

Initial Application Date: 12-15-14

2385 Adcock Rd

Application # 1650040395

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: Thomas Wamble Mailing Address: 1616 McKay Town Rd  
City: Cameron State: NC Zip: 28356 Contact No: 910-890-1010 Email: \_\_\_\_\_

APPLICANT: Thomas Wamble Mailing Address: 1616 McKay Town Rd  
City: Cameron State: NC Zip: 28356 Contact No: 910-890-1010 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: ET Womack Phone # 919-77-4379

PROPERTY LOCATION: Subdivision: 2385 Adcock Rd Lot #: \_\_\_\_\_ Lot Size: 46.90

State Road # \_\_\_\_\_ State Road Name: \_\_\_\_\_ Map Book & Page: 2057, 0814

Parcel: 130519 0120 PIN: 0519-57-5101.000 RA-30

Zoning: RA-30 Flood Zone: X Watershed: - Deed Book & Page: 2426 0867 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 60) # 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

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

**Required Residential Property Line Setbacks:**

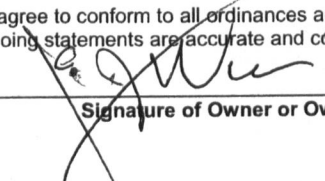
Front Minimum \_\_\_\_\_ Actual 80'  
Rear \_\_\_\_\_ 480'  
Closest Side \_\_\_\_\_ 150'  
Sidestreet/corner lot \_\_\_\_\_  
Nearest Building on same lot \_\_\_\_\_


Comments: \_\_\_\_\_

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take meadow rd pass Spring Hill church  
rd turn left on Adcock rd Lot on  
right.

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.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

 12-15-16  
\_\_\_\_\_  
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 #: 40395

**\*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 # 019627-LB

- 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. 12-15-16
  - 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.**

