

## RESIDENTIAL LAND USE APPLICATION

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

SITE ADDRESS: 55 Williams Road PIN:							
LANDOWNER: Paul & Kristin Bellanca Mailing Address: 55 Williams Road							
city: Casts State: N( zip: 27521 Phone: 5855090965 Pbella @icloud.com							
*Please fill out applicant information if different than landowner.							
APPLICANT: Paul + Kristin Bellainca Mailing Address:							
City: State: Zip: Phone: Email:							
PROPOSED USE:  Single Family Dwelling: (Size x ) # Bedrooms: # Baths: Garage: Attached, Detached Accessory: Deck, Patio, Porch							
TOTAL HTD SQ FT: GARAGE SQ FT: 780 Foundation Type: Crawl Space: Stem Wall: Mono Slab: Basement:							
□ Modular: (Sizex) # Bedrooms:#Baths:Garage: Attached, Detached (Circle One)							
ZONING: (Circle One) (Circle One)							
□ Duplex: (Sizex) # Buildings:# Bedrooms Per Unit:TOTAL HTD SQ FT:							
Addition/Accessory/Other: (Size 26 x 30) Use: 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)							
GENERAL PROPERTY INFORMATION:							
Does the landowner own another tract that contains a manufactured home within 500 feet? YES $\square$ NO $\square$							
Does the property contain any easements, whether underground or overhead? YES \( \simeg \) NO \( \simeg \)							
Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify):							
Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify):							
Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify): Proposed.							

\*\*\*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.

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<ul> <li>All properties</li> <li>Place or</li> <li>Post ora</li> <li>If properties</li> </ul>	erty Irons ange flags nge Environ ty is thickly	EM INSPECTION  must be made visible. Place is at the corners of each propose onmental Health sign in location wooded, you will be required to be able to walk freely around sit	ed structure per site plan sub that is visible from road to a o clean out the undergrowth	emitted to Central assist in locating p to allow the soil	Permitting. property.	
<ul> <li>Prepare</li> <li>*Does no</li> </ul>	oove instru for inspect ot apply to	SPECTION actions for placing flags and signation by removing soil over outled septic tank in a mobile homour of the office of the control of	et end of tank, lift lid straight i	up ( <i>if possible</i> ), a	nd then <b>put lid back in pla</b>	Ce.
SEPTIC CHECK	LIST				*	
If applying for Aut	thorization	to Construct, please indicate d	esired system type(s): Can i	be ranked in orde	er of preference, must choose	se one.
☐ Accepted		☐ Innovative	☐ Conventional	☐ Any	☐ Alternative	
☐ Other			/			
The applicant sh property in ques	all notify tion. If th	the local health department e answer is "yes," applicant	upon submittal of this app	olication if any o	of the following apply to the following apply	ie
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:				
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 don	nestic sewage?	
YES 🗆	NO 🗆	Is the site subject to appro	val by any other Public Ac	gency?		
YES 🗆	NO 🗆	Are there any easements of	or rights-of-way on this pro	operty?		
YES 🗆	NO 🗆	Does the site contain any existing water, cable, phone, or underground electric lines?				
		If yes, please call No Cuts	/			
		n and certify that the informat				
State Officials ar	e granted	right of entry to conduct nec	essary inspections to dete	rmine complian	ce with applicable laws as	nd rules

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. 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 fallure to uncover outlet IId, mark house corners and property lines, etc. once lot is confirmed to be ready.

Signature of Owner or Owner's Agent

Date Date