

Application Date: 1 · 10 · 23  Application #
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 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: USY day Harn'S Mailing Address: 997 Jackson Rd.  City: Fugury Varing State: NC Zip: 27572/contact No: 91981097160 Email: 4everteal Camada www.harnett.org/permits  APPLICANT*: USY day Harn'S Mailing Address: 997 (Jackson Rd.  City: Fugury Varing State NC Zip: 27572/contact No: 91981097160 Email: 4everteal Camada www.harnett.org/permits  ADDRESS: 997 Jackson Rd. FV NC 27572/epin: 01632-816-7108.00  Zoning: RA-101/Flood: Min: Watershed: 131/p Deed Book / Page: 4110/p: 1002  Setbacks - Front: 330 Back: 1240 Side 11 Corner: 2591  PROPOSED USE: Monolithic Slab:
LANDOWNER: UDY dan Harn'S
City: Fugury Varina State: NC Zip: 2820 Contact No: 91981091160 Email: 4everteal @gmoul. come Applicant*: Up Young State: No: 219: 21520 Contact No: 91981091160 Email: 4everteal @gmoul. come Applicant Antormation if different than landowner ADDRESS: 997 Jackson Rd. FV NC 27520 PIN: 01632-816-7108.00  Zoning: RA-2016 Flood: Min. Watershed: 1310 Deed Book / Page: 411016 10102  Setbacks - Front: 330 Back: 1240 Side 11 Corner: 2591  PROPOSED USE:  SFD: (Size x ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: TOTAL HTD SOFT GARAGESOFT (Is the bonus room finished? (_) yes (_) no w/ a closet? (_) yes (_) no (if yes add in with # bedrooms)
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APPLICANT*: JOYAAN HAVYS Mailing Address: 991 (JACKSON Rd. City: Fuguar Vanna State NC Zip: 21524 contact No: 9198109760 Email: 4everteal Camail. com *Please fill oil applica in Information if different than landowner ADDRESS: 997 JACKSON Rd. FV NC 27524 pin: 01632 - 816 - 7108.00  Zoning: RA - 2014 Flood: Min. Watershed: 1340 Deed Book / Page: 411010: 10102  Setbacks - Front: 330 Back: 1240 Side 11 Corner: 259 PROPOSED USE:  Discreption of Size X Bedrooms: # Baths: Basement (w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: TOTAL HTD SQFT GARAGE SQFT (Is the bonus room finished? (_) yes (_) no w/ a closet? (_) yes (_) no (if yes add in with # bedrooms)
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Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FI (Is the second floor finished? () yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:TOTAL HTD SQ FT
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other: (Size 50 x 30) Use: detached garage Closets in addition? (_) yes (_) no TOTAL HID SO FI GARAGE 1500 (900 enclosed)
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Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500°) of tract listed above? () yes () no
Does the property contain any easements whether underground or overhead () yes () no  Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
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If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted.  I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
2.13.23
Signature of Owner or Owner's Agent  ***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
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APPLICATION CONTINUES ON BACK

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## \*\*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

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "drange 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	c	the state of the state decired custom type(a), can be ranked in order of preference, must choose one
If applying	for authorizatio	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acce	pted	[_] Innovative {} Conventional {} Any
{}} Alternative		{}} Other
The applica question. If	nt shall notify 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	(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	(V) 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	(V) NO	Is the site subject to approval by any other Public Agency?
{_}}YES	{NO	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?
	Acceptance of the control of the con	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 Compilance 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.

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