Initial Application Date:_	11	/a	12617
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Application # _	1750042	738
	CU#	

**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

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* Mailing Address: 366 **LANDOWNER** Czip: 27546 Contact No: 919-915-2525 mail: Markum: 5 Ro Laun at AsL. On Same APPLICANT\*: Mailing Address: Contact No: City: State: \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: Ruad MAME State Road Name: \_\_ Deed Book & Page: 3530 / 33\ Watershed: No \*New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: Monolithic SFD: (Size \_\_\_\_x\_\_\_) # 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  $28 \times 10$ ) # Bedrooms 3 # Bath 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 rW (Size & x 70) # Bedrooms: 3 Garage: (site built? ) Deck: (site built? ) 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: \_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_\_) \*Must have operable water before final Sewage Supply: V 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): Ingle family dwellings:\_\_ Manufactured Homes: Comments:\_ Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/corner los **Nearest Building** on same lot

Residential Land Use Application

PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:					-	
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permits are granted I agree to conform to all ordinances and laws of the ereby state that foregoing statements are accurate and correct to the be	State of North	Carolina reg edge. Perm	gulating such work	and the speci ation if false in	fications of plans formation is prov	submit ided.
Signature of Owner or Owner's Agent		- / - ( )	Date	<del></del> ' /		
to: boundary information, house location, underground or everh- to: boundary information, house location, underground or everh incorrect or missing information t	ead easemen	s, etc. The	county or its emp	lovees are no	, including but n ot responsible fo	ot limit or any

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

	11772
NAME:	:APPLICATION #:
÷	*This application to be filled out when applying for a septic system inspection.*
Con	inty Health Department Application for Improvement Permit and/or Authorization to Construct
IF THE I	NFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
DEDMIT	OP AUTHORIZATION TO CONSTRUCT SHALL RECOME INVALID. The permit is valid for either 60 months or without expiration
dependin	g upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1  CONFIRMATION #
	910-893-7525 option 1 CONFIRMATION # ( ) ( ) ( ) ( ) ( ) ( )
<u>En</u>	vironmental Health New Septic System Code 800 SUSAN ) 1/9(117
•	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.
<u>En</u>	vironmental 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 (in
	possible) and then <b>put lid back in place</b> . (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 apply	ring for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} A	Accepted $\{\underline{\hspace{0.2cm}}\}$ Innovative $\{\underline{\hspace{0.2cm}}'\}$ Conventional $\{\underline{\hspace{0.2cm}}\}$ Any
{ } A	Alternative { } Other

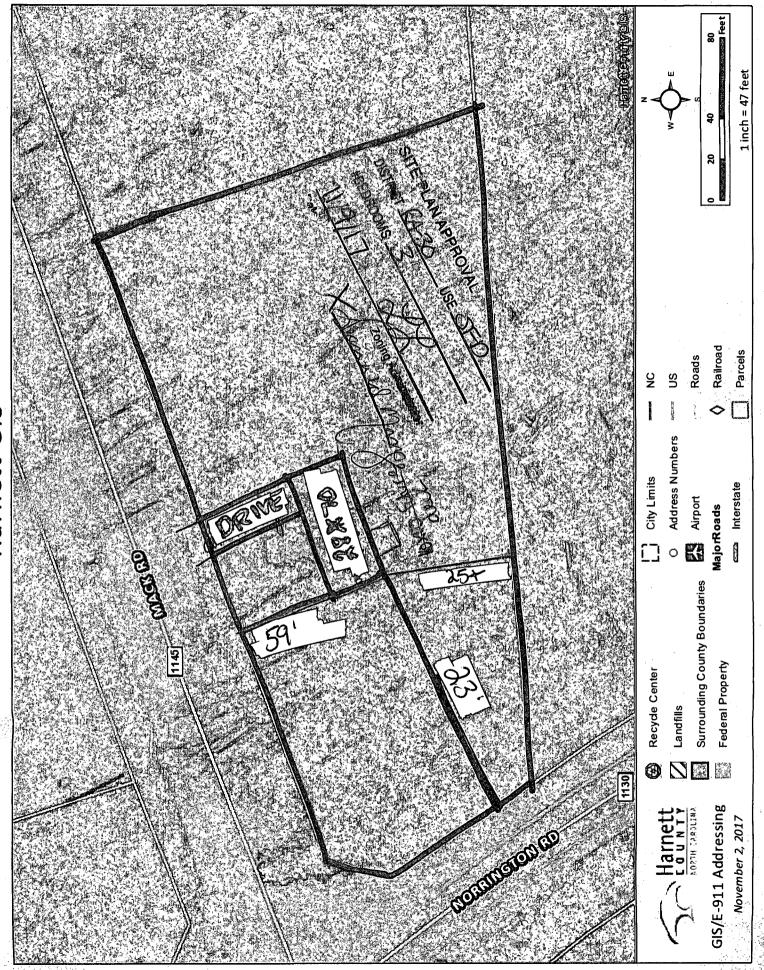
If applying f	or authorization	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	pted	$\{\_\}$ Innovative $\{\checkmark\}$ Conventional $\{\_\}$ Any
{}} Alter	native	{}} Other
The applican question. If	nt shall notify the answer is	the local health department upon submittal of this application if any of the following apply to the property ir "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{T} NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{_LL/NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	(T) NO	Does or will the building contain any drains? Please explain.
{}}YES	NO NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	INO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES	ONIVE	Is the site subject to approval by any other Public Agency?
{}}YES	{ <b>T</b> NO	Are there any Easements or Right of Ways on this property?
{}}YES	NO (V_)	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 Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And

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 DEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11 2 2017 DATE



**BEU JADEL BOT TON** 

## PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

## **RA-30 Criteria Certification**

•	
l,	, landowner/agent of Parcel Identification Number
	, located in an RA-30 Zoning District, do hereby certify th
follov	wing:
The verif	multi-section manufactured home shall meet the following appearance standards ied 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 longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis of the unit must be parallel to the longest axis.
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.
<b>7.</b>	The tongue or towing device must be removed.
seven to pla Occup	ining this form, I acknowledge that I understand and agree to comply with each of the (7) appearance criteria listed above for the multi-section manufactured home I propose ce on the above referenced property. I further acknowledge that a Certificate of eancy (CO) entitling me to apply for electric service will not be issued until each rance criteria has been met and approved.

\*Signature of Landowner/Agent Date

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

## HARNETT COUNTY CASH RECEIPTS \*\*\* CUSTOMER RECEIPT \*\*\* LUCOS Type: CP Draw

Oper: LLUCAS Type: CP Drawer: 1 Date: 11/09/17 53 Receipt no: 146025

Year Number Amount 2017 56042738 91750 TECH 3 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES \$750.00

DUNALD MANGUM

Tender detail
CP CREDIT CARD \$750.00
Total tendered \$750.00
Total payment \$750.00

Trans date: 11/09/17. Time: 14:44:23

\*\* THANK YOU FOR YOUR PAYMENT \*\*

HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPTS

\*\*\* CUSTOMER RECEIPTS

\*\*\* Type: CP Drawer: 1
Date: 11/09/17 53 Receipt no: 146865.

\*\*Year Number Amount
2017 56046733

\*\*21/20 TECH 3
LIELINGTON; NC 2/546
LIELINGTON; NC 2/546
\*\*24 BP - ENV HEAL (H FEES

 DUNALD MANGUM

 Tender detail
 \$750.00

 CP CKENI CARD
 \$750.00

 Yotal cendered
 \$750.00

Trans date: 11/09/12 Time: 14:44:23

MEDER, EN

\*\* THRIK YOU LOK YOUR PAYMENT \*\*

Total payment