Initial Application Date: 20-20 3018

Application # BRES | 812-0024

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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 Drans Willer Mailing Address: 45 Www Churchly
City: State Zip 3/34 Contact No: Email:
APPLICANT*: Mailing Address:
City: State: Zip: Contact No: Email:*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: LAGOND WILLY Phone #910-890-7911
ADDRESS: 549 Word Church PIN:
DEED OR OTP: 928:0748
PROPOSED USE:
SFD: (Sizex) # Bedrooms: # Baths = Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab:
☐ Mod: (Sizex) # 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: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Sizex) Use: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: Manufactured Homes: Other (specify):
If permits are granted I agree to comprime to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitt 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.
(Signature of Owner or Owner's Agent **It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limit to: boundary information, bouse location, underground or overhead excepted.

house location, underground or overhead easements, etc. The county or its employees at incorrect or missing information that is contained within these applications.***
†This application expires 5 months from the initial date if permits have not been issued**
APPLICATION CONTINUES ON BACK

NORTH CAROLINA

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

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

<u>SEPTIC</u>	
	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{} Innovative {} Conventional {} Any
{}} Alternative	{}} Other
	y the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	Does the site contain any Jurisdictional Wetlands?
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	Does or will the building contain any drains? Please explain.
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	Is the site subject to approval by any other Public Agency?
{}}YES	Are there any Easements or Right of Ways on this property?
{}}YES	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.

SPECIFIC DIRECTION	NS TO THE PROPERTY FROM LILLINGTON:
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If permits are granted hereby state that fore	agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted going statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
It is the owner/ap to: boundary inf	olicants responsibility to provide the county with any applicable information about the subject property, including but not limite ormation, 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
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Harnett County Central Permitting PO Box 65 Lillington NC 27546 910 893 7525 Fax 910 893 2793 www harnett org/permits

BRES1812-0024

Each section below to be filled out by whomever performing work Must be owner or licensed contractor Address company name & phone must match

Application for Residential Building and Trades Permit

phone must match	ades remit	
Owner's Name & Cohomo Muller	Date 12/20/18	
Site Address 549 Word Church Full	Phone 9/0-890-7911	
Directions to job site from Lillington		
subdivision add all Interior walls \$60.0	000Lot	
Description of Proposed Work Rewoode Sathroom	# of Bedrooms 2	
Heated SF 200 Unheated SF NIA Finished Bonus Room?	(1A Crawl Space Les Slab 10	
General Contractor Information	1 Y	
some of front		
Building Contractor's Company Name	Telephone	
Address	Email Address	
Address.	Littali Addiess	
License #	11. Harris 11. H	
Description of Work Sun Sun Scruce Size	n 2000 Amps T-PoleYesNo	
Oct of the first	910-224-6969	
Electrical Contractor's Company Name	Tolophono	
Do Box 142 some lake NC 28390	Andersonselectrical omai	' ~60W
Address	Email Address	
3675		
License # Mechanical/HVAC Contractor Inform	agtion	
Description of Work	iatio <u>n</u> .	
All Aderican Heating a Arr	an-777-7777	
Mechanical Centractor's Company Name	Telephone	
St. Paulo		
Address	Email Address	
<u> 33359</u>		
License # Plumbing Contractor Information	'n	
Description of Work New Construction	# Baths 2	
(1)	C10-224-LAVA	
Plumbing Contractor's Company Name	Telephone	
Po Box 142 Somilab DC 28350	Ardusaselectrical prouls	COO
Address	Email Address	
34162	240	
License # Insulation Contractor Information	in	
manutan asmada mamata		
insulation Contractor s Company Name & Address	Telephone	

*NOTE General Contractor must fill out and sign the second page of this application