

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:4094 Ross Rd, Lillington, NC 27546PIN:2020004879 |
|---|
| LANDOWNER: Brian R Seidel Mailing Address: 4094 Ross Rd |
| City:_Lillington_ State:NC_ Zip: 27546 Phone:606-682-3037 Email:brsbrian@att.net |
| *Please fill out applicant information if different than landowner. |
| APPLICANT: Mailing Address: |
| PROPOSED USE: State: Zip: Phone: Email: Email: Construct ext. wood for Proposed Use: Request addition of 1 bath room 3 |
| PROPOSED USE: Keguest addition of 1 own 100m o |
| Single Family Dwelling: (Size 53x 70) # Bedrooms: # Baths: Garage: Attached Detached Accessory: Deck, Patio Porch (Circle One) TOTAL HTD SQ FT: GARAGE SQ FT: Foundation Type: Crawl Space: Stem Wall: Mono Slab: Basement: |
| TOTAL HTD SQ FT: GARAGE SQ FT: Foundation Type: Crawl Space: Stem Wall: Mono Slab: Basement: |
| ☐ Modular: (Sizex) # Bedrooms:#Baths: Garage: Attached, Detached Accessory: Deck, Patio, Porch (Circle One) (Circle One) |
| TOTAL HTD SQ FT: Manufactured Home: SW DW TW (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Patio |
| ZONING: |
| □ Duplex: (Sizex) # Buildings: # Bedrooms Per Unit: TOTAL HTD SQ FT: |
| □ Addition/Accessory/Other: (Sizex) Use: |
| 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 NO |
| Does the property contain any easements, whether underground or overhead? YES \(\subseteq \text{NO D} \) |
| 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 of Owner's Agent |

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 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.**

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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

| | ization to Construct, please indicat | | | _ | choose one. | |
|--|---|---|----------------------------------|--------------------------------------|--------------|--|
| ☐ Accepted | d Innovative | ☐ Conventional | ☐ Any | ☐ Alternative | | |
| Other | | | | | | |
| The applicant shall property in question | notify the local health department. If the answer is "yes," applica | ent upon submittal of this a ant MUST ATTACH SUPP | oplication if any ORTING DOCU | of the following apply MENTATION: | to the | |
| YES 🗆 NO | Does the site contain ar | ny jurisdictional wetlands? | | | | |
| YES NO | | 9,00,00 | | | | |
| YES W NO | Does or will the building | Does or will the building contain any drains? Please explain: Drain line to sootic doving | | | | |
| YES Y | Are there any existing w | vells, springs, waterlines, o | r wastewater sys | stems on this propert | 14? County | |
| YES D NO | D 🗹 Is any wastewater going | Is any wastewater going to be generated on the site other than domestic sewage? | | | | |
| YES 🗆 NO | | proval by any other Public | | | 0005/00 5010 | |
| YES NO | Are there any easement | Are there any easements or rights-of-way on this property? | | | | |
| YES Y NO | Does the site contain an | ny existing water, cable, ph | one, or undergro | ound electric lines? | | |
| | | uts at 800-632-4949 to loca | | | | |

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 or Owner's Adent

August 27, 2025