
County Health D	and/or Authorization for Improvement Permit and/or Authorization to Construct
DEDICATE OF AUTHORIZ	ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for entire of months of without explanation
depending upon documenta	tion submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-7525	option 1 CONFIRMATION #
Environmental H	ealth New Septic System Code 800
a All property	from must be made visible. Place "pink property flags" on each corner from or lot. All property
Cara a married lane	alacely flagged approximately every 50 feet between comers.
 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. Environmental Health card in location that is easily viewed from road to assist in locating property.
Place orange	hickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil
audination to l	as performed. Inspectors should be able to walk freely around site. Do not grade property.
All late to be	addressed within 10 husiness days after confirmation, \$25.00 return trip lee may be incurred
for falling to	uncover outlet lid mark house corners and property lines, etc. once lot committee ready.
	aits call the voice permitting eyetem at 410-893-7525 ODUON 1 to Schedule and use code
800 (after sel	ecting notification permit if multiple permits exist) for Environmental Health inspection.
confirmation r	number given at end of recording for proof of request.
 Use Click2Go 	v or IVR to verify results. Once approved, proceed to Central Permitting for permits.
Environmental H	lealth Existing Tank Inspections Code 800
F 11 1	instructions for placing flags and card on property
Decrease for it	reportion by removing soil over outlet end of tank as diagram indicates, and lift ild straight up ("
possible) and	then put lid back in place. (Unless inspection is for a septic tank in a mobile nome park)
 DO NOT LEAN 	VE LIDS OFF OF SEPTIC TANK
 After uncover 	rmits, then use code 800 for Environmental Health inspection. Please note confirmation number
if multiple pe	rmits, then use code 800 for Environmental Floatin inspection.
given at end	of recording for proof of request. ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
OVERNO	
If applying for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
	{} Innovative { \(\subseteq \) Conventional {} Any
{_}} Accepted	
{}} Alternative	{}} Other
The applicant shall not	fy 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 <u>irrigation system</u> now or in the future?
{_}}YES {NO	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 {NO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES {_VNO	Is the site subject to approval by any other Public Agency?
_ YES ()NO	Are there any Easements or Right of Ways on this property?

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.

Does the site contain any existing water, cable, phone or underground electric lines?

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11.28-16 DATE

OB

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30 Criteria Certification

AL Corithin	,	lando	wner/ag	ent of	Parcel	lde	entificatio	n Nur	nber
13.0010.0109 , loca	ted i	n 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:

- The structure must be a multi-section unit built to the HUD code for manufactured homes.
- When located on the site, the longest axis of the unit must be parallel to the lot frontage.
- 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.
- 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 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.
- 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

11-28-16 Date

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

