

Application #

Initial Application Date:_

| | CU# |
|---|---|
| COUNTY OF HARNETT RESIDENTIAL LAND USE APPI Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 | LICATION |
| **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIR | RED WHEN SUBMITTING A LAND USE APPLICATION** |
| LANDOWNER: Jon and Tracey Kearns Mailing Address: 902 | Walnut Drive |
| City: Erwin State: NC zip: 28339 Contact No: 910-584-8 | |
| | 31 |
| APPLICANT*: Jon Kearns Mailing Address: 902 Walnut | |
| City: Erwin State: NC Zip: 28339 Contact No: 910-584-82* Please fill out applicant information if different than landowner | 515 Email: JPKearns. 1 ayahoo. Con |
| ADDRESS:PIN: | |
| Zoning: Flood: Watershed: Deed Book / Page: | |
| Setbacks - Front: Back: Side: Corner: | |
| PROPOSED USE: | |
| □ SFD: (Sizex) # Bedrooms:# Baths: Basement(w/wo bath): Garage: TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/s | |
| | |
| Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: | |
| TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any of | ther site built additions? () yes () no |
| ☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage: | (site built?) Deck:(site built?) |
| □ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: | TOTAL HTD SQ FT |
| ☐ Home Occupation: # Rooms: Use: Hours of Operation: _ | #Employees: |
| Addition/Accessory/Other: (Size 14 x 36) Use: Dyra Built pre-built Stor | race Sheduosets in addition? () yes (X) no |
| TOTAL HTD SQ FT GARAGE | J |
| | |
| Water Supply: County Existing Well New Well (# of dwellings using well (Need to Complete New Well Application at | the same time as New Tank) |
| Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank (Complete Environmental Health Checklist on other side of application if Septic) | County Sewer |
| 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 regular I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit statements | subject to revocation if false information is provided. |
| Signature of Owner or Owner's Agent | 10-1-2020 Date |
| ***It is the owner/applicants responsibility to provide the county with any applicable information to: boundary information, house location, underground or overhead easements, etc. The continuous incorrect or missing information that is contained within these *This application expires 6 months from the initial date if permits | about the subject property, including but not limited unty or its employees are not responsible for any se applications.*** |

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

- <u>All 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.
- 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"

| SEPTIC | | | |
|-------------|-------------------|--|----------|
| If applying | for authorization | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose o | ne. |
| {_}} Acce | epted | {} Innovative {} Conventional {} Any | |
| {}} Alte | rnative | {}} Other | |
| | | the local health department upon submittal of this application if any of the following apply to the prose "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: | perty in |
| {}}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 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.



Town of Erwin Zoning Application & Permit

Permit #

Rev Sep2014

Planning & Inspections Department

| Each application shou | ıld be submitt | ted with an attached p | olot/site plan | with the | proposed use/str | ucture sh | owing lot |
|---|-----------------|---------------------------|------------------|--------------|------------------------|--------------|------------|
| shape, existing and predimensions. | roposed build | lings, parking and loa | ding areas, ac | ccess driv | res and front, reas | r, and sid | e yard |
| Name of Applicant | | ., | | | | . 11 | _ |
| | Von | Hearns | Property | Owner | Jon K | earn | 5 |
| Home Address | 902 | Walnut Dr | Home Ad | ldress | 907 Wa | | Dr |
| City, State, Zip | Erwi | 7 NC 2833 | City, State | e, Zip | Erwin | 10.8 | 28339 |
| Telephone | 910.58 | | Telephon | e | 910-58 | | |
| Email | jokean | 152 @ ydroox | Email | | jokearns | | |
| Address of Proposed | Property | 902 Waln | ut Dr | En | | | |
| Parcel Identification | Number(s) (P | IN) | ar p | | ted Project Cost | 7339 | |
| What is the applicant | requesting to | build / what is | 1 1 15 | | - 1 | 11001 | 00,0 |
| the proposed use of t | he subject pro | perty? Be specific. | Installi | | ore built | | d made |
| Description of any prop to the building or prope | osed improven | ments None | 17,00 | | dec of | 0(1 2 | " aug |
| What was the Previou | | subject property? | Enni | 1., ,, | a - 1 | - 1 | |
| Does the Property Ac | cess DOT roa | d? | Ves | YY | erc | | |
| Number of dwelling/s | | | YCS | Prope | rty/Parcel size | 11 | |
| Floodplain SFHA | Yes 1 No | WatershedYes _ | No Wetl | | | ,// | |
| MUST circle one that ap | | rty Existing/Propose | | | Yes <u>X</u> No Or | | |
| | - | Existing/Propose | | | | | |
| | | Owner/Applicant N | fust Read an | d Sign | | | |
| The undersigned property | y owner, or dul | ly authorized agent/repr | esentative the | nof cortifi | es that this applica | tion and th | e forgoing |
| and and a second | outer muorman | ion nerewith submitted | are in all recne | cte train ar | ad comment to the hear | -1 - (1 . 1 | |
| The dideing | mig party will | erstands that any incorre | ct intormation | cuhmitta | d | | |
| application. Upon issuan regulations, and the laws | ce of dus berin | IL the lindersioning nari | Trans to com | stamme to a | 11 1: 11 . | | |
| Brand Party a | duionzes die 1 | own of Erwin to review | this request an | nd to the | specifications of pla | ins herein | submitted. |
| to this application as appr | oved. | Δ | request un | ia conauc | t a site hispection to | J'ensure co | mpliance |
| Jon Kearn | 5 | Mu K | eam | | 10.6 | 7-20 | |
| Print Name | | Signature of Owner | or Representativ | e | Date | | |
| For Office Use | | | | | | | |
| Zoning District | R+5 | Existing Nonconformi | ng Uses or Fea | tures | | | |
| Front Yard Setback | | Other Permits Require | d _Cond | itional Us | eBuildingFir | re Marshal | Other |
| | | Requires Town Zonir | g Inspection(s | | Foundation Pr | | |
| Side Yard Setback | | Zoning Permit Status | XARI XARI | proved | Denjed | | |
| Rear Yard Setback | | Fee Paid: 25 | Date Paid: | 10/212 | 92 Staff Initials: | msn | |
| Comments | | | | | SEP 2 9 20 | | |
| 0: | 0 | | | - | | | |
| Signature of Town Repre | | 0,000 | | Date Ap | proved/Denied F | KYC | 12020 |
| # Access | XI Bu | rilding ne | 27) + | 7, | | | 2 |
| -10 for | 04 Set | nilding news | ion G | ear o | an/ Sive | - Pr | OPEN |
| lines | | | | | | | |
| 10 (| et Fro | in house | | | | | |