[Signature]  
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

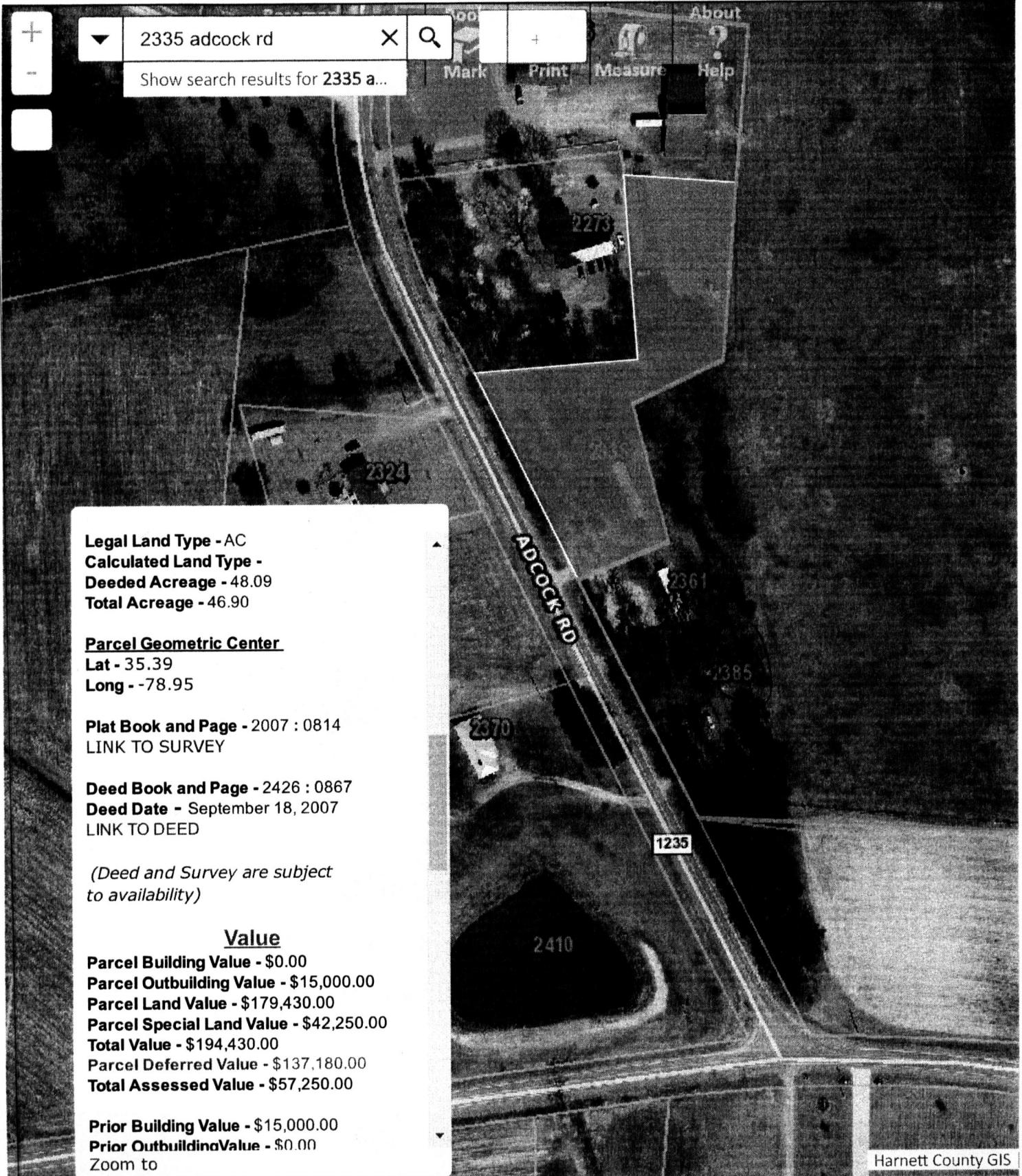
12-15-16  
 DATE





# Harnett County Parcel Viewer

Harnett GIS



2335 adcock rd  
Show search results for 2335 a...

**Legal Land Type** - AC  
**Calculated Land Type** -  
**Deeded Acreage** - 48.09  
**Total Acreage** - 46.90

**Parcel Geometric Center**  
**Lat** - 35.39  
**Long** - -78.95

**Plat Book and Page** - 2007 : 0814  
[LINK TO SURVEY](#)

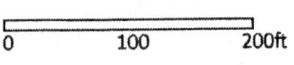
**Deed Book and Page** - 2426 : 0867  
**Deed Date** - September 18, 2007  
[LINK TO DEED](#)

*(Deed and Survey are subject to availability)*

**Value**

**Parcel Building Value** - \$0.00  
**Parcel Outbuilding Value** - \$15,000.00  
**Parcel Land Value** - \$179,430.00  
**Parcel Special Land Value** - \$42,250.00  
**Total Value** - \$194,430.00  
**Parcel Deferred Value** - \$137,180.00  
**Total Assessed Value** - \$57,250.00

**Prior Building Value** - \$15,000.00  
**Prior Outbuilding Value** - \$0.00  
 Zoom to



35.386 -78.948 Degrees

Application # 16-50040395

**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: Thomas Wamble Address: 1616 McKay town Rd  
City: Cameron State: NC Zip: 28326 Daytime Phone: ( 910-890-1010 )

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

Name: Same Address: \_\_\_\_\_  
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: Raven Rock mtl movers  
Phone: 919-775-3600 Address: 3335 NC Hwy 87 S  
City: Sanford State: NC Zip: 27332  
State Lic# 3400 Email: NTA
- B. **Electrical Contractor** Company Name: Wicker Electric Inc  
Phone: 919-770-0476 Address: 454 Womack Lake Cir  
City: Sanford State: NC Zip: 27336  
State Lic# 10908 Email: NTA
- C. **Mechanical Contractor** Company Name: Tin Shop  
Phone: 919-708-8340 Address: 3489 Edwards Rd  
City: Sanford State: NC Zip: 27332  
State Lic# 22513 Email: NTA
- D. **Plumbing Contractor** Company Name: Raven Rock mtl movers  
Phone: 919-775-3600 Address: 3335 NC Hwy 87 S  
City: Sanford State: NC Zip: 27332  
State Lic# 3400 Email: NTA

**Part III - Manufactured Home Information**

Model Year: 2006 Size: 24 x 60 **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.

