

Initial Application Date:	Application #
	CU#
COUNTY OF HARNETT RESIDENTIAL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (91	Disparation (1) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SIT	E PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: James a Panela Gidwin Mailing A	191 Annalyst st
City: State: NC Zip: 2833 Contact No: 9	10-645-266 Email: pansumerly @ hitmail.
APPLICANT*: James & Pamela Godwin Mailing Address: 18	
City: State: Zip 28334 Contact No: _ *Please fill out applicant information if different than landowner	710-685-2606 Email: parsumertine Chateral. C
ADDRESS:PIN	<u> </u>
Zoning: Flood: Watershed: Deed Book / Pa	
Setbacks - Front: 100 Back: 60 Side: 50 Corner:	1
PROPOSED USE:	
□ SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath):	Monolithic Garage: Deck: Crawl Space: Slah: Slah:
TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? (	
☐ Modular: (Sizex) # Bedrooms # Baths Basement (w/wo ba	ath) Garage: Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FT (Is the second floor finished? () yes	() no Any other site built additions? () yes () no
☐ Manufactured Home:SWDWTW (Sizex) # Bedroo	ms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Pe	r Unit: TOTAL HTD SQ FT
☐ Home Occupation: # Rooms: Use: Home	ours of Operation:#Employees:
Addition/Accessory/Other: (Size 12 x 33) Use: Swimming	Closets in addition? () yes (no
TOTAL HTD SQ FT GARAGE	
Water Supply: County Existing Well New Well (# of dwellings	using well) *Must have operable water before final
Sewage Supply: New Septic Tank Expansion Relocation Exis	Well Application at the same time as New Tank)
(Complete Environmental Health Checklist on other side of application Does owner of this tract of land, own land that contains a manufactured home within	n if Septic)
Does the property contain any easements whether underground or overhead ( ) yes	
Structures (existing or proposed): Single family dwellings: Manufa	ctured Homes: Other (specify):
If permits are granted I agree to conform to all ordinances and laws of the State of N I hereby state that foregoing statements are accurate and correct to the best of my k	nowledge. Permit subject to revocation if false information is provided.
Signature of Owner's Agent	4.22-22 Date
Signature of Owner or Owner's Agent	Date
***It is the owner/applicants responsibility to provide the county with any appl to: boundary information, house location, underground or overhead easer	nents, etc. The county or its employees are not responsible for any
incorrect or missing information that is con  *This application expires 6 months from the initi	

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 authorizatio	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.					
{}} Accepted		{} Innovative {} Conventional {} Any					
{}} Alternative		{}} Other					
The applica question. If	nt shall notify f the answer is	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	{\sqrt{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	{	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

Perr	nit#

Pool

Planning & Inspections Department

Rev Sep2014						
Each application sho shape, existing and dimensions.	ould be submitted proposed buildin	l with an attached plogs, parking and load	ot/site plan with the ing areas, access driv	proposed use/st ves and front, rea	ructure showing lot ar, and side yard	
Name of Applicar	t James &P.	Amela Godwin	Property Owner	DAMES & PA	nela Godwin	
Home Address	121 Armsta		Home Address	1	181 ARMSTRONG ST	
City, State, Zip			City, State, Zip	DUNN, NC 28334		
Telephone		28334	Telephone	910-685-2606		
Email	910-685	Nia & hotmail. Co	T	pansumentin & hotmail. com		
Address of Propos			trong st			
Parcel Identification			7424.00 Estima	ated Project Cost	50,000.00	
What is the application the proposed use of		build / what is	Swimming	Pool	-	
Description of any p to the building or pr		ents 5wi	mming Pool			
What was the Prev	ious Use of the st	ubject property?	Reseden	2 AL		
Does the Property			NO VES	No		
Number of dwelling	ng/structures on t	he property already	2 Prop	erty/Parcel size	2.3 ACRES	
Floodplain SFHA	Yes \_No	WatershedYes _	No Wetlands	YesNo _	rea - Not	
MUST circle one that	t applies to propert	ty Existing Propose		Or		
			ed County/City Sewe Must Read and Sign			
answers, statements, and belief. The under application. Upon iss regulations, and the la The undersigning part	and other informations igning party under the suance of this perminance of the State of Norty authorizes the Total	on herewith submitted erstands that any incorr it, the undersigning par North Carolina regulati	are in all respects true ect information submit ty agrees to conform to ng such work and to the	and correct to the ted may result in all applicable too ne specifications of	best of their knowledge the revocation of this wn ordinances, zoning f plans herein submitted. on to ensure compliance	
to this application as	approved.	1 1		4		
JAMES GO	dwin	James A.	Luni		22-22	
Print Name		Signature of Owner	r or Representative	Date		
For Office Use		fi.				
Zoning District	R-15	Existing Nonconform	ning Uses or Features			
Front Yard Setback	101	Other Permits Requi	redConditional	UseBuilding _		
	10'	Requires Town Zon		Foundation _	_Prior to C. of O.	
Side Yard Setback	()	Zoning Permit Status			22.14	
Rear Yard Setback	10.	Fee Paid: 25	Date Paid: 4122	22   Staff Initi	als: M)	
Comments	rew sw	immin P	001			
Signature of Town	Representative:	Iva Boule	Date	Approved/Denie	: 4/22/2021	
Call Ho building	conett C	county Dev	910-892	-75 APR	2 2022 CW	

- install a se Fere to serve Ps., TOWN OF ERWIN