

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

RESIDENTIAL LAND USE APPLICATION

| SITE ADDRESS: 3262 Oakridge River Rd FV PIN: 0644-08-5232.000. |
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| City: Henrico state: NC zip: 27842 Phone: 9193697322 Email: atouchoffile agmail con |
| city Handico State: NC zin: 27842 Phone: 9193694265 Email: atouchoffile agmant con |
| *Please fill out applicant information if different than landowner. |
| 500 S 200 S |
| APPLICANT: Mailing Address: |
| City: State: Zip: Phone: Email: |
| PROPOSED USE: |
| □ Single Family Dwelling: (Sizex) # Bedrooms:# Baths: Garage: Attached, Detached (Circle One) Accessory: Deck, Patio, Porch (Circle One) |
| TOTAL HTD SQ FT: |
| ☐ Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached Accessory: Deck, Patio, Porch |
| (Circle One) (Circle One) |
| ■ Manufactured Home: SW □ DW □ TW □ (Sizex) # Bedrooms: Garage: Attached, Detached (Circle One) Accessory: Deck, Patio (Circle One) |
| ZONING: # Buildings: # Bedrooms Per Unit: TOTAL HTD SQ FT: |
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| Addition/Accessory/Other: (Size 40 x 50) Use: Detached garage |
| UTILITIES: |
| Water Supply: County ☐ Existing Well ☐ New Well (# of dwellings using well) ☐ |
| Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer |
| (Complete Environmental Health Checklist on other side of application if Septic is selected) |
| (Complete Environmental region of configuration of state of appropriate of the state of the stat |
| GENERAL PROPERTY INFORMATION: |
| Does the landowner own another tract that contains a manufactured home within 500 feet? YES NO |
| Does the property contain any easements, whether underground or overhead? YES ✓ NO □ |
| Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify): detached |
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| the second section of plane submitted |
| If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and dorrect to the best of my knowledge. Permit subject to revocation if false information is provided. |
| 10/24/25 |
| Signature of Owner's Agent Date |

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.



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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 30 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 undergrowth 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

| SEPTIC CHECK LIST | | | | | | |
|--|--|---------------------------|--------------------|-----------------------------|----------|--|
| If applying for Authorization t | to Construct, please indicate des | sired system type(s): Can | be ranked in orde | er of preference, must choo | ose 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 O NO | Does the site contain any ju | risdictional wetlands? | | | | |
| YES D 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: only sewer likes | | | | | |
| YES NO | Are there any existing wells, springs, waterlines, or wastewater systems on this property? | | | | | |
| YES D 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 rights-of-way on this property? | | | | | |
| YES NO | Does the site contain any e | xisting water, cable, pho | one, or undergro | ound electric lines? | | |
| , | If yes, please call No Cuts a | at 800-632-4949 to loca | te the lines. This | s is a free service. | | |
| I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and | | | | | | |

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

6/24/25