[Signature]  
Signature of Home Owner or Agent

11/5/17  
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.

# STATE OF NORTH CAROLINA

MVR 191 (Rev 05/07)

## CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER <b>NH011660LR</b>	YEAR MODEL <b>2006</b>	MAKE <b>HORT</b>	BODY STYLE <b>MH</b>
TITLE NUMBER <b>771241102860155</b>		TITLE ISSUE DATE <b>11/19/2010</b>	PREVIOUS TITLE NUMBER <b>774929053322909</b>

MAIL TO

JOSEPH WELDON WILKINS  
2563 OAK GROVE CHURCH RD  
ANGIER NC 27501-7757

ODOMETER READING
ODOMETER STATUS
TITLE BRANDS

### OWNER(S) NAME AND ADDRESS

JOSEPH WELDON WILKINS  
JOSEPH ASHLEY WILKINS  
2563 OAK GROVE CHURCH RD  
ANGIER NC 27501-7757



The Commissioner of Motor Vehicles of the State of North Carolina hereby certifies that an application for a certificate of title for the herein described vehicle has been filed pursuant to the General Statutes of North Carolina and based on that application, the Division of Motor Vehicles is satisfied that the applicant is the lawful owner. Official records of the Division of Motor Vehicles reflect vehicle is subject to the liens, if any, herein enumerated at the date of issuance of this certificate.

As WITNESS, his hand and seal of this Division of the day and year appearing in this certificate as the title issue date.

*Richard D. Robertson*  
COMMISSIONER OF MOTOR VEHICLES



FIRST LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SECOND LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

THIRD LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

FOURTH LIENHOLDER: DATE OF LIEN

LIEN RELEASED BY:  
SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL LIENS

**83806776**

905 T1M086X

ANY ALTERATIONS OR ERASURES VOID TITLE

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

**A FIRST RE-ASSIGNMENT OF TITLE BY REGISTERED OWNER**

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: Cape Fear Leasing, LLC  
 Address of Buyer: 6755 McDougald Road, Lillington NC 27546

"I, seller(s) certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked"

1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage.

**WARNING - ODOMETER DISCREPANCY**

To my knowledge the vehicle described herein:

Yes  No  Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.  
 Yes  No  Has been a flood vehicle.  
 Yes  No  Has been a reconstructed or a salvage vehicle.

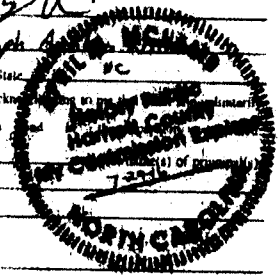
Date vehicle delivered to purchaser: \_\_\_\_\_

Seller(s) Signature: Joseph Wilkins  
 Seller(s) Hand Printed Name: Joseph Wilkins  
 Date: 3-7-16 County: Harnett State: NC

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

Joseph Wilkins Joseph Ashley Wilkins  
 Notary Public Signature: April M McLamb  
 Notary's Printed or Typed Name: April M McLamb  
 My Commission expires: 7-29-16

Buyer(s) Signature: Vernon C. Cox  
 Buyer(s) Hand Printed Name: Vernon C. Cox, manager of Cape Fear Leasing LLC



**B FIRST RE-ASSIGNMENT OF TITLE BY DEALER**

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address:

Name of Buyer: \_\_\_\_\_  
 Address of Buyer: \_\_\_\_\_

"I, seller(s) certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked"

1. The mileage stated is in excess of its mechanical limits.  
 2. The odometer reading is not the actual mileage.

**WARNING - ODOMETER DISCREPANCY**

To my knowledge the vehicle described herein:

Yes  No  Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market value.  
 Yes  No  Has been a flood vehicle.  
 Yes  No  Has been a reconstructed or a salvage vehicle.

