

SFD: (Size x) # Bedrooms:# Baths:Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: FOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms Modular: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame FOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no Manufactured Home: SW DW TW (Size x) # Bedrooms: Garage: (site built?) Deck: (site built?) Duplex: (Size x) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Addition/Accessory/Other: (Size 24x12 And 30x8 Use: Added Utility room off of pantry for storage, crafting, laundry, etc. Also added 8 ft to end of hom to enlarge Master closet Closets in addition? (X) yes - No New closest, only expansion () no	Initial Application Date:1/11/22		Application #	
Central Permitting 420 McKinney Pkwy, Lillingon, No. 27546 Phone; (1910, 98) 7526 ext. 1 Fax: (1910, 98) 2793 www.hamett.org/permits "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION* ANDOWNER: Amber Nibe Mailing Address:			CU#	
ANDOWNER: Amber Nibe			USE APPLICATION	
State: Zip: 27505 Contact No: 910-591-6484 Email:ambernibe@yahoo.com	**A RECORDED SURVEY MAP, RECORDED	DEED (OR OFFER TO PURCHASE) & SITE PLAN	ARE REQUIRED WHEN SUBMITTING A LA	AND USE APPLICATION**
State: Zip: 27505 Contact No: 910-591-6484 Email:ambernibe@yahoo.com	LANDOWNER: Amber Nibe	Mailing Address:	2604 Holly Springs Chuch Rd	
Contact No:Email:				
ADDRESS:	APPLICANT*:Amber Nibe- Landowner	Mailing Address:		
Coning:RA-30Flood: _Min Watershed:133ADeed Book / Page: _3346-0001			Email:	
Setbacks - Front:_ 80_Back:_ 100 Side:_ 42 Corner:	ADDRESS:	PIN:		
SFD: (Sizex # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab	-	_	0001	
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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

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 one.
{}} 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 property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION :
{}}YES	{X} NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{X} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	{X} NO	Does or will the building contain any drains? Please explain
{}}YES	{X} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	{X} NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	{X} NO	Is the site subject to approval by any other Public Agency?
{}}YES	{X} NO	Are there any Easements or Right of Ways on this property?
{X}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.