COUNTY NORTH CLEGINA

Initial Application Date: 10-30-10

Application # BRES 1910-0061

Central Permitting 10		ETT RESIDENTIAL LAND USE APPLICATION (546 Phone: (910) 893-7525 ext:2	ATION 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: CLINTON		Mailing Address: 470		
CHY: CAMBRON	State: NC Zip: 28	24 Contact - 210-018	7. 6570	
		Address: SAME AS AB		
City: Please fill out applicant information i	State: Zip:	Contact No:	Email: gloriciate Clip	X
ADDRESS: 331 TRE	EBARK LU, CAMB	2 8 524 Deed Book / Page:	7564-92-6577,000	(
Setbacks - Front:	Back: Side:	Corner:		
PROPOSED USE:				
SFD: (Sizex)#		ment(w/wo bath): Garage: Deck	Monulithic Stab:Stab: of (if yes add in with # bedrooms)	
		nent (w/wo beth) Gerage: Site 8 s () no Any other site built additions	Buill Deck: On Frame Off Frame 7 () yes () no	
☐ Menufactured Home: /_SV	V_DW_TW (Size_16 x_	72) # Bedrooms: 3 Garage: (s	ite built?) Deck:(site built?)	
Duplex: (Sizex)	No. Buildings:N	No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms:	Use:	Hours of Operation:	#Employees:	
Addition/Accessory/Other: (S	izex) Use:		Closets in addition? () yes () no	
Water Supply:County _	Existing Well New We	Il (# of dwellings using well) *Il	Hust have operable water before final	
Sewage Supply: New Seption	Tenk Expansion Relocation others	Complete New Well Application at the sa cationExisting Septic Tank Co	ounty Sewer	
Does owner of this tract of land, or	on land that contains a manufactur	red home within five hundred feet (500') o		
Does the property contain any eas	ements whether underground or o	verhead () yes () no RIGHT	OF WAY TO WEST RD	
Structures (existing or proposed):	Single family dwellings:	Manufactured Homes:	Other (specify):	
permits are granted I agree to co	wents are accurate and correct to t	the best of my knowledge. Permit subject	uch work and the specifications of plans submitted. to revocation if false information is provided.	
26	to bun	10/2	9/2019	
to: boundary information, h	ouse location, underground or o incorrect or missing informs	with any applicable information about	the subject property, including but not limited the employees are not responsible for any ilications.***	

APPLICATION CONTINUES ON BACK

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"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 properly.
- 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 authorizat	ion to construct please indicate desired system type(s): can be tanked in order of preference, must choose one.		
{ } Accepted	Innovative Conventional Any		
{ ; Alternative	{ } Other		
The applicant shall notify question. If the answer is	y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
1 IYES INNO	Does the site contain any Jurisdictional Wetlands?		
I IYES I NO	Do you plan to have an injustion system now or in the future?		
	Does or will the building contain any drains? Please explain. South		
IVIYES I INO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property? Well		
1 IYES I NO	Is any wastewater going to be generated on the site other than domestic sewage?		
1 JYES 1 NO	Is the site subject to approval by any other Public Agency?		
(VIYES () NO	Are there any Easements or Right of Ways on this property?		
I IYES IN NO	Does the site contain any existing water, cable, phone or underground electric lines? AFORE GROUND ELECTRICAL		
	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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