

Initial Application Date: 3/31/17

Application # 17-50041069

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: Aaron Lewis Stone Mailing Address: 11691 Adams Road

City: Lillington State: NC Zip: 27546 Contact No: 910-891-9875 Email: AWL-weldere@car.com

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: 1.106

State Road # 2017 State Road Name: Adams Road Map Book & Page: 920 2017/84

Parcel # 0100569005801 PIN 0100569-61-8204.000

Zoning: RA30 Flood Zone: X Watershed: N/A Deed Book & Page: 3492 791 Power Company\*: South River

\*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 28' x 52') # 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: 1 Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum 35' Actual 95'

Rear 25' 132'

Closest Side 10' 32'

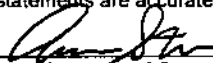
Sidestreet/corner lot \_\_\_\_\_

Nearest Building on same lot \_\_\_\_\_

Comments: Proposed Duplex

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Start on Main Street going South  
turn left onto E McNeil Street, turn right onto Adams Rd,  
1434 Adams Rd is last lot on the 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

3/30/17  
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\*\***

PC 2,SL 172

MARLENE COLVILLE  
DB:946,PG:408  
PC 2,SL 172

RICKY STONE  
DB:1278,PG:610

CECIL MCKENZIE  
DB:1078,PG:809

AARON LEWIS STONE  
DB:3471,PG:541  
PIN 0569-51-8264.000  
PID 100569 0058 01

A PORTI  
DB:3475,F  
MAP NO. 2005  
PIN 0569-  
PID 100

EIS (TIE LINE) 83.58'  
S 76°20'51"E  
EIP  
(TIE LINE) 84.13'  
S 76°03'18"E

10' EASEMENT MAP PC F,SL 310-D

0.721 AC.  
0.385 AC.  
**1.106 AC.TOTAL**  
- 0.08 AC.R/W  
**1.026 AC.NET**

R LEWIS STONE JR.

DB:3475,PG:712

2009-148 TRACT II

SITE PLAN APPROVAL

DISTRICT RABO USE dwelt

#BEDROOMS 3

Date 3/31/17 Zoning Administrator [Signature]

