



## **Application for Plan Review**

Application #

Date Received:	Received By:
Name of Project:	Coastal Cuts Landscaping
Physical Address of Project:	1609 Atkins Rd. #
	Fugury-Varina NC 27526
Plans Submitted By:	James Lewis
Project Phone:	(252)-410-5323
Contact Person/Address:	Jim Lewis
	4709 Alden Mist Ct.
	Apex, NC 27539
Contact Email:	Jim B Coastal Cuts Land scuping. com
Contact Phone:	(252)-450-5323 (540)-238-8786
Contractor's Name/Info:	n/A Existing Property
Contractor's Phone:	( <u>n)A</u> )

- Plans that are submitted will be reviewed as quickly as possible with an <u>average time of review</u> between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <a href="http://hteweb.harnett.org/Click2GovBP/Index.jsp">http://hteweb.harnett.org/Click2GovBP/Index.jsp</a> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any
  required inspections can be conducted.



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COMMERCIAL COUNTY OF HARNETT LAND USE APPLICATION	
Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-75	25 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: SSP of Cary LLC. Mailing Address: 2761	Belmont view 600p
APPLICANT: James Levis Mailing Address: 4409	Email:
APPLICANT: James Lewis Mailing Address: 4409	Alden Milt Ct.
City: Abex State: 12 Zip: 27559 Contact #254-750-5333 *Please fill out applicant information if different than landowner	Email: L'a Ocastal cuts Cands expi
CONTACT NAME APPLYING IN OFFICE: James Lewis P	hone # 252-470-5323
Address: 1609 Atkins Rd. 27526 PIN: 0665-61-18	
Deed Book Page: /	
PROPOSED USE:	
Multi-Family Dwelling No. Units: No. Bedrooms/Unit:	
	7:00-6:00
Business Sq. Ft. Retail Space: 4000 Type: Uarcheu) = #Employees:	Hours of Operation: Mou - Fai
Daycare # Preschoolers:# Afterschoolers:# Employees:	Hours of Operation:
☐ Industry Sq. Ft: Type: # Employees:	Hours of Operation:
Church Seating Capacity: # Bathrooms: Kitch	en:
Accessory/Addition/Other (Sizex) Use:	
Water Supply: County Existing Well New Well (# of dwellings using well (Need to Complete New Well Application at the	*Must have operable water before final same time as New Tank)
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank  (Complete Environmental Health Checklist on other side of application if Septic	
Comments:	
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 subjections	
	/>2
	17/4)
Signature of Owner or Owner's Agent	Date

"This application expires 6 months from the Initial date if permits have not been issued"

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

\*\*\*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 data if permits have not been issued\*



## APPLICATION CONTINUES ON BACK

"This application expires 6 months from the initial date if permits have not been issued."

"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

7	Envi	ronme	ental	Health	New	Septic	S	ystem	1
		A							٠.

- 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 <u>undergrowth</u> 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.

## Environmental Health Existing Tank Inspections

- 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

## "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC If applying	for authorization	on 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 local health department upon submittal of this application if any of the following apply to the property in "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	(X) 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 (X)	Is the site subject to approval by any other Public Agency?				
( YES	NO (X)	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 \$00,632,4940 to locate the lines. This is a free service.				
Unice	- Number	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. 811				
		ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State				
		at Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I				
		ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site				
Accessible 5	O I RELA COM	plete Site Evaluation Can Be Performed.				