Initial Application Date: 5123 22



Application #_____BRE S2205 -

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: GODDASO CONO JASSO IMELIA MAIling Address: UT ASNEU LAN P
City: 120004-101110 State: NC Zip: 1752 Contact No. 919-227-963 5il:
APPLICANT*: Mailing Address:
City:State:Zip:Contact No:Email:**Please fill out applicant information if different than landowner
ADDRESS: 1250 TIM CHVIN Rd PIN: 0529-52-04/3.000
Zoning KA 3D Flood: Watershed: Deed Book / Page: 4087-0222
Setbacks - Front: Back: Side: Corner:
PROPOSED USE: Monolithic
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: TOTAL HTD SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
☐ Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) 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: \sqrt{SW} DW TW (Size $\frac{14}{x}$ $\frac{1}{x}$ Bedrooms: $\frac{2}{x}$ Garage:(site built?) Deck:(site built?)
D. Deslaw (Circ.) No. Desiderate
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT
Use: Home Occupation: # Rooms: #Employees: #Employees:
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
□ Home Occupation: # Rooms:Use:Hours of Operation:#Employees: □ Addition/Accessory/Other: (Sizex) Use:Closets in addition? () yes () no TOTAL HTD SQ FTGARAGE Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
Home Occupation: # Rooms:
□ Home Occupation: # Rooms:
Home Occupation: # Rooms:
Home Occupation: # Rooms:
Home Occupation: # Rooms:
Home Occupation: # Rooms:
Home Occupation: # Rooms:

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 to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{}} Accepted		{}} Innovative {	
{}} Alternative		{}} Other	
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
{_}}YES	(_YNO	Does the site contain any Jurisdictional Wetlands?	
{_}}YES	{ UNO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{_}}YES	(LINO	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 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	ELINO	Are there any Easements or Right of Ways on this property?	
{_}}YES	NO 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.