

Initial Application Date:	9/26 Application #_	
		CU#
	08 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-	2793 www.harnett.org/permits
A RECORDED SURV	EY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTIN	G A LAND USE APPLICATION
LANDOWNER: BOAN	Corn Mailing Address: 903 Rollins Mill Y	26.
City: Hally Spring	State: NC Zip: 27540 Contact No: 919-918-3316 Email: 601	anhourneyahoo.com
APPLICANT : RISING	Sun Pools Mailing Address: 3608 Hilsbarous h St	
City: 164 beg h	State: NC Zip: 276 86 Contact No. 919-250 312 4 Email: K-ac	cr30eg mail.com
ADDRESS: 903 Rolly	S MILL Rd. PIN:	
Zoning:Flood:_	Watershed: Deed Book / Page:	
Setbacks - Front:	Back: 333 Side: 72 Corner:	
PROPOSED USE:		
O SFD: (Size x TOTAL HTD SQ FT G/	# Bedrooms:# Baths: Basement(w/wo bath): Garage: Deck: Crawl S RAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes ()	Monolithic pace: Slab: S
TOTAL HTD SQ FT) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: (Is the second floor finished? () yes () no Any other site built addition	On Frame Off Frame os? () yes () no
☐ Manufactured Home:	SWDWTW (Sizex) # Bedrooms: Garage:(site built?)	Deck:(site built?)
Duplex: (Sizex_		HID SQ FT
☐ Home Occupation: # Roo	rns:Use:Hours of Operation:	#Employees:
	(Size 20 x 40) Use: ingraund pool Close	
TOTAL HTD SQ FT	GARAGE	
Sewage Supply: New Se	Existing Well New Well (# of dwellings using well) *Must have open to Tank Expansion Relocation Existing Septic Tank County Sewer	erable water before final w Tank)
Does owner of this tract of land	donmental Health Checklist on other side of application if Septic) own land that contains a manufactured home within five hundred feet (500') of tract listed at	
Does the property contain any	easements whether underground or overhead () yes ()no	ove? () yes () no
	d): Single family dwellings: Manufactured Homes: Other	(enosity):
If permits are granted I agree t I hereby state that foregoing st	conform to all ordinances and laws of the State of North Carolina regulating such work and atements are accurate and correct to the best of my knowledge. Permit subject to revocation	
×	100 m = 9/22/2	Talse information is provided.
***It is the owner/applicants to: boundary information	Signature of Owner or Owner's Agent Date responsibility to provide the county with any applicable information about the subject provide the subject provides the subject provide	property, including but not limited
	incorrect or missing information that is contained within these applications.*** *This application expires 6 months from the initial date if permits have not been issue	d**

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)

documentation submitted	(Complete site plan = 60 months; Complete plat = without expiration)
 All property be clearly flate Place "orange buildings, sweet buildings, swe	Health New Septic System Irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must gged approximately every 50 feet between corners. e house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out imming pools, etc. Place flags per site plan developed at/for Central Permitting. Environmental Health card in location that is easily viewed from road to assist in locating property. Including the property of the inclusion of lot. All property lines must great at the property of lot. All property lines must great at the property of lot. All property lines must great at the location of lot. All property lines must great
SEPTIC If applying for authoriza {} Accepted {} Alternative	"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION" tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {_} Innovative
The applicant shall notificate question. If the answer	fy the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	Does the site contain any Jurisdictional Wetlands?
{_}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES	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 {_VNO	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 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?
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read This Applica	ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
Officials Are Granted Rig	ant Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules J
Understand That I Am Se	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site
Accessible So That A Con	applete Site Evaluation Can Be Performed.