

Initial Application Date: 9/18/7624

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2	NORTH CAROLINA	
		A IT N H
		Application #

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Central Permitting 420 McKinn **A RECORDED SURVEY MAP, RE	ey Pkwy, Lillington, NC 2754		ext:1 Fax: (910) 893-2793 QUIRED WHEN SUBMITTING A LAI	
LANDOWNER JOSEPH and Javet	Graffanino	Mailing Address: 125	Timber-Enall Lane	
City: DINNU	State_NC_ zip 28330	Contact No:	Email: joegraf	gne. rr. com
APPLICANT*:	Mailing /	Address:		
City: *Please fill out applicant information if differen	State:Zip:	Contact No:	Email	
ADDRESS: 125 Timber Green				
Zoning: RA-30 Flood: MINIMAL				
Setbacks - Front: Back:				
PROPOSED USE:				
☐ SFD (Sizex) # Bedroot TOTAL HTD SQ FTGARAGE SC				
Modular: (Sizex) # Be TOTAL HTD SQ FT				The state of the s
Manufactured Home:SW	DWTW (Sizex) # Bedrooms: Gara	age:(site built?) Deck:_	(site built?)
Duplex: (Sizex) No. B	uildings:N	o. Bedrooms Per Unit:	TOTAL HTD S	QFI
☐ Home Occupation: # Rooms:	Use	Hours of Operation	on:	#Employees:
Addition/Accessory/Other: (Size 1			Closets in ac	Idition? yes no
TOTAL HTD SQ FT	GARAGE	Personal Color		
Water Supply: County Ex	(Need to	Complete New Well Application	n at the same time as New Tan	water before final k)
(Complete Environmenta Does owner of this tract of land, own lan	al Health Checklist on other s	side of application if Septic)		() ves (V) no
Does the property contain any easemen				
Structures (existing or proposed): Single	family dwellings:	Manufactured Homes:	Other (spec	Prefab Shed
if permits are granted I agree to conform hereby state that foregoing statements	to all ordinances and laws of	of the State of North Carolina re	agulating such work and the sp	ecifications of plans submitte

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



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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)

577	Environmental Health Nous	Cantia Custam
	Environmental Health New	Sepuc 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 "orange 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 undergrowth 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

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.
{}} Acc	epted	{} Innovative {} Conventional {} Any
{} Alternative		() Other
The application. I	ant shall notify f 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 irrigation system now or in the future?
{_}}YES	NO	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	NO	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 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.