

Initial Application Date: Application #		on #
	Y OF HARNETT RESIDENTIAL LAND USE APPLICATION ngton, NC 27546 Phone: (910) 893-7525 ext:2 Fax:	
*A RECORDED SURVEY MAP, RECORDED DEED	O (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN	SUBMITTING A LAND USE APPLICATION**
LANDOWNER: Eugere Boudre	Mailing Address 609 MODO	Shadow CT.
City: Fuguay Varing State: nc	Zip27516Contact No: 919-292-467Ema	ane contructing and
	Mailing Address:	
*Please fill out applicant information if different than landowne	Zip: Contact No: Em	nail:
ADDRESS: 4908-012-STage	12 N. Argiespin: 0692 -09	-0678
	ed: Deed Book / Page: 476 (356)	
Setbacks - Front: Back: Side:		
PROPOSED USE:		
	aths: Basement(w/wo bath): Garage Deck: (Is the bonus room finished? () yes () no w/ a closet?	
	# Baths Basement (w/wo bath) Garage: Site esecond floor finished? () yes () no Any other site to	
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:U	lse: Hours of Operation:	#Employees:
□ Addition/Accessory/Other: (Size 38 x ≥ 1)	Use: Garage	Closets in addition? () yes (\( \) no
TOTAL HTD SQ FT GARAGE_		
Water Supply: County Existing Well	New Well (# of dwellings using well) *Mus (Need to Complete New Well Application)	et have operable water before final
Sewage Supply:X_ New Septic Tank Expan	insion Relocation Existing Seplic Tank Co	
	ecklist on other side of application if Septic) ans a manufactured home within five hundred feet (500') of the second of the control of the c	tract listed above? () yes () no
Does the property contain any easements whether ur	nderground or overhead () yes ( 🔀 no	
	ings 1 SFD Manufactured Homes:	Other (specify):
	nees and laws of the State of North Carolina regulating suc and correct to the best of my knowledge. Permit subject to	
	r'er Owner's Agent Da	-93
***It is the owner/applicants responsibility to prov	r of Owner's Agent Da vide the county with any applicable information about t	te he 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.\*\*\*

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

## APPLICATION CONTINUES ON BACK

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		*This application to be filled out when	applying	g for a septic system inspection.*	
IF THE INF	FORMATION I DRIZATION TO	N THIS APPLICATION IS FALSIFIED, CHANG	ED, OR The permit	nt Permit and/or Authorization to Construct THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT t is valid for either 60 months or without expiration depending upon expiration)	
• Abo	all property in the clearly flag place "orange uildings, swire property is the be performed. If lots to be	ged approximately every 50 feet between house corner flags" at each corner of the mming pools, etc. Place flags per site plane Environmental Health card in location that hickly wooded, Environmental Health required. Inspectors should be able to walk free addressed within 10 business days as	corners te proport to develo tis easil tres that thy arour fter cor	osed structure. Also flag driveways, garages, decks, out oped at/for Central Permitting. If yiewed from road to assist in locating property. If you clean out the <u>undergrowth</u> to allow the soil evaluation	
• F	ollow above repare for in and then <b>put</b>	lid back in place. (Unless inspection is for E LIDS OFF OF SEPTIC TANK	d of tank r a sept	k as diagram indicates, and lift lid straight up (if possible)	
SEPTIC If applying	g for authorizat	ion to construct please indicate desired system t	ype(s): c	can be ranked in order of preference, must choose one.	
{_}} Acc	cepted	{}} Innovative {}} Conventio	nal	{}} Any	
{}} Alto	ernative	{}} Other	million statistical and the first frameway		
The applic question.	ant shall notif	y the local health department upon submittal dis "yes", applicant MUST ATTACH SUPPO	of this ap	opplication if any of the following apply to the property in GOCUMENTATION:	
{}}YES	(V) NO	Does the site contain any Jurisdictional We	tlands?		
{}}YES	(√) NO	Do you plan to have an irrigation system now or in the future?			
{_}}YES	INO	Does or will the building contain any drains? Please explain.			
YYES	() NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{}}YES	(VINO	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	MINO	Are there any Easements or Right of Ways on this property?			
{_}}YES	{VINO	Does the site contain any existing water, cable, phone or underground electric lines?			

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.

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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