

		NORTH CAR	GLINA		
nitial Application Date: June 30, 20	)22_		Applic	ation #	
Central Permitting 420 McKir	nney Pkwy, Lillington, NC 2		) 893-7525 ext:1 F	Fax: (910) 893-2793	www.harnett.org/permits
"A RECORDED SURVEY MAP,	RECORDED DEED (OR OFFER	TO PURCHASE) & SITE	PLAN ARE REQUIRED W	HEN SUBMITTING A LA	ND USE APPLICATION**
ANDOWNER: Jeremy & Sh	auna Howell	Mailing Add	ress:	139 Port Tack	
ty:Sanford	State: NC Zip: 27	330 Contact No:	(919) 721-4840	Email: jeremyjho	owell67@gmail.com
PPLICANT*: EverDream Builden	s, LLC Mail	ing Address:	4132 Dunn Re	oad	
	State: NC 7in: 28				builders@gmail.com
DDRESS:					
		1000			
ning: Flood:					
tbacks - Front: Back:	Side: C	orner:			
ROPOSED USE: Pulle		The second second			
Dunc	ling a roof over existin				4.40.004.004.00
SFD: (Sizex) # Bedr	ooms: # Baths: Ba	sement(w/wo bath):	Garage Deck	Crawl Space	Monolithic State
OTAL HTD SQ FT GARAGES	OF Cothe beau	a series for laboratory		orani opace	Slab Slab
	(is the borns	s room missied? ()	es () no w/ a close	et? () yes () no	(if yes add in with # bedron
Modular (Size v ) # B	admona # S-st-				
Modular: (Sizex) # B	edidoins # Baths	Basement (w/wo bath	Garage: Si	te Built Deck:	On Frame Off Frame
TAL HTD SQ FT	(is the second flor	or finished? ( ) yes (	) no Any other sit	e huilt additions? /	lume / loo
				e paint magnitions : (_	_) yes () no
Manager 111	22-10 120-200-200-20 F				
Manufactured Home:SW	_DWTW (Size	x) # Bedrooms	: Garage: (s	te built? ) Deck:	(site built? \
Duplex: (Sizex) No. I	Buildings	No Post of the	1027		
	policings	_ No. Bedrooms Per U	Init;	TOTAL HTD S	QFT
Home Occupation: # Rooms:	Hen:	Maria	( O		
	030	nour	s or Operation:		#Employees:
A 4 (8)					
Addition/Accessory/Other: (Size _	x) Use:			Closets in a	ddition? ( ) yes ( ) no
TAL HTD SQ FT					
THE REPORT I	GARAGE				
iter Supply: X County 5	Svietine Minit	W. S. C			
ter Supply: X County E	Existing well New	Well (# of dwellings us	ing well) *1	Must have operable	water before final
wage Supply: New Septic Tan		a to combiere New Mil	III Application at the sa	ime time as New Tar	nk)
(Complete Environmen	tal Health Checklist on oth	elocationExisting	Septic Tank X Co	bunty Sewer	
es owner of this tract of land, own la	nd that contains a manufa	ctured home within five	Septic)  hundred feet (500% o	Counds beteil toors by	/ Vine / VV
				n cract iisted above?	yes (A) no
es the property contain any easeme	nts whether underground of	or overhead () yes	(X) no		
uctures (existing or proposed): Singl	e family dwellings:	X Manufactu	rad Hames	CHARLE	4.4
		Mariulactu	red Hornes:	Other (spec	city):
permits are granted I agree to confor	rate all ordinances and la	us of the State of North	Carolina resultation o	made manufacture of the	20000000000000000000000000000000000000
ereby state that foregoing statement	s are accurate and correct	to the heet of my kee	dadas Domit sur	uch work and the sp	ecincations of plans subm
	and correct	to the best of my know	neuge. Permit subjec	to revocation if false	e information is provided.

Signature of Owner or Owner's Agent Date ""It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited 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."

June 30, 2022

"This application expires 6 months from the initial date if permits have not been issued"

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 doc

{ }YES

{X} NO

document	ation submitted.	(Complete site plan = 60 n	nonths; Complete plat = withou	mit is valid for either 60 months or without expiration depending upon t expiration)				
		Health New Septic Sy						
•	All property	irons must be made	visible. Place "pink prope ery 50 feet between corne	erty flags" on each corner iron of lot. All property lines must				
•	Place "orang buildings, sw	e house corner flags' imming pools, etc. Pla	at each corner of the pro	posed structure. Also flag driveways, garages, decks, out				
7 0	riace orange	orange Environmental Health card in location that is easily viewed from road to assist in locating property.						
	to be perform	ed. Inspectors should	mental Health requires the	at you clean out the <u>undergrowth</u> to allow the soil evaluation				
	All lots to D	e addressed within 1	Dusiness dave after o	onfirmation 625 00 return tola for				
1	failure to un	cover outlet lid, mark	house corners and pro	perty lines, etc. once lot confirmed ready.				
		tal Health Existing Ta						
	Follow above	instructions for placing	flags and card on proper	+4				
•	Prepare for in	ispection by removing	soil over outlet end of to	nk se disgram indicates and the tide and the				
		no sech in piece. (On	ess insomenon is for a ca	ptic tank in a mobile home park)				
*	DO NOT LEAV	E LIDS OFF OF SEPTIO	TANK	The state of the s				
		*MORE INF	DRMATION MAY BE BEOUR	ED TO COMPLETE ANY INSPECTION*				
SEPTIC								
If applyin	ng for authoriza	tion to construct please inc	licate desired system type(s):	can be ranked in order of preference, must choose one.				
() Ac	cepted	{}} Innovative	{}} Conventional	{}} Any				
(_) Al	temative	{}} Other						
The appli question.	cant shall noting If the answer	fy the local health departs is "yes", applicant MUS	nent upon submittal of this : Γ ATTACH SUPPORTING	application if any of the following apply to the property in G DOCUMENTATION:				
{_}}YES	{ <u>X</u> } NO	Does the site contain any Jurisdictional Wetlands?						
{_}}YES	{X} NO	Do you plan to have an irrigation system 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	{ <u>X</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?						
(_)YES	{ <b>X</b> } №	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?						

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.

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.