

Initial Application Date: 8-5-20	
	Application #
	DRB# CU#
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State. NC Zip: /7 Zip	Contact # #71 -2/7 -1110 -
	Mailing Address: EDS DV 1
City: Faguray Varina State: NC Zip: 2752C *Please fill out applicant information if different than landowners.	Contact # 919-609-0300 Email: 9db, gray @ gmail. con
CONTACT NAME APPLYING IN OFFICE:	Jan Jan Can
Address: 805 colesbury Road FU 2-528	Phone # 919-609-0300 PIN: 0655-70-5277
Zoning: /// Watershed: // Flood:Deed	PIN: 8635 70-5277
PROPOSED USE:	Book Page:/
Multi-Family Dwelling No. Units:No. Bedroom	s/Unit:
Business Sq. Ft. Retail Space:Type:	# Employees: Hours of Operation:
	# Employees: Hours of Operation:
	#Employees: Hours of Operation: M - F 7 - 6
Church Seating Capacity: # E	Bathrooms: Kitchen:
Accessory/Addition/Other (Sizex) Use:	
	of dwellings using well) *Must have operable water before final
(Need to Com	plete New Well Application at the same time as New Tank)
Sewage Supply: New Sentic Tank Exponsion 5	
	f application if Septic
oomments,	
No additional En	player due to this
SAME South	1, players due to this Expansion
Jep112 595	tom
f nermits are greated Leaves	
hereby state that forces in state	State of North Carolina regulating such work and the specifications of plans submitted.
state trial foregoing statements are accurate and correct to the be	st of my knowledge. Permit subject to revocation if false information is provided.
Colon Kala	
Signature of Owner or Owner's Agent	8-6-20
Signature of Owner or Gwner'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 date 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

Environmental Health New Septic System

- 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

Accessible So That A Complete Site Evaluation Can Be Performed.

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC If applying	for authorizati	On to construct please indicate decired existent to a (a)
Acc	epted	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. { } Innovative { } Conventional { } Any
{ } Alte	rnative	{}} Other
The application. I	ant shall notify If the answer is	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	{and NO	Does the site contain any Jurisdictional Wetlands?
{ }YES	{ } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{ }YES	{ NO	Does or will the building contain any drains? Please explain.
{ YYES	{ _} 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?
{V}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	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
Officials Are	Granted Right	t Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Pules 1
Understand	That I Am Sole	ly Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site





www.harnett.org

Fire Marshal Division

P.O. Box 370 Lillington, NC 27546 910-893-7580

Application for Plan Review

Application #_	
Date Received:	Received By:
Name of Project: Mac Vann	- MIKE FREEMAN
Physical Address of Project: 47 93	2 RAWLS Church Rd
Fugury	VARINA NC 27526
Plans Submitted By: GReg B	exploy
	69-0300
Contact Person/Address:	
205	Cokesbury Rd F.V. 27526
	G_0300()
Contractor's Name/Info: TBD	
Contractor's Phone: ()	-

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website http://hteweb.harnett.org/Click2GovBP/Index.jsp or by calling the Harnett County Central Permitting Office (910-893-7525 ext 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.