

Initial Application Date: 4/4/18

Application # 18-50043720

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: JONATHAN WEAVER Mailing Address: 35 BIRCH GROVE LANE

City: COATS State: NC Zip: 27521 Home #: (919) 902-3693 Contact #: _____

APPLICANT: MARK CRAFT Mailing Address: 2117 HWY 70 EAST

City: GARDEW State: NC Zip: 27529 Home #: (919) 772-2220 Contact #: (919) 902-0351

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone #: _____

PROPERTY LOCATION: Subdivision w/phase or section: _____ Lot #: 1 Lot Acreage: 2.20

State Road #: 1006 State Road Name: Old Stage Rd N. Map Book&Page: 6151 -

Parcel: 070692-0114 02 PIN: 0692-10-0222.000

Zoning: PA-30 Flood Zone: X Watershed: IV Deed Book&Page: 3587.234 Power Company*: _____

*New homes with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

PROPOSED USE:

SED (Size 14 x 28) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage _____ Deck (2) (4x5) Crawl Space / Slab _____
(Is the bonus room finished? _____ w/ a closet _____ if so add in with # bedrooms)

Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF _____
(Is the second floor finished? _____ Any other site built additions? _____)

Manufactured Home: (SW) DW TW (Size 14 x 28) # Bedrooms 3 Garage (site built? _____) Deck _____ (site built? _____)

Duplex (Size _____ x _____) No. Buildings _____ No. Bedrooms/Unit _____

Home Occupation # Rooms 8 Use _____ Hours of Operation: _____ #Employees _____

Addition/Accessory/Other (Size _____ x _____) Use _____ Closets in addition ()yes ()no

Water Supply: County () Well (No. dwellings _____) **MUST** have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) () Existing Septic Tank (Complete Checklist) () County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES NO

Structures (existing & proposed): Stick Built/Modular _____ Manufactured Homes 1 Other (specify) _____

Required Residential Property Line Setbacks:

Front Minimum 35' Actual: 250'
Rear 25' 25'+
Closest Side 10' 11'

Comments:

Future 40x40 storage building and 24x24 garage are shown on site plan.

Sidestreet/corner lot _____

Nearest Building _____ on same lot _____

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.

Mark Craft

4-4-18

Signature of Owner or Owner's Agent

Date

****This application expires 6 months from the initial date if no permits have been issued****

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

NAME: _____

APPLICATION #: 18-50043720

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 # (R) 4/5/18 027102

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.

