

| Initial Application Date:   |                               |  | Application #   |   |
|---|-------------------------------|--|---|---|
|   |                               |  | CU#   |   |
| Central Permitting 420  |                               | ARNETT RESIDENTIAL LAND USE AP<br>NC 27546 Phone: (910) 893-7525 ex                    |   | www.harnett.org/permits                                 |
| **A RECORDED SURVEY   | MAP, RECORDED DEED (OR O      | FFER TO PURCHASE) & SITE PLAN ARE REQ  | JIRED WHEN SUBMITTING A LAND  | USE APPLICATION**                                       |
| LANDOWNER: DWIGHT   | D & Marsha P A                | Mailing Address: 595   | Parrish Ad  |   |
| city: Fuguay Varing   | State: NC Zip:                | 17526 Contact No: 919-985-6  | 367 Email: Madpark  | ish99@gmail.com   |
| APPLICANT DWIGHT &  | Marsha Parrich                | Mailing Address: 595 Parrich   | Ra  |   |
| City: Fugury Varian *Please fill out applicant information          | State: MC Zip:                | 2754 Contact No: 919-985-1   | 0367 Email: MOOPON  | <u>rish99@gmail.cu</u>                                  |
| ADDRESS: 595 Parts  | in Rd, Fuguay Van             | 100, NC 27526PIN: 0663-3   | 19-1345.000   |   |
| Zoning: Flood:  | Watershed:                    | Deed Book / Page:  |   |   |
| Setbacks - Front:B  | ack: Side:                    | Corner:  |   |   |
| PROPOSED USE:   |                               |  |   | Manalithia  |
| □ SFD: (Sizex)  | # Bedrooms: # Baths:          | _ Basement(w/wo bath): Garage:   | Deck: Crawl Space:  | _ Slab: Slab:   |
| TOTAL HTD SQ FTGAF  | AGE SQ FT (Is the b           | oonus room finished? () yes () no v  | w/ a closet? () yes () no (i  | f yes add in with # bedrooms)                           |
|   |                               | s Basement (w/wo bath) Garage and floor finished? () yes () no Any                     |   |   |
| ☐ Manufactured Home:  | SWDWTW (Size_                 | x) # Bedrooms: Garag   | ge:(site built?) Deck:  | _(site built?)  |
| □ Duplex: (Sizex  | _) No. Buildings:             | No. Bedrooms Per Unit:   | TOTAL HTD SO  | FI  |
| ☐ Home Occupation: # Room   | ns:Use:                       | Hours of Operatio  | n:  | _#Employees:  |
|   |                               | Inground swimming p  | Closets in add  | dition? () yes () no                                    |
| TOTAL HTD SQ FT   | GARAGE                        |  |   |   |
|   | ptic Tank Expansion _         | (Need to Complete New Well Application   | ) *Must have operable of at the same time as New Tank                             | vater before final                                      |
| Does owner of this tract of land                                    | , own land that contains a m  | anufactured home within five hundred fee   | et (500') of tract listed above? (  | ) yes (X) no  |
| Does the property contain any                                       | easements whether undergro    | ound or overhead () yes (X_) no  |   |   |
| Structures (existing or propose                                     | d): Single family dwellings:_ | Manufactured Homes:  | Other (speci  | fy):  |
| If permits are granted I agree to I hereby state that foregoing sta | atements are accurate and c   | and laws of the State of North Carolina re<br>orrect to the best of my knowledge. Perr | gulating such work and the spe<br>nit subject to revocation if false<br>2/27/2023 | cifications of plans submitted information is provided. |
| 1V VV   | Signature of Owner or O       |  | Date  | by including but not limited                            |
| it is the owner/applicants  | esponsibility to provide th   | ne county with any applicable information  | non about the subject proper  | ly, 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.\*\*\*

\*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

YES

}YES

}YES

{ }YES

{ }YES

NO

NO

NO ) NO

{ } NO

| docu | mentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)   |
|------|---|
|      | <ul> <li>All property irons must be made visible. Place "pink property flags" on each be clearly flagged approximately every 50 feet between corners.</li> <li>Place "orange house corner flags" at each corner of the proposed structure. Buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.</li> <li>Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.</li> <li>If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.</li> <li>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.</li> </ul> |
|      | <ul> <li>Environmental Health Existing Tank Inspections</li> <li>Follow above instructions for placing flags and card on property.</li> <li>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)</li> <li>DO NOT LEAVE LIDS OFF OF SEPTIC TANK</li> </ul>  |
|      | "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"   |
|      | TIC oplying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.   |
| {    | Accepted \ \ \[ \] Innovative \ \[ \] Conventional \\ \[ \] Any   |
| {    | Alternative {\rightarrow} Other   |
| ques | applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in stion. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:  YES { } NO Does the site contain any Jurisdictional Wetlands?  |
|      | YES { NO Do you plan to have an irrigation system now or in the future?   |
| ''   |   |
| [ ]  | YES { NO Does or will the building contain any drains? Please explain.  |

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. 1 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.

Are there any existing wells, springs, waterlines or Wastewater Systems on this property?

Is any wastewater going to be generated on the site other than domestic sewage?

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?