Initial Application Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Application #	312FSZ110-
County OF HARNETT RESIDENTIAL LAND USE APPLICATION 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 8	CU#
*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO RUPOLING S. 8 27-7525 ext:1 Fax: (910) 8	93-2793 www.harnett.org/permits
*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMIT	TING A LAND USE APPLICATION**
City: Fragular Varing State: Mc Zip: Z7524Contact No: 9195246510 Email: M	y Red
Otate. 210:20 Contact No: 7/95246310 Email: 10	larty Waddella Whoddell To do
Mailing Address (7, 06 1) Walling Address (7, 06 1)	1 com
City: Relicion State: No. 210-270-3124 Email: 10	170.4.4
ADDRESS: \$38 Bradluj Rd PIN:	1101230 COMCENT COM
Zoning: Plood: Watershod:	
Zoning: Flood: Watershed: Deed Book / Page: Setbacks - Front: Back: Side: Corner:	
PROPOSED USE:	
SFD: (\$izex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes	Space: Slab: Slab:
D Madula (2)	() no (if yes add in with # bedrooms)
Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck	On Frame Off Frame
	ons? () yes (_) no
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?	Dook: /s/s b the
Duplex: (Sizex) No. Buildings:	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 20 x 34) Use: IN AVUIL 2001 Clos	, , , , , , , , , , , , , , , , , , , ,
TOTAL HTD SQ FT Close	ets in addition? () yes (no
Nater Supply: County Existing Well New Well (# of dwellings using well)*Must have or New Septic Tank Expansion (Need to Complete New Well Application at the same time as New Yell Application at the Same Yell	erable water before final
(Complete Facility Control of the As A	ew rank)
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed a loss the property contain any easements whether underground or overhead () yes () no	bove? () yes () no
tructures (existing as personal) C	
Dermits are greated loans to	r (specify):
permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation	the specifications of plans submitted.
Marty Waddell	in laise information is provided.
*It is the owner/applicants responsibility to provide the county with any applicable information about the subject to: boundary information, house location, underground or overhead easements, etc. The county or its employed incorrect or missing information that is contained within these applications.***	property, including but not limited es are not responsible for any
*This application expires 6 months from the initial date if permits have not been issue	ed**

APPLICATION CONTINUES ON BACK



his an iter ion expires 6 months from the initial date if permits have not been issued**

C	ounty	Health Department Application for Improvement P
IF THE IN	FORMA	Health Department Application for Improvement Permit and/or Authorization to Construct TION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT TON TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for rither 60.
OR AUTH	IORIZAT	ION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon nitted. (Complete site plan = 60 months: Complete plat = without expiration)
documenta	ation sub	nitted. (Complete site plan = 60 months; Complete plat = without expiration)
□ Envi	ironme	ntal Health New Septic System
	All prop	perty irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be made visible between corners.
t	oe clear	ly flagged approximately every 50 feet between corners.
• 1	lace	orange nouse corner flags" at each corner of the proposed at
• 1	fproper	ange Environmental Health card in location that is easily viewed from road to assist in locating property. ty is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation formed. Inspectors should be able to walk frooly around site. Provided the undergrowth to allow the soil evaluation.
	III IULO	to be addressed within 10 hisiness days after confirmation dor on
<u>I</u>	allure t	o uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
	- 1	mental Health Existing Tank Inspections
• 1	ollow a	bove instructions for placing flags and card on property
• 1	repare	for inspection by removing soil over outlet end of tank as diagram indicates
	JO NOT	LEAVE LIDS OFF OF SEPTIC TANK
CEDELO		"WORL INFOFWATION MAY BY REQUIRED TO COMPLETE ANY INSPECTION"
SEPTIC If applying	o for aut	
{_}} Acc	contad	norization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
		{} Innovative {} Conventional {} Any
{_}} Alte	100	
The applic	ant shal	notify the local health department upon submittal of this application if any of the following apply to the property in
question.	II the an	swer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
YES	(4)	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	{	
✓}YES	{_}}	wastewater Systems on this property?
}YES	{	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	1	O Are there any Easements or Right of Ways on this property?
∠}YES	{_}} 1	any existing water, cable, phone of underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
Have Read	d This A	oplication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
iliciais Ar	e Grante	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules J.
nderstand	That I	am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site
ccessible S	So That A	Complete Site Evaluation Can Be Performed.