

SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no	Initial Application Date:		A	pplication #	
Central Permitting 420 McKinner, PRwy, Lillington, NC 27546 Phone; (910) 933-7252 8-xt:   Fax: (910) 933-2723 www.harnett.org/permits				CU#	
LANDOWNER: _Julius Draughn	Central Permitting 420 Mck				www.harnett.org/permits
City: Spring Lake State: NC zip: 28390 Contact No: (910) 494-2971 Email: juliusmdraughn@msn.com  APPLICANT*: Charlene Mashs  Mailing Address: 8005 Knightdale Bivd.  City: Knightdale State: NC zip: 27545 Contact No: 335-245-1176 Email: raleighaecounting@tarheelbasementsystems.co  Please fill out applicant information if different than landowner  ADDRESS: PIN:  Zoning: Flood: Watershed: Deed Book / Page:  Setbacks - Front: Back: Side: Corner:  PROPOSED USE:  SFD: (Size X ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT (Is the bonus room finished? () yes () no wa closet? () yes () no (if yes add in with # bedrooms  TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no (if rame Off Frame Off F	**A RECORDED SURVEY MAP	, RECORDED DEED (OR OFF	ER TO PURCHASE) & SITE PLAN ARE REQUIR	ED WHEN SUBMITTING A LAI	ND USE APPLICATION**
City: Spring Lake State: NC zip: 28390 Contact No: (910) 494-2971 Email: juliusmdraughn@msn.com  APPLICANT*: Charlene Mashs  Mailing Address: 8005 Knightdale Bivd.  City: Knightdale State: NC zip: 27545 Contact No: 335-245-1176 Email: raleighaecounting@tarheelbasementsystems.co  Please fill out applicant information if different than landowner  ADDRESS: PIN:  Zoning: Flood: Watershed: Deed Book / Page:  Setbacks - Front: Back: Side: Corner:  PROPOSED USE:  SFD: (Size X ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT (Is the bonus room finished? () yes () no wa closet? () yes () no (if yes add in with # bedrooms  TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built additions? () yes () no (if rame Off Frame Off F	LANDOWNER: Julius Draughn		Mailing Address: 7232 Ellic	ott Bridge Rd.	
City: Knightdale					ghn@msn.com
ADDRESS:	APPLICANT*: Charlene Maahs	Ma	ailing Address: 8005 Knightdale Blvd.		
Setbacks - Front:   Back:   Side:   Corner:	City: Knightdale *Please fill out applicant information if diff-	State:NC Zip: erent than landowner	27545 Contact No: <u>336-245-1176</u>	Email: raleighaccou	nting@tarheelbasementsystems.co
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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: Use: Hours of Operation: #Employees: In accordance with the engineer report, we will repair the Addition/Accessory/Other: (Sizex) Use: boundation and crawlspace structure Closets in addition? yes no	TOTAL HTD SQ FTGARAGE	SQ FT (Is the bor	nus room finished? () yes () no w/ a	a closet? () yes () no	(if yes add in with # bedrooms
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Signature of Owner or Owner's Agent  Date  ***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited	If permits are granted I agree to conf	form to all ordinances and	laws of the State of North Carolina regula	ating such work and the sp subject to revocation if fals	pecifications of plans submitted
	Sig	nature of Owner or Own	er's Agent		rty 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 documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

## □ Environmental Health New Septic System

- <u>All property irons must be made visible</u>. 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 <u>undergrowth</u> 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

## "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

<u>SEPTIC</u>				
If applying for authorizat	ion 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 applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant <b>MUST ATTACH SUPPORTING DOCUMENTATION</b> :				
{}}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 or 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, 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. 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.