

Initial Application Date: 8.20.24

Application #\_

## COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

420 McKinney Pkwy, Lillington, NC 27546

Phone: (910) 893-7525 ext:1 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: Fernando Meza		Mailing Address: 9 Bunny Trail		
City: Broadway	State:_NC _ Zip:_2750	Contact No: 919-796-3790	Email: fernando.e.meza95@gmail.com	
APPLICANT*:	Mailing	Address:		
City:*Please fill out applicant information if differ		Contact No:	Email:	
ADDRESS: 11 Bunny Trail Broadway	, NC 27505	PIN: 9680-76-3302	2.000	
Zoning: RA-30 Flood: Minimal F	Risk Watershed:	Deed Book / Page: 3703 : 0735		
Setbacks - Front: 595 Ft Back:	119 Ft Side: 122 Ft Corr	ner: <del>174 Ft</del>		
PROPOSED USE:			A	
			Monolithic *	
☐ Modular: (Sizex) # E	Bedrooms# BathsB	asement (w/wo bath) Garage	: Site Built Deck: On Frame Off Frame	
TOTAL HTD SQ FT	(Is the second floor f	finished? () yes () no Any	other site built additions? () yes () no	
Manufactured Home: XSW	_DWTW (Size 66x		e: <u>N/A(</u> site built?) Deck: <u>N/A(</u> site built?)	
□ Duplex: (Sizex) No.	Buildings:	No. Bedrooms Per Unit:	TOTAL HTD SQ FT	
☐ Home Occupation: # Rooms:	Use:	Hours of Operation	:#Employees:	
☐ Addition/Accessory/Other: (Size	x) Use:	*	Closets in addition? () yes () no	
TOTAL HTD SQ FT	GARAGE			
Sewage Supply: New Septic Ta	(Need t nk Expansion Rel ntal Health Checklist on other	o Complete New Well Application ocation Existing Septic Tank r side of application if Septic)	) *Must have operable water before final at the same time as New Tank)  County Sewer  t (500') of tract listed above? (X) yes (_) no	
Does the property contain any easeme	ents whether underground or	overhead (X) yes () no		
Structures (existing or proposed): Sing	gle family dwellings:	Manufactured Homes:	2 Other (specify):	
			ulating such work and the specifications of plans submitted it subject to revocation if false information is provided.	
Sign	ature of Owner or Owner's		Date 9	

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 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 I	N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT DOWNSTRUCT 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)
	ealth New Septic System  rons must be made visible. Place "pink property Nags" on each corner iron of lot. All property lines mus
	ged approximately every 50 feet between corners.
	house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, ou
	nming 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.
	ickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluationed. Inspectors should be able to walk freely around site. <b>Do not grade property</b> .
	addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for
	over outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
M.	
	al Health Existing Tank Inspections
	nstructions for placing flags and card on property.
	spection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up ( <i>if possible</i> id back in place. (Unless inspection is for a septic tank in a mobile home park)
	E LIDS OFF OF SEPTIC TANK
SEPTIC	"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"
If applying for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{} Innovative {} Conventional {} Any
{} Alternative	{}} Other
	the local health department upon submittal of this application if any of the following apply to the property in s "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	Are there any existing wells, springs, waterlines of Wastewater Systems on this property?
{_}}YES	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES	Is the site subject to approval by any other Public Agency?
{_}}YES	Are there any Easements or Right of Ways on this property?
{_}}YES	Does the site contain any existing water, cable, whone 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 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.

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