Date vehicle delivered to purchaser: \_\_\_\_\_

Dealer(s) Name: \_\_\_\_\_ Dealer #: \_\_\_\_\_  
 Dealer(s) Signature: \_\_\_\_\_  
 Dealer(s) Hand Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

Notary Public Signature: \_\_\_\_\_  
 Notary's Printed or Typed Name: \_\_\_\_\_  
 My Commission expires: \_\_\_\_\_ (SEAL)

Buyer(s) Signature: \_\_\_\_\_  
 Buyer(s) Hand Printed Name: \_\_\_\_\_

**C PURCHASER'S APPLICATION FOR NEW CERTIFICATE OF TITLE**

The undersigned purchaser of the vehicle described on the face of this certificate, hereby makes application for a new certificate of title and certifies that said vehicle is subject to the following named liens and none other and that the information contained herein is true and accurate to my best knowledge and belief.

OWNER(S)  
 Owner 1 DL# Cape Fear Leasing, LLC  
 Full Legal name of Owner (First, Middle, Last, Suffix) or Company

Owner 2 DL# \_\_\_\_\_  
 Full Legal name of Owner (First, Middle, Last, Suffix) or Company

Residence Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax County: \_\_\_\_\_

Mail Address (if different from above): 6755 McDougald Road, Lillington NC 27546

<p><b>FIRST LIEN</b></p> <p>Date of Lien: _____ Account #: _____ Lienholder ID: _____                  Lienholder Name: _____                  Address: _____                  City: _____ State: _____ Zip Code: _____</p>	<p><b>SECOND LIEN</b></p> <p>Date of Lien: _____ Account #: _____ Lienholder ID: _____                  Lienholder Name: _____                  Address: _____                  City: _____ State: _____ Zip Code: _____</p>
---	--

I certify for the motor vehicle described herein that I have financial responsibility as required by law.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Authorized in NC: \_\_\_\_\_

Signature of Owner(s): Vernon C. Cox - Manager  
 Date: 3-17-16 County: Harnett State: NC

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

Vernon C. Cox, manager of Cape Fear Leasing LLC  
 Notary Public Signature: April M McLamb  
 Notary's Printed or Typed Name: April M McLamb  
 My Commission expires: 7-29-16

**ODOMETER READING**

Notary Public Seal for April M. McLamb, Harnett County, North Carolina, Commission Expires 7-29-16.

NOTE: RETAIL PURCHASER MUST APPLY FOR NEW TITLE WITHIN 28 DAYS AFTER PURCHASE OR PAY STATUTORY PENALTY. ALTERNATIVES OR FRANCHISES WILL VOID THIS TITLE.



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 . . . . .	16-50040395	Date	1/05/17
Property Address . . . . .	2385 ADCOCK RD		
PARCEL NUMBER . . . . .	13-0519- - -0120- - -		
Application type description	CP MANUFACTURED HOME	RA 30	CRITERIA
Subdivision Name . . . . .	HUGH MICHAEL RAY		
Property Zoning . . . . .	PENDING		

Owner  
-----  
WOMBLE THOMAS H & DIANE T  
1616 MCKOYTOWN ROAD  
CAMERON NC 28326

Contractor  
-----  
RAVEN ROCK MOBILE HOME MOVER  
3335 NC 87 HWY.  
SANFORD NC 27332  
(919) 775-3600

Applicant

-----  
EJ WOMACK

(919) 777-4379

--- Structure Information 000 000 2385 ADCOCK RD  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
MOBILE HOME YEAR 2006.00  
PROPOSED USE SFD  
SEPTIC - EXISTING? EXIST  
WATER SUPPLY COUNTY

-----

Permit . . . . .	MANUFACTURED HOME PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1173673		
Issue Date . . . . .	1/05/17	Valuation . . . . .	0
Expiration Date . . . . .	1/05/18		