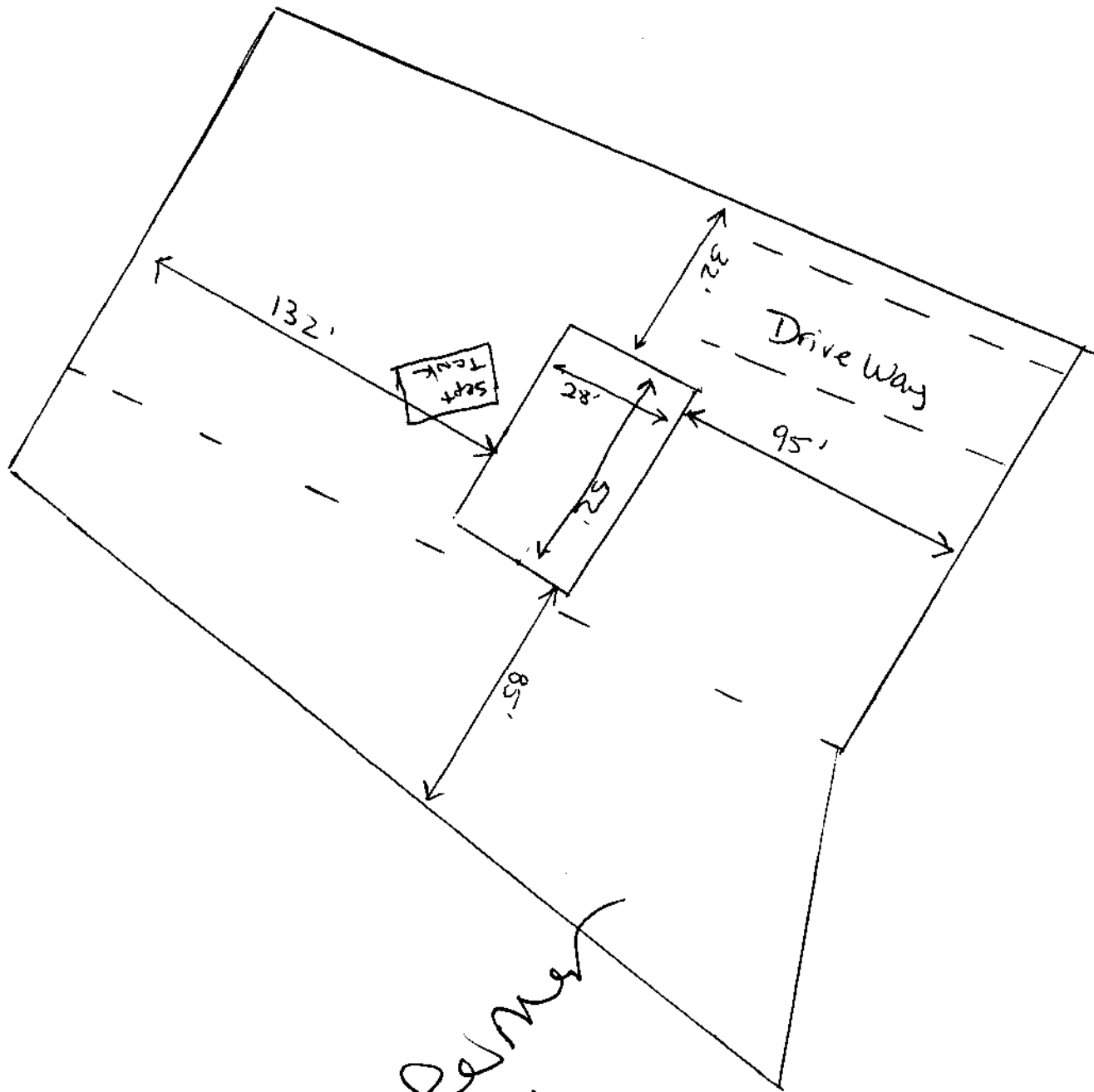
LOT RECOMBINATION

SURVEY FOR:

