

Initial Application Date: 8/6/19

Application # _____

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: Jean Kay Landreth Mailing Address: 17 Gemini Ln.
City: Angier State NC Zip 27501 Contact No: 919-796-6780 Email: None

APPLICANT: Jean Kay Landreth Mailing Address: 17 Gemini Ln.
City: Angier State NC Zip 27501 Contact No: 919-796-6780 Email: None

*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: 0682-78-6933

Zoning: RA30 Flood: _____ Watershed: — Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ 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 28' x 50') # Bedrooms: 3 Garage: _____ (site built? _____) Deck: _____ (site built? _____)
2 1/2 bathrooms F 6x8

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____
B 12x10

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) 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 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.

Jean K. Landreth
Signature of Owner or Owner's Agent

6-21-2019
Date

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

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)

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.

Print this page



Property Description:
1 803 ACS VIOLA SURLLES

Harnett County GIS

PID: 040683 0072
PIN: 0682-78-6933 000
REID: 0028421
Subdivision:
Taxable Acreage: 1.800 AC ac
Calculated Acreage: 1.64 ac
Account Number: 407680000
Owners: LANDRETH JEAN KAY

SITE PLAN APPROVAL *Decks*
DISTRICT *RA30* USE *DWANH*
#BEDROOMS 3
62879 V.A.G.
8/6/19

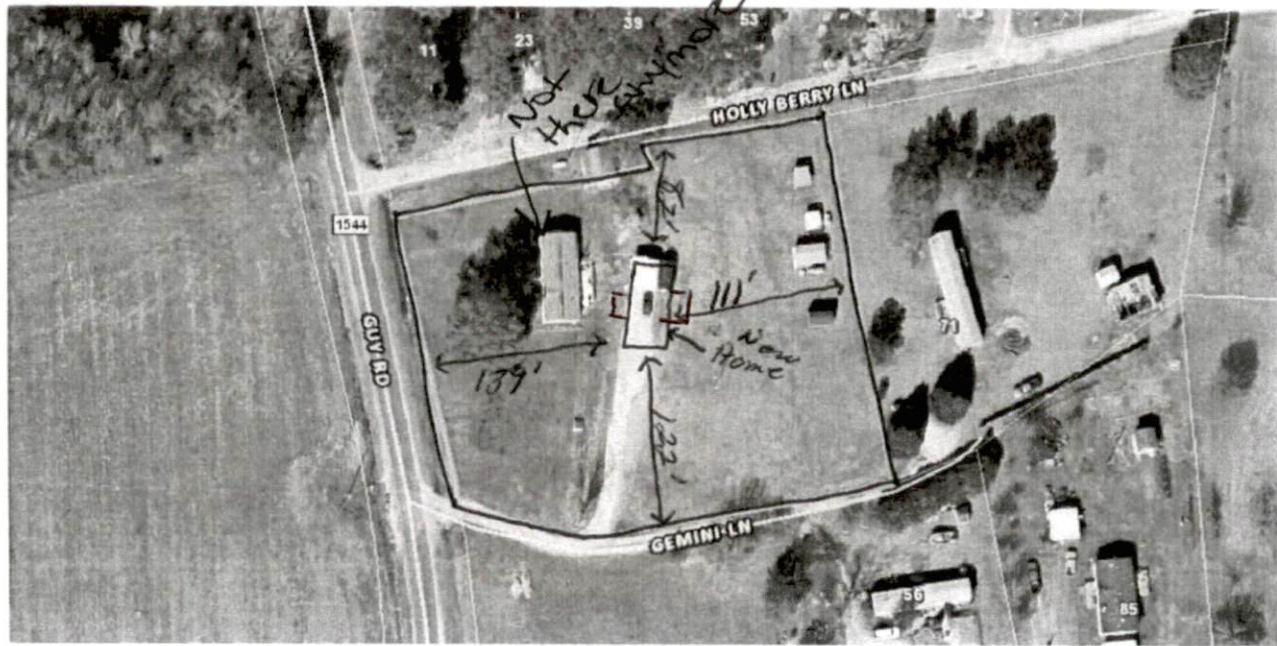
Neighborhood: 00401
Actual Year Built: 1976
TotalAcutalAreaHeated: 1288 Sq/Ft
Sale Month and Year: 5 / 1996
Sale Price: \$0
Deed Book & Page: 1152-0870
Deed Date: 1996/05/01
Plat Book & Page: -
Instrument Type: WD
Vacant or Improved:
QualifiedCode: C
Transfer or Split:
Within 1mi of Agriculture District: Yes

Owner Address : 17 GEMINI LANE ANGIER, NC 27501-0000

Property Address: 17 GEMINI LN ANGIER, NC 27501
City, State, Zip: ANGIER, NC, 27501
Building Count: 1
Township Code: 04
Fire Tax District: Angier Black River

