

Application Application	#
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION	CU#
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (91	0) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SU	BATTING A LAND USE APPLICATION**
LANDOWNER: Alyssa Cochron-Trul Mailing Address: 7421 Ryc	
City: Fayette Ville State: AC Zip: 28314 Contact No: 919-721-6033 Email	alussa C 1179 @amail com
	" La grida i.com
APPLICANT*: Alyssa Cochran-Trull Mailing Address:	
City: State: Zip: Contact No: Email *Please fill out applicant information if different than landowner	:
ADDRESS: 392 Henschel La. PIN: 061-58-50	37
Zoning: PA-30 Flood: Watershed: Deed Book / Page:	
Setbacks - Front: 130' Back: 42' Side: 100 Corner: 60	
PROPOSED USE:	
and the second section of the section o	Monolithic
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: C (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes a	rawl Space:Slab:Slab:
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Dec	k: On Frame Off Frame
(Is the second floor finished? () yes (_) no Any other site built additions? (_) yes	
Manufactured Home: _SW _ DW) _TW (Size 29 x 56) # Bedrooms: 3 Garage:(site built)	Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
(40) 30 (40) 30 (40)	ref."
Home Occupation: # Rooms: Use: Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
	A STATE OF THE PARTY OF THE PAR
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have New Well Application at the same time	
(Complete Environmental Health Checklist on other side of poplication if Sertic)	wer
soes owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract lis	ted above? () yes (X) no
Does the property contain any easements whether underground or overhead () yes (_X) no	
Structures (existing or proposed): Single family dwellings: Manufactured Homes:	Other (specify): SD to be remove
permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revoc	and the specifications of plans submitted.
a allysser Coepiran-Trull 02/18/12	
Signature of Owner or Owner's Agent Date ""It is the owner/applicants responsibility to provide the county with any applicable leformation.	
incorrect or missing information that is contained within these applications	William are not measurable for any
*This application evalues 5 months from the little of the	Manual Company of the

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)

docume	ntation submitted	d. (Complete site plan = 60	months; Complete plat = without	ut expiration)	months or without expiration depending upon
	All property be clearly fia Place "orang	Health New Septic So I Irons must be made agged approximately enge house comer flags	vstem visible. Place "pink prop very 50 feet between com	erty flags" on each cers.	corner iron of lot. All property lines must
:	Place orange of property is to be perform All lots to be	e Environmental Healti thickly wooded, Environed. Inspectors should be addressed within	n card in location that is ea nmental Health requires the	asily viewed from ros at you clean out the jound site. Do not gr	I Permitting. ad to assist in locating property. undergrowth to allow the soil evaluation ade property.
	Environment Follow above Prepare for it and then put	ntal Health Existing To instructions for placin inspection by removing	ank Inspections g flags and card on prope soil over outlet end of te	ty.	
SEPTIC			ORMATION MAY BE REQUIR		25 p. 27
If apply	ng for authoriza	ation to construct please in	dicate desired system type(s):	can be ranked in order	of preference, must choose one.
(_) A	ccepted	{}} Innovative	Conventional	{ } Any	
(_) A	Iternative	Other			
the appl uestion	icant shall noti	fy the local health departs is "yes", applicant MUS"	ment upon submittal of this a	pplication if any of the	e following apply to the property in
_}YE	NO M	Does the site contain	any Jurisdictional Wetlands?		
}YES	NO	A STATE OF THE STA	n irrigation system now or in		

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.