

RESIDENTIAL LAND USE APPLICATION

CentralPermitting@Harnett.org (B10) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

SITE ADDRESS: 1624 COOL Springs R& Cillington NC27546						
City: Salford State: NC Zip 27332 Phone (914) 343-8461 Email: UKe Cockerham 3 @gmail. cor						
Salvad and Nr. 77 27337. Blood (Ala) Suz-sural Email Like (M. Kerham & Damail. Com						
*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) Deck, Patio, Porch (Circle One)						
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						
TOTAL HTD SQ FT:						
Manufactured Home: SW DW TW (Size x x Bedrooms: 3 Garage: Attached, Detached Accessory: Deck, Patio (Circle One)						
ZONING: (Circle One) (Circle One)						
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)						
(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 ▼ 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						

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

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 to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.								
	Accept		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 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:							
	YES ☐ NO ✓ Are there any existing wells, springs, waterlines, or wastewater systems on this property?							
	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 rights-of-way on this	property?			
	YES ☐ NO 🗹 Does the site contain any existing water, cable, phone, or underground electric lines?					und electric lines?		
			If yes, please call No Cut	s at 800-632-4949 to loc	ate the lines. This	is a free service.		
I have re	ad this ar	nlication	and certify that the inform	ation provided berein is tr	rue complete and	correct Authorized County and		
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.								
		S	ignature of Owner or Owner's	Agent	Date			