



Harnett
C O U N T Y
NORTH CAROLINA

COUNTY OF HARNETT CHECK REQUEST FORM

Account Number: 110-0000-345.18-00 EH

Project Number: _____

Vendor Name: East Coast Pool Masters

Vendor Number: _____

Remittance Address: 5450 Simmons Rd NW
Ash, NC 28420

Date: 8/9/2018

Mail to payee

Check to be picked up by:

(Requires approval of Finance Officer)

Approved: _____ Disapproved: _____

	Description	Amount
	Existing Tank Inspection	\$ 100.00
	Bres1808-0011	
Total Amount Due		\$ 100.00

Reason for Check Request Per Oliver no Environmental Health inspection needed.

This check request has been examined by me and is hereby approved for payment.

Department Head or Authorized Designee

Date

R.E.H.S. Date 8/9/18

*This instrument has been
produced in the manner required
by the Local Government Budget
and Fiscal Control Act*

Harnett County Finance Director



Initial Application Date: 8/8/18

Application # BRES1808-0011

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: Gene Smith & Michelle Mailing Address: 805 Loop Rd Bunnlevel, NC
City: Bunnlevel State: NC Zip: 28333 Contact No: 910-890-2486 Email: conchgene@gmail.com

APPLICANT: East Coast Pool Masters Mailing Address: 5450 Simmons rd NW
City: Ash State: NC Zip: 28420 Contact No: 844-602-7665 ext. 1 Email: Angela@eastcoastpoolmasters.com

CONTACT NAME APPLYING IN OFFICE: Angela McFarland Phone # 844-602-7665 ext 1
ADDRESS: 805 Loop Rd PIN: 0548-10-7036-000
DEED OR OTP: 3318/238

PROPOSED USE:

- SFD: (Size ___ x ___) # Bedrooms: ___ # Baths: ___ Basement (w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic 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 ___ x ___) # Bedrooms: ___ 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 12 x 25) Use: Swimming Pool Inground Closets in addition? yes no

Water Supply: ___ County Existing Well ___ New Well (# of dwellings using well _____) ***Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)**

Sewage Supply: ___ New Septic Tank ___ Expansion ___ Relocation Existing Septic Tank ___ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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: 1 Manufactured Homes: _____ Other (specify): _____

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.

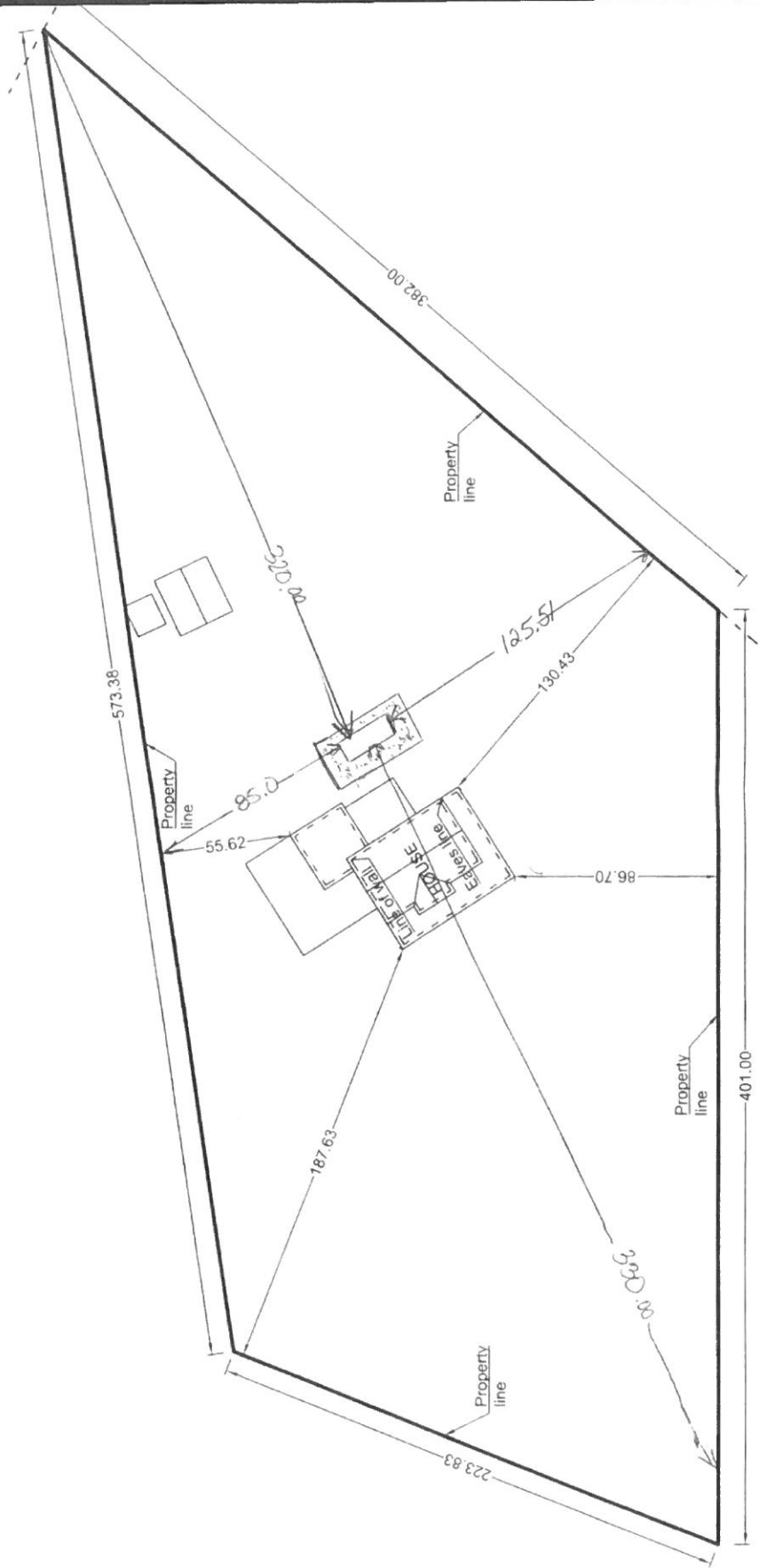
Angela McFarland Signature of Owner or Owner's Agent Date 8/8/18

*****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

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strong roots • new growth



805 Loop
Bumlevel
Scale 1"=5'



****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 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.**

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 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.

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Cash Register Receipt

Harnett County

Receipt Number
R421

DESCRIPTION	QTY	PAID
PermitTRAK		\$100.00
BRES1808-0011 Address: 805 LOOP RD APN: 0548-10-7036.000		\$100.00
ENVIRONMENTAL HEALTH FEES		\$100.00
SEPTIC TANK EXISTING	0	\$100.00
TOTAL FEES PAID BY RECEIPT: R421		\$100.00

Date Paid: Wednesday, August 08, 2018

Paid By: East Coast Pool Masters

Cashier: LL

Pay Method: EMV 096250|202065317