Parcel Building Value: \$23000
Parcel Outbuilding Value : \$1000
Parcel Land Value : \$27000
Parcel Special Land Value : \$0
Total Value : \$51000
Parcel Deferred Value : \$0
Total Assessed Value : \$51000

Prior Building Value: \$22020
Prior Outbuilding Value : \$1000
Prior Land Value : \$26000
Prior Special Land Value : \$0
Prior Deferred Value : \$0
Prior Assessed Value : \$51020



HTE# BRES19060063

Harnett County Department of Public Health

25680

PERMIT # _____

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 17 Gemini Ln., Angier

Name: (owner) Jean Kay Landreth SUBDIVISION _____ LOT # _____

System Installer: Clint Adams Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

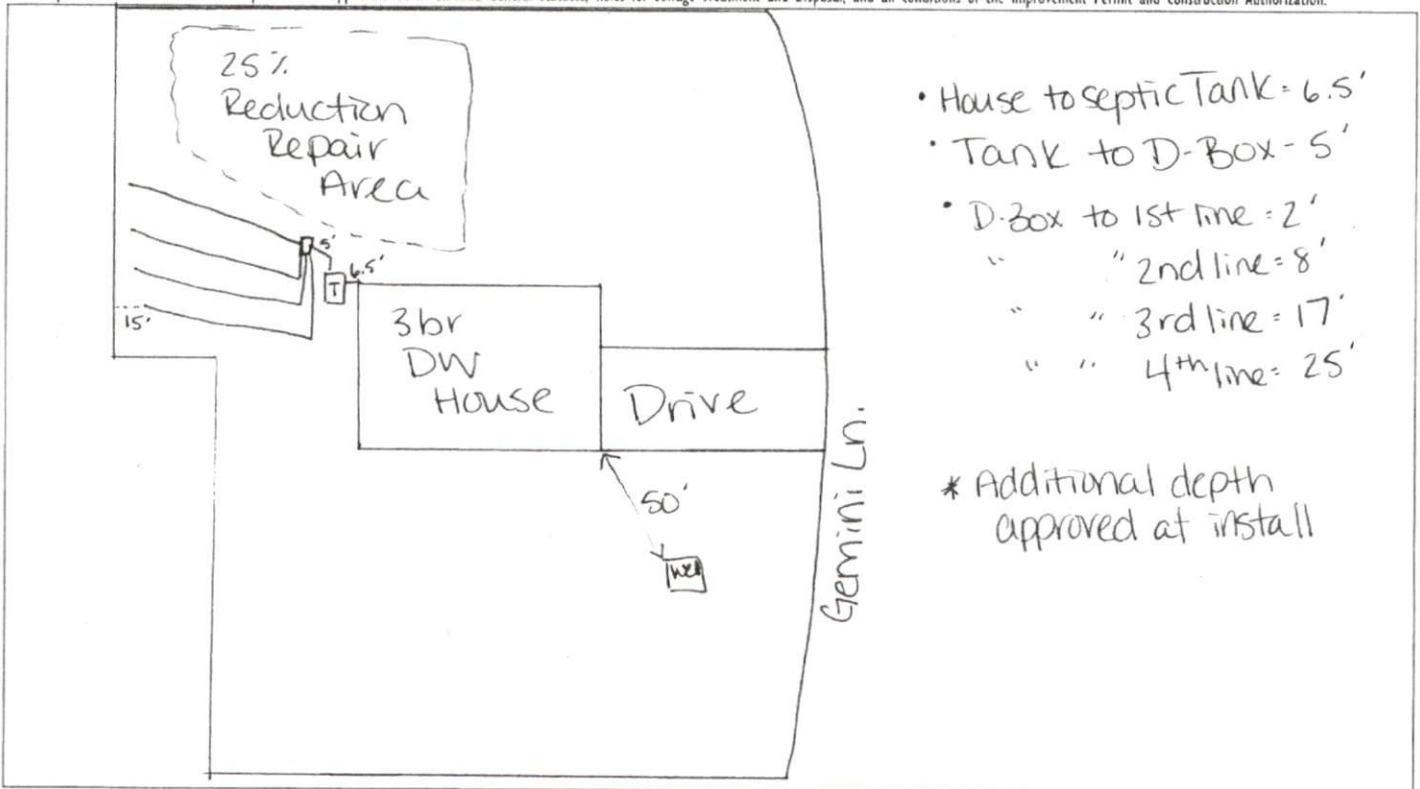
Type of Water Supply: Community Public Well Distance from well 50+ feet

System Type: 25% Reduction III g EZ Lay Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



- House to septic Tank = 6.5'
- Tank to D-Box = 5'
- D-Box to 1st line = 2'
- " " 2nd line = 8'
- " " 3rd line = 17'
- " " 4th line = 25'

* Additional depth approved at install

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: _____

V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 25% Reduction III g Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 60 feet width of ditches 3 feet depth of ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature]

Date 7-29-19

[Signature] REHS-I