

Initial Application Date: 08 08

Application # BKES1900-1019

Application in Orest 100	- 1
CU#	

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

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

LANDOWNER: Sonny Godwin SR Mailing Address: 649 Lane Rd
City: Dunn State: NC Zip: 28334 Contact No: 510-514-0337 Email: john deere 192000 & yahus
APPLICANT*: Mailing ,\ddress:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
ADDRESS: PIN:
Zoning: RF30 Flood: NO Watershed: NO Deed Book / Page: 3597 0558
Setbacks – Front: 13 Back: 100+ Side: 1 Corner: NA
PROPOSED USE:
Monolithic SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: (Is the bonus om fir hed? () yes () no w/ & loset') yes () no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms# Paths Basemant (w/***o bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? (yes (no A_/ other site b_lt add_ons? () yes () no
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Addition/Accessory/Other: (Size XV xXV) Use: Closed Children None Closed 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 (\(\nabla\)) no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): Structures (existing or proposed): Single family dwellings: Other (specify): Structures (existing or proposed): Single family dwellings: Other (specify): Structures (existing or proposed): Single family dwellings: Other (specify): Structures (existing or proposed): Single family dwellings: Other (specify): Structures (existing or proposed): Single family dwellings: Other (specify): Structures (existing or proposed): Single family dwellings: Other (specify): Structures (existing or proposed): Single family dwellings: Other (specify): Structures (existing or proposed): Structures (existing or proposed
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. 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 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.***

APPLICATION CONTINUES ON BACK

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

strong roots · new growth



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)

Env onmental Health New Septic System

- <u>Il property irons must be made visible</u>. 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.
- It 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**.
- <u>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.</u>

☐ Environm ntal Health Existing Tank Inspections

- Follow about e instructions for placing flags and and 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 outhorization	on to construct places indicate desired quoteen time(s), som he marked in order of maferials		
ii ippiying	ior aumorizano	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{}} Acce	pted	{} Innovative {} Conventional {} Any		
{}} Alter	native	{}} 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 <u>irrigation system</u> 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 we nlease 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.

