



RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS:	88 Alan Parke	er 			PIN:					
LANDOWNER: R					ress:	216 Co	nnie Court			
City:Spring Lake	_ State:_NC;	z _{ip:} 28390	Phone:_	910-216-0382	2	_Email:_	Ant.boardra	ye@root	smg.com	
*Please fill out applica	nnt information if di	ferent than lando	wner.							
APPLICANT: The	omas tew			Mailing Add	dress:_	427 St	ımmerchase	Dr		
City: Spring Lake	_ State:2	Zip: <u>28311</u>	Phone:_	910-214-080	5	_Email:_	Tntairmainte	nance@	gmail.cor	<u>n</u>
PROPOSED USE:										
□ Single Family	Dwelling: (Size	x) # E	Bedrooms:_	# Baths:	_ Gara	age: Attad	ched, Detached (Circle One)	Acces	sory: Decl	k, Patio, Porch ^{Circle} One)
TOTAL HTD SQ FT	:GAR/	AGE SQ FT:	Fou	indation Type:	Craw	l Space: [Stem Wall:	□ Mono	Slab: □	Basement: □
■ Modular: (Size TOTAL HTD SQ FT		sedrooms:	# Baths:		ched, [(Circle O		Accessory		atio, Porch le One)	
Manufactured		OW □ TW □ (S	ize16 x 6	66)# Bedroor	ns : 3	Garag	e : Attached, Do	etached	Accessor	v : Deck, Patio
ZONING:		,				_	(Circle On			(Circle One)
□ Duplex: (Size	x) # Bı	ıildings:	# Bed	drooms Per Ur	nit:		TOTAL HTD	SQ FT:		
□ Addition/Acce	ssory/Other: (S	izex) Use:							
UTILITIES:										
Water Supply:	County	Existing Well X□	New We	ell (# of dwelling	gs usin	g well) □			
Sewage Suppl	y: New Septic	Γank □ Exp	ansion □	Relocation [] Ex	isting Se _l	otic Tank □	County	Sewer X□	
	(Com	plete Environmen	tal Health Ch	ecklist on other s	ide of a	pplication i	f Septic is select	<mark>.ed)</mark>		
GENERAL PROPE	RTY INFORMAT	TION:								
Does the landowne	r own another tra	ct that contains	a manufact	tured home with	nin 500	feet? Y	′ESX NO□			
Does the property of	ontain any ease	ments, whether	undergroun	d or overhead?	YES	S □ NO	X			
Structures (existing	or proposed): S	ingle Family Dv	vellings:	Manufactu	ired Ho	mes: <u>X</u>	Other (s	pecify):		
If permits are granted, I hereby state that the	I agree to conform foregoing stateme	nts are accurate a	and laws of the and correct to	the State of North the best of my k	n Carolir nowledç	na regulatir ge. Permit	subject to revoca	ation if false	fications of e informatio	plans submitted. n is provided.
	Signatur	e of Owner or Ov		<u> </u>			5/20/20 Date	25		

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's responsibility to provide the county with any applicable information about the 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.





Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

□ NEW SEPTIC SYSTEM INSPECTION

- All property irons must be made visible. Place pink flags on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to 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.**

■ EXISTING TANK INSPECTION

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over outlet end of tank, lift lid straight up (if possible), and then put lid back in place.
 Does not apply to septic tank in a mobile home park
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

If applying for Authorization 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 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: Sewer drain to county sewer	SEPTIC CHECK LIST	IDS OFF OF SEPTIC TANK								
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	YES 🗆 NO	Do you plan to have an irrigation system now or in the future?								
YES NO \(\Bar{\text{NO}} \) Are there any existing wells, springs, waterlines, or wastewater systems on this property?	YES NO □	Does or will the building contain any drains? Please explain: Sewer_drain to county sewer								
	YES NO □	Are there any existing wells, springs, waterlines, or wastewater systems on this property?								
YES \square NO Is any wastewater going to be generated on the site other than domestic sewage?	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	Is the site subject to approval by any other Public Agency?								
YES NO Are there any easements or rights-of-way on this property?	YES 🗆 NO	Are there any easements or rights-of-way on this property?								
YES NO Does the site contain any existing water, cable, phone, or underground electric lines?	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.		If yes, please call No Cu	ts at 800-632-4949 to loca	ate the lines. Th	is is a free service.					
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and	I have read this application	n and certify that the inform	ation provided herein is tr	ue, complete, an	d correct. Authorized County and					
State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules			<u> </u>	-	•					
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. I understand that a \$25.00 return trip fee may be incurred for										
failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.										
Signature of Owner or Owner's Agent 5/14/2025 Date	-	Hum	Tev							