**AARON LEWIS STONE**



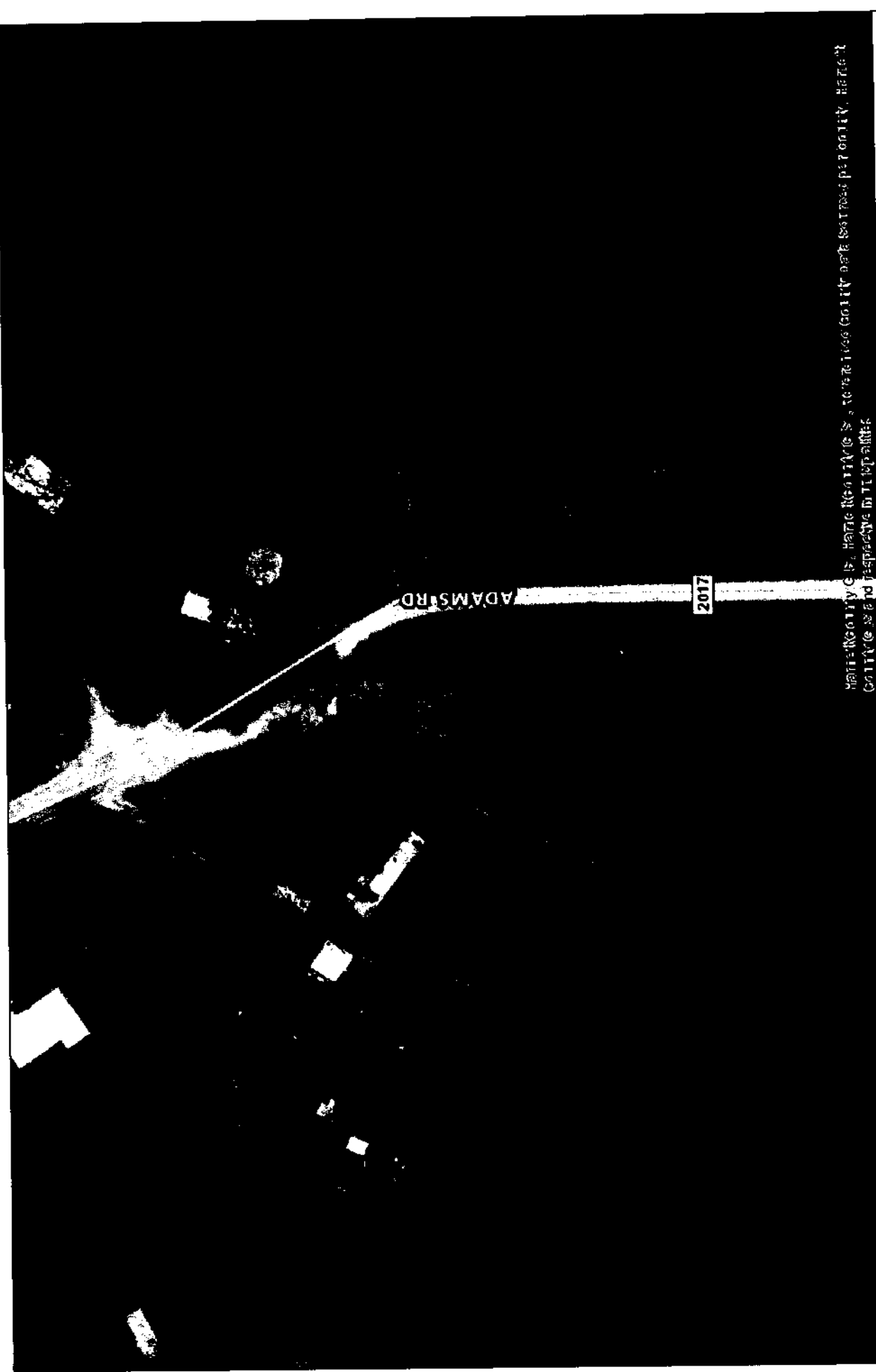
MUNICIPALITY OF WASHINGTON COUNTY



Robert  
Coyd

# Harnett County GIS

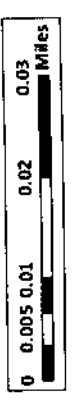
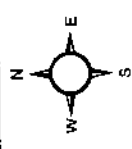
NOT FOR LEGAL USE



HARNETT COUNTY GIS, HARNETT COUNTY, NC, IS A SERVICE OF THE HARNETT COUNTY GIS DEPARTMENT. HARNETT COUNTY, NC, IS A SERVICE OF THE HARNETT COUNTY GIS DEPARTMENT.

## LEGEND

- Surrounding County Major Roads
- Surrounding County Boundaries
- USA Property
- City Limits
- Address Numbers
- Airport
- Major Roads
- Interstate
- NC
- US
- Roads
- Railroad
- Cape Fear River
- Tax Parcel



1 inch = 100 feet



GIS/E-911 Addressing

February 14, 2017

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30 Criteria Certification

I, Araceli Stone, landowner/agent of Parcel Identification Number 0100510900580, 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.

Araceli Stone  
\*Signature of Landowner/Agent

3/31/17  
Date

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



**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: Aaron Stone Address: 1691 Adams Rd  
City: Lillington State: NC Zip: 27546 Daytime Phone: (910) 891 9875

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

Name: \_\_\_\_\_ 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 Manufacture Mover  
Phone: \_\_\_\_\_ Address: 3535 NC 87 HWY  
City: Seaford State: NC Zip: 27332  
State Lic# 3400 Email: \_\_\_\_\_
- B. **Electrical Contractor** Company Name: Anytime Electric  
Phone: \_\_\_\_\_ Address: 315 NEMAS LAKE  
City: \_\_\_\_\_ State: N.C Zip: 27546  
State Lic# 5594-L Email: \_\_\_\_\_
- C. **Mechanical Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# OWNED Email: \_\_\_\_\_
- D. **Plumbing Contractor** Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Lic# OWNED Email: \_\_\_\_\_

**Part III - Manufactured Home Information**

Model Year: 1997 Size: 28 x 52 **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

4/12/17  
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.



