

strong roots · new growth

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: 2186 Byrds Pond Rd Erwin, NC 28339							
LANDOWNER: Lee Falk Mailing Address: 2186 Byrds Pond Rd							
City: Erwin State: NC Zip: 28339 Phone: (919)810-5429 Email:							
*Please fill out applicant information if different than landowner.							
APPLICANT: Mailing Address:							
City:State:Zip:Phone:Email:							
PROPOSED USE:							
□ Single Family Dwelling: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached (Circle One) (Circle One)  TOTAL HTD SQ FT: Foundation Type: Crawl Space: □ Stem Wall: □ Mono Slab: □ Basement: □							
Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached (Circle One) Accessory: Deck, Patio, Porch (Circle One)							
☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Patio (Circle One)							
Duplex: (Sizex) # Buildings: # Bedrooms Per Unit: TOTAL HTD SO FT:							
Addition/Accessory/Other: (Size 29' 24')							
Addition/Accessory/Other: (Size 28' x 24') Use: New deck attached to house							
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)							
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 \( \subseteq \) NO 🕱							
Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify):							
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 correct to the best of my knowledge. Permit subject to revocation if false information is provided.  Signature of Owner or 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: 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 60 months.

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	<ul> <li>NEW SEPTIC SYSTEM INSPECTION</li> <li>All property irons must be made visible. Place pink flags on each corner of lot &amp; approximately every 50 feet between corners</li> <li>Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.</li> <li>Post orange Environmental Health sign in location that is visible from road to assist in locating property.</li> <li>If property is thickly wooded, you will be required to clean out the <u>undergrowth</u> to allow the soil evaluation to be performed.</li> <li>Inspectors should be able to walk freely around site. DO NOT GRADE PROPERTY.</li> </ul>
	<ul> <li>EXISTING TANK INSPECTION</li> <li>Follow above instructions for placing flags and sign on property.</li> <li>Prepare for inspection by removing soil over outlet end of tank, lift lid straight up (if possible), and then put lid back in place.</li> <li>DO NOT LEAVE LIDS OFF OF SEPTIC TANK</li> </ul>
SE	PTIC CHECK LIST
If a	pplying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

L Accepted		Innovative	Conventional	Any	☐ Alternative			
☐ Othe	er			<b>3</b>	- / Itorriadye			
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:								
	NO L	Does the site contain any jurisdictional wetlands?						
YES L	YES \( \text{NO} \( \text{Do you plan to have an irrigation system now or in the future?} \)							
YES [	NO [	Does or will the building contain any drains? Please explain:  Are there any existing wells, springs, waterlines, or wastewater systems on this property?						
YES [	NO L							
YES 🗆	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 r						
YES [	NO 🗆	Does the site contain any exis			alast II			
		If yes, please call No Cuts at	800-632-4949 to locate th	ne lines. This is a	electric lines?  I 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. 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's Agent 7:11-25

Date