-----

Permit . . . . .	LAND USE PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1173681		
Issue Date . . . . .	1/05/17	Valuation . . . . .	0
Expiration Date . . . . .	7/04/17		

-----  
Special Notes and Comments

T/S: 12/15/2016 12:30 PM LBENNETT --  
2385 ADCOCK RD

-----  
-----

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 . . . . .	16-50040395	Page	2
Property Address . . . . .	2385 ADCOCK RD	Date	1/05/17
PARCEL NUMBER . . . . .	13-0519- - -0120- - -		
Application description . . .	CP MANUFACTURED HOME	RA 30	CRITERIA
Subdivision Name . . . . .	HUGH MICHAEL RAY		
Property Zoning . . . . .	PENDING		

Required Inspections

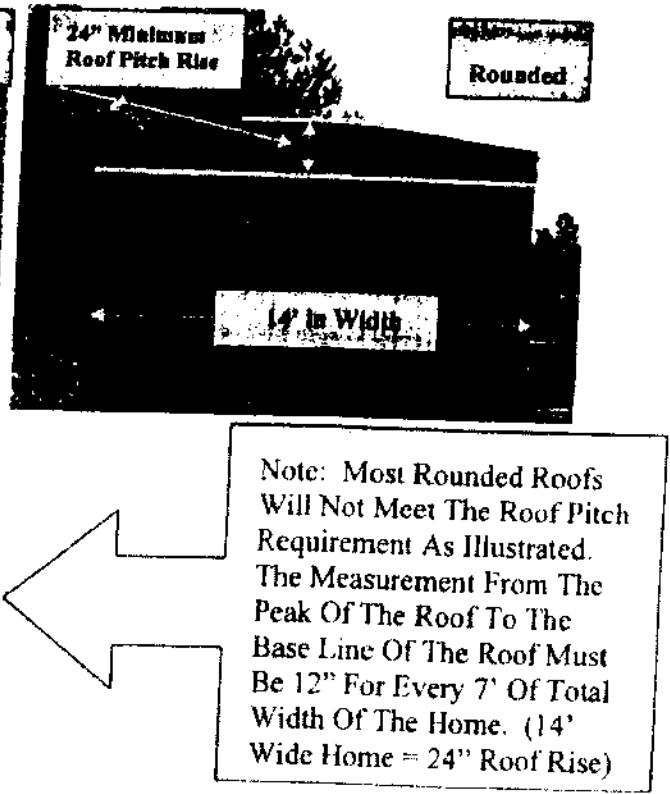
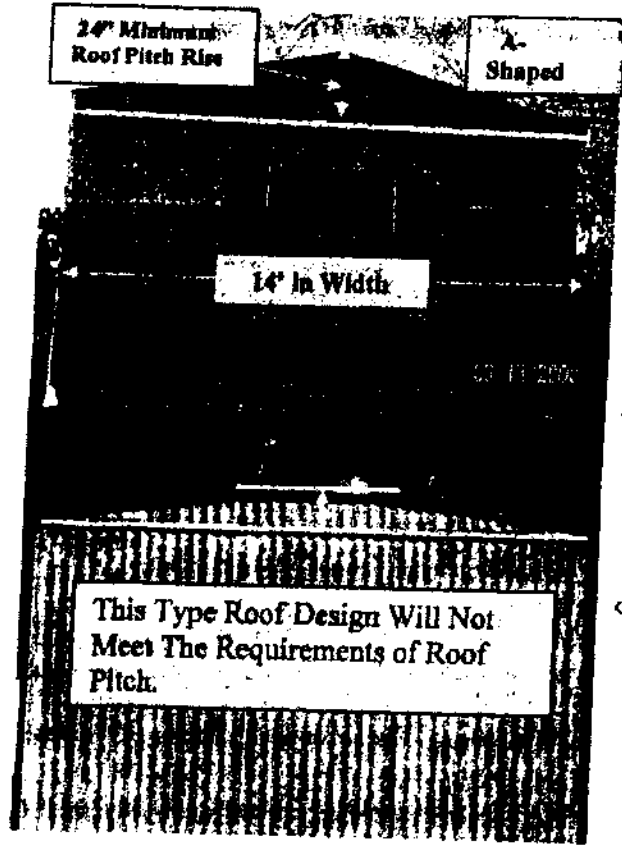
Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . MANUFACTURED HOME PERMIT					
10	501	T501	R*MOBILE HOME FOUND./ M. WALL	_____	___/___/___
20	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
20	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
30	507	T507	R*MANUFACTURED HOME FINAL	_____	___/___/___

# PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

## Replacement & Removal Criteria

I, Thomas Wamble do hereby certify the following:  
(Print Name)

1. That I own a tract of land located on SR Adcock Rd 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 11/1/16 (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 1 residence(s) on this single tract of land, and;
5. That there will be 1 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.)

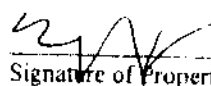


7. The home must be underpinned, the underpinning must be designed for manufactured homes & installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked-on finish of uniform 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.
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.

  
Signature of Property Owner

10/15/14  
Date

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



# MOBILE HOME MOVING PERMIT

COUNTY OF Harnett  
STATE OF NORTH CAROLINA

*moving  
for old home*

PERMIT NUMBER 1912

Date 10/1/2016

Permission is granted to:

Brian Thomas 941 McArthur Rd Broadway NC 27505  
Owner Address

Country Fair Homes 3335 NC 87 S Sanford NC 27332  
Carrier Address

to move the following mobile home:

1998 Bedman 14 x 76 13841342  
Make Model Size Serial Number

From: 2385 Adcock Rd Lillington NC 27546 PID 1305190120  
Address PID 1305390102

to: 17 Jockamau Ln Broadway NC 27505  
Address

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 its transportation.

Curtis Thomas  
County-City Tax Collector

THIS PERMIT VALID FOR THIS MOVE ONLY.

Moved

2385 Adcock Rd to

17-Joekaman LN ON 10-21-16

TEL 910-893-7520  
FAX 910-893-3801



**Harnett  
COUNTY**

**Harnett County  
Tax Administration**



**Property Tax Collection**

305 W Cornelius Harnett Blvd, Ste. 101  
Littlington, NC 27546  
www.harnett.org/tax



000225465920162016000000

THOMAS, BRIAN WESLEY  
841 MCARTHUR RD  
BROADWAY NORTH CAROLINA 27505-8590

Got Moving Permission

TRANSACTION # 2934814  
10/07/2016 09:05:59 AM By KBAKER

Amount Tendered \$81.57

Mode CHECK

Check#: 3273

Paid by: THOMAS, BRIAN WESLEY

BRI Number	Abstract Number	Tax Year/Year For	Bill Type	BRI Date	Due Date	Interest Begin Date
0002254659-2016-2016-0000-00	0002254659	2016 / 2016	REGULAR	8/6/2016	9/1/2016	1/8/2017

Description of Items Billable to Tax		
Legal Description	1998 REDMAN 14X76	
Property Location	2385 ADCOCK RD COATS NC 27521	
Parcel ID		Personal ID
Real Value	0	Personal Value
Deferred Value	0	Use Value
Total Taxable Value	9044	Tax Year
		2016
		Acres
		Exemption
		Excluded Value
		Year For
		2016

Supposed to be Litter for NC

Line Items that add up to the bill due amount			
Description	Rates/Fees	Amount Billed	Amount Paid
HARNETT COUNTY TAX	0.7500	67.83	67.83
BOONE TRAIL EMER TAX	0.0700	6.33	6.33
HARNETT COUNTY LATE LIST PENALTY	10.0000	6.78	6.78
BOONE TRAIL EMER LATE LIST PENALTY	10.0000	0.63	0.63
Interest		0.00	0.00
Total		81.57	81.57

Bill Status: PAID

Principal Due	0.00
Interest Due	0.00
Collection Fees & Expense	0.0000
<b>Total Due</b>	<b>0.00</b>