JOSEPH R. UTLEY, JR.  
Tax Administrator



AMY B. KINLAW  
Chief of Assessment and Collections

TAMI K. BOTELLO  
Chief of Real Estate and Mapping

**OFFICE OF THE TAX ADMINISTRATOR**

Courthouse • 5<sup>th</sup> Floor - Suite 530 • P.O. Box 449 • Fayetteville, North Carolina 28302-0449  
(910) 678-7507 • Fax: (910) 678-7588

**M O B I L E   H O M E   M O V I N G   P E R M I T**

Date: April 11, 2017

Current Listing Owner: ROSE, VIRGINIA H

County of Cumberland  
State of North Carolina

Permit No.: R-25  
Agent: Toni Gotshall

**Permission is granted to the following person(s) to move the mobile home identified below.**

Name: AARON STONE Phone: (910) 891-9875

Address: 1434 ADAMS RD LILLINGTON NC 27546

Are you the current owner of the mobile home? Yes  No  Purchase Date: 3/31/17

**Mobile Home Carrier**

Name/Company: E J MOBILE HOME MOVERS

Address: 3335 HWY 87 S SANFORD NC 27332

**Property Description**

| Manufacturer | Year | Size  | VIN            |
|--------------|------|-------|----------------|
| OAK          | 1997 | 28X52 | HONC01132099AB |

Current Location: 2814 CHINABERRY DR FAYETTEVILLE NC 28306

Location Moving To: 1434 ADAMS RD LILLINGTON NC 27546

County: HARNETT

This permit is issued in accordance with the provisions of North Carolina General Statute §105-316.1 through §105-316.8.

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

PERMIT VALID FOR THIS MOVE ONLY!

Joseph R. Utley, Jr.  
Cumberland County Tax Administrator

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.

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Application Number . . . . . 17-50041069 Date 4/12/17  
Property Address . . . . . 1434 ADAMS RD  
PARCEL NUMBER . . . . . 10-0569- - -0058- -01-  
Application type description CP MANUFACTURED HOME RA 30 CRITERIA  
Subdivision Name . . . . . J G LAYTON  
Property Zoning . . . . . PENDING

Owner

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STONE AARON LEWIS  
1691 ADAMS RD  
LILLINGTON NC 27546

Contractor

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

Applicant

-----

STONE AARON LEWIS  
1691 ADAMS ROAD  
LILLINGTON NC 27546  
(910) 891-9875

--- Structure Information 000 000 28X52 3 BDRM DWMH  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . # BEDROOMS 3.00  
MOBILE HOME YEAR 1997.00  
PROPOSED USE DWMH  
SEPTIC - EXISTING? EXISTING  
WATER SUPPLY UNKNOWN

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Permit . . . . . MANUFACTURED HOME PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1186964  
Issue Date . . . . . 4/12/17 Valuation . . . . . 0  
Expiration Date . . . . . 4/12/18

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Permit . . . . . LAND USE PERMIT  
Additional desc . . . . .  
Phone Access Code . . . . . 1186949  
Issue Date . . . . . 4/12/17 Valuation . . . . . 0  
Expiration Date . . . . . 10/09/17

Special Notes and Comments

T/S: 03/31/2017 11:35 AM BPETRICH --  
401 S - LEFT ONTO E MCNEIL STREET -  
RIGHT ONTO ADAMS ROAD - 1434 ADAMS ROAD  
IS LAST LOT ON THE RIGHT

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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.

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|                               |                        |       |          |
|-------------------------------|------------------------|-------|----------|
| Application Number . . . . .  | 17-50041069            | Page  | 2        |
| Property Address . . . . .    | 1434 ADAMS RD          | Date  | 4/12/17  |
| PARCEL NUMBER . . . . .       | 10-0569- - -0058- -01- |       |          |
| Application description . . . | CP MANUFACTURED HOME   | RA 30 | CRITERIA |
| Subdivision Name . . . . .    | J G LAYTON             |       |          |
| Property Zoning . . . . .     | PENDING                |       |          |

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Required Inspections

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