Mark Cede
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5 APR 2018
DATE

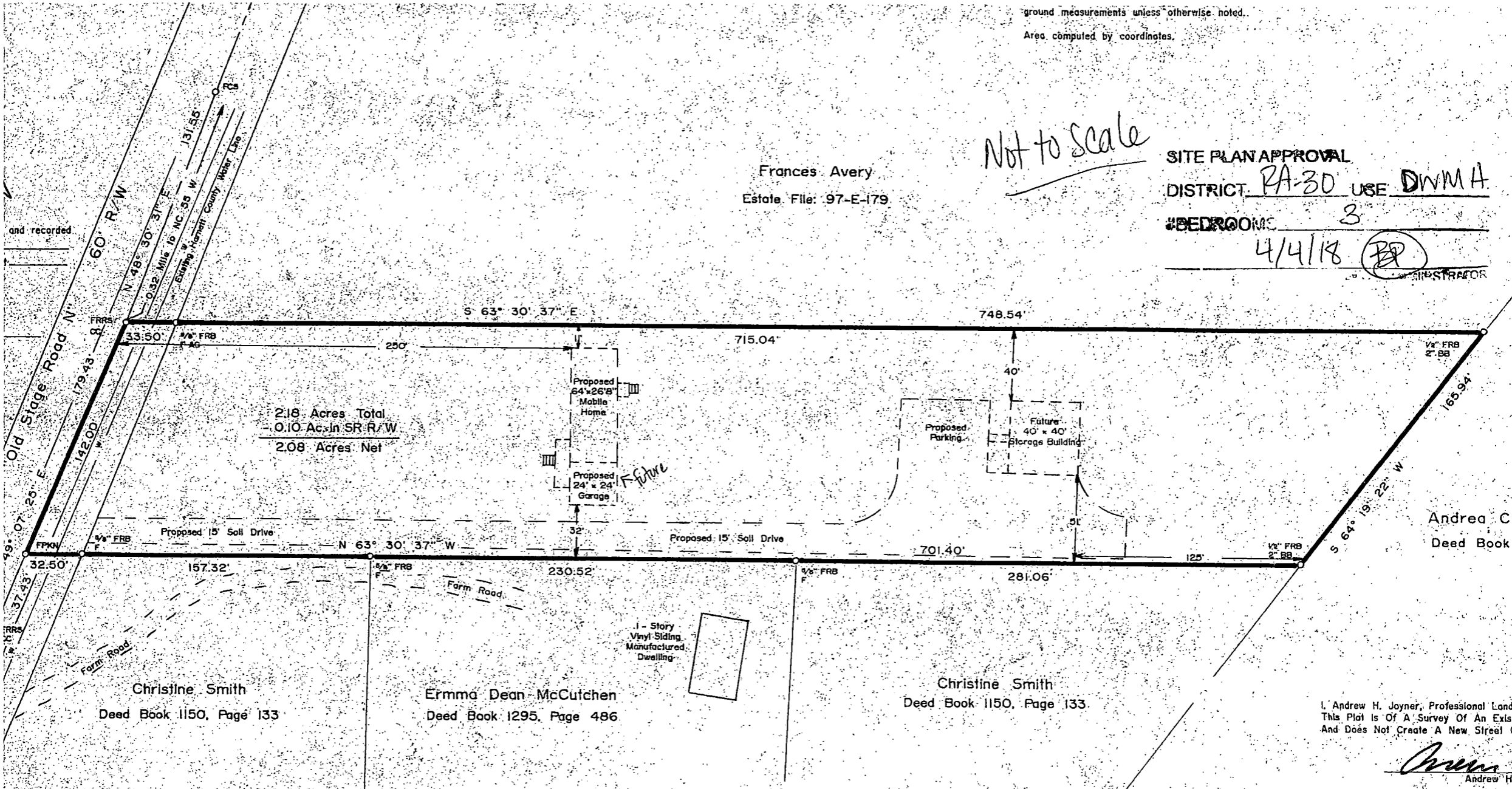
ground measurements unless otherwise noted.

Area computed by coordinates.

Not to Scale

Frances Avery
Estate File: 97-E-179

SITE PLAN APPROVAL
DISTRICT PA-30 USE DWMA
#BEDROOMS 3
4/4/18 *RP*



I, Andrew H. Joyner, Professional Land Surveyor
This Plat is Of A Survey Of An Existing
And Does Not Create A New Street Or

Andrew H. Joyner
Andrew H. Joyner

"SITE PLAN"

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: JONATHAN WEAVER Address: OLD STALE ROAD
City: COATS State: NC Zip: 27521 Daytime Phone: 919 902-3693

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: JMB SERVICES State Lic# 32512
Phone: (919) 669-7043 Address: 105 ASPEN CIRCLE
City: CLAYTON State: NC Zip: 27520

Setup Signature: _____

B. Electrical Contractor Company Name: GLENN'S SERVICE State Lic# 12810L
Phone: (919) 779-0849 Address: 6005 BLACK PERRY ROAD
City: RALEIGH State: NC Zip: 27603

Electrician's Signature: _____

C. Mechanical Contractor Company Name: GLENN'S SERVICE State Lic# 12327H3
Phone: (919) 779-0849 Address: 6005 BLACK PERRY ROAD
City: RALEIGH State: NC Zip: 27603

HVAC Signature: _____

D. Plumbing Contractor Company Name: PRIORITY PLUMBING State Lic# 18550
Phone: (919) 422-4935 Address: P.O. BOX 264
City: WILLOW SPRINGS State: NC Zip: 27592

Plumber's Signature: _____

Part III - Manufactured Home Information

Model Year: 2018 Size: 64 x 28 # of Bedrooms 3

Park Name: NA 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 signatures, 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.

Jonathan Weaver
Signature of Home Owner or Agent

4-4-18
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 new or 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.

McGee Investments
DBA GREENFIELD HOUSING CENTER

2117 Highway 70 East
 Garner, North Carolina 27529
 (919) 772-2220

BUYER(S) Jonathan Wayne Weaver		PHONE (919) 902-3693		DATE 02/26/18	
ADDRESS 35 Birch Grove Lane, Coats NC 27521					
DELIVERY ADDRESS Old Stage Rd, Coats NC 27521					
MAKE Champion	MODEL Berlin-DE-2864-01	YEAR 2018	BEDROOMS 3	BATHS 2	FLOOR SIZE 64 w 28
SERIAL NUMBER	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> PREOWNED <input type="checkbox"/> MFD <input type="checkbox"/> MOD		SALESPERSON Ken McGee		

I have received a copy of Form NC/NC. INITIAL(S)

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES	
Price includes Delivery and set up in Harnett County with the following options: site plan, all permits, Footing and Brick Foundation to 36" average height, Minimum steps/stoops to pass Inspection, water tap, Septic tank, Plumbing, Electrical, Ground Vapor barrier.	26,639.00
Change order Request 03/03/18: 400 amp service, Heat tape fresh water connections, Wire for flood lights (4) corners, Flip/Mirror Floorplan	1,675.00
** Homeowner responsible for all prep grading, driveway, final grading, and landscaping	
TOTAL OPTIONAL EQUIPMENT, LABOR & ACCESSORIES	\$ 28,314.00

BASE PRICE OF UNIT	\$ 107,331.75
SALES TAX	2,260.81
Options	28,314.00
Land purchase	27,500.00
SUB-TOTAL	\$ 165,406.56
CASH PURCHASE PRICE	\$ 165,406.56
NET TRADE ALLOWANCE	\$
Paying Cash for Land	\$ 27,500.00
CASH DOWN PAYMENT	\$
LESS TOTAL CREDITS	\$ -27,500.00
SUB-TOTAL	\$ 137,906.56
Estimated Closing Cost	4,200.00
Unpaid Balance of Cash Sale Price	\$ 142,106.56

Dealer and Buyer certify that the additional terms and conditions printed on the other side of this Agreement are agreed to as a part of this Agreement, the same as if printed above the signatures. Buyer is purchasing the above described home; the optional equipment and accessories, the insurance as described has been voluntary; that Buyer's trade-in is free from all claims whatsoever, except as noted.

ESTIMATED RATE OF FINANCING _____ %
 NUMBER OF YEARS _____
 ESTIMATED MONTHLY PAYMENTS \$ _____

THIS AGREEMENT CONTAINS THE ENTIRE UNDERSTANDING BETWEEN DEALER AND BUYER AND NO OTHER REPRESENTATION OR INDUCEMENT, VERBAL OR WRITTEN, HAS BEEN MADE WHICH IS NOT COVERED IN THIS AGREEMENT.
 BUYER(S) ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

I UNDERSTAND THAT I HAVE THE RIGHT TO CANCEL THIS PURCHASE BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE THAT I HAVE SIGNED THIS AGREEMENT. I UNDERSTAND THAT THIS CANCELLATION MUST BE IN WRITING. IF I CANCEL THE PURCHASE AFTER THE THREE DAY PERIOD, I UNDERSTAND THAT THE DEALER MAY NOT HAVE ANY OBLIGATION TO GIVE ME BACK ALL OF THE MONEY THAT I PAID THE DEALER. I UNDERSTAND ANY CHANGE TO THE TERMS OF THE PURCHASE AGREEMENT BY THE DEALER WILL CANCEL THIS AGREEMENT.

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE

DESCRIPTION OF TRADE-IN	YEAR	SIZE
MAKE	MODEL	x BEDROOMS
TITLE NO.	SERIAL NO.	COLOR

AMOUNT OWING TO WHOM _____
 ANY DEBT BUYER OWES ON TRADE-IN IS TO BE PAID BY DEALER BUYER

McGee Investments
 DBA GREENFIELD HOUSING CENTER DEALER
 Not Valid Unless Signed and Accepted by an Officer of the Company or an Authorized Agent
 SIGNED X *Jonathan Wayne Weaver* BUYER
 SIGNED X _____ BUYER
 Approved _____