

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: 188 Mels Meadows Drive, Fuquay Varina, NC 27526 _{PIN} : 0645-25-5890.000
LANDOWNER: Sibelius Forest LLC, Britt Nylund Mailing Address: 188 Mels Meadows Drive
City: Fuquay Varina State: NC Zip: 27526 Phone: 201-317-3793 Email: bnylund02@gmail.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
TOTAL HTD SQ FT: GARAGE SQ FT: Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐
□ Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached (Circle One)
☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Patio (Circle One) (Circle One)
ZONING: (Circle One) (Circle One)
□ Duplex: (Sizex) # BulldIngs: # Bedrooms Per Unit: TOTAL HTD SQ FT:
Addition/Accessory/Other: (Size 32 x 32) Use: 2 car garage & 2 bedrooms & bonus room above garage; renovation of existing home to bathroom into owner's suite + 22'4" X 12' - extension from existing home to garage to be built 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 🗹 NO □
Structures (existing or proposed): Single Family Dwellings: 1 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 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.

☑ 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

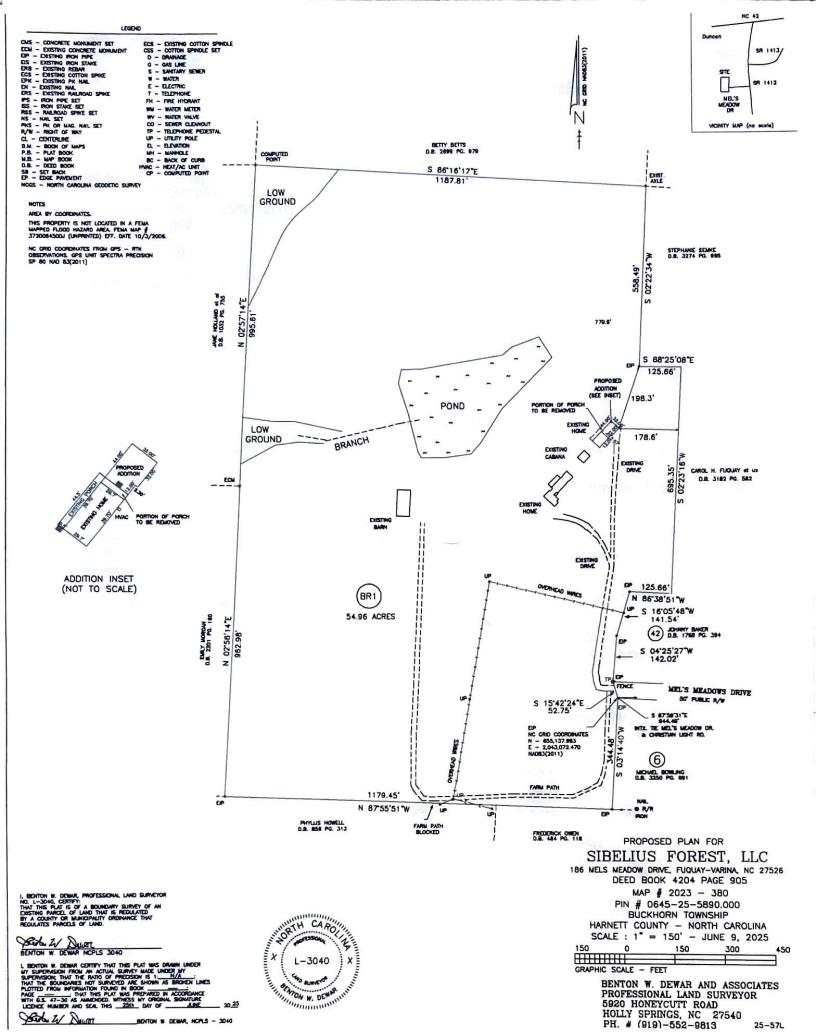
SEPTIC CHECK LIST

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.							
☐ Accep	oted	☐ 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 jurisdi	ctional 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 ex	_{plain:} Gutters	& water drains		
YES ✓	NO 🗆	Are there any existing wells, spr	ings, waterlines, or was	stewater system	s on this property?		
YES □	NO 🗹	Is any wastewater going to be g	enerated on the site oth	ner than domes	tic sewage?		
YES 🗆	NO ✓	Is the site subject to approval by	any other Public Agen	icy?			
YES 🗹	NO 🗆	Are there any easements or righ	its-of-way on this prope	erty?			
YES ✓	NO 🗆	Does the site contain any existing	ng water, cable, phone,	or underground	d electric lines?		
		If yes, please call No Cuts at 80	0-632-4949 to locate th	e lines. This is	a 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 or Owner's Agent

8/4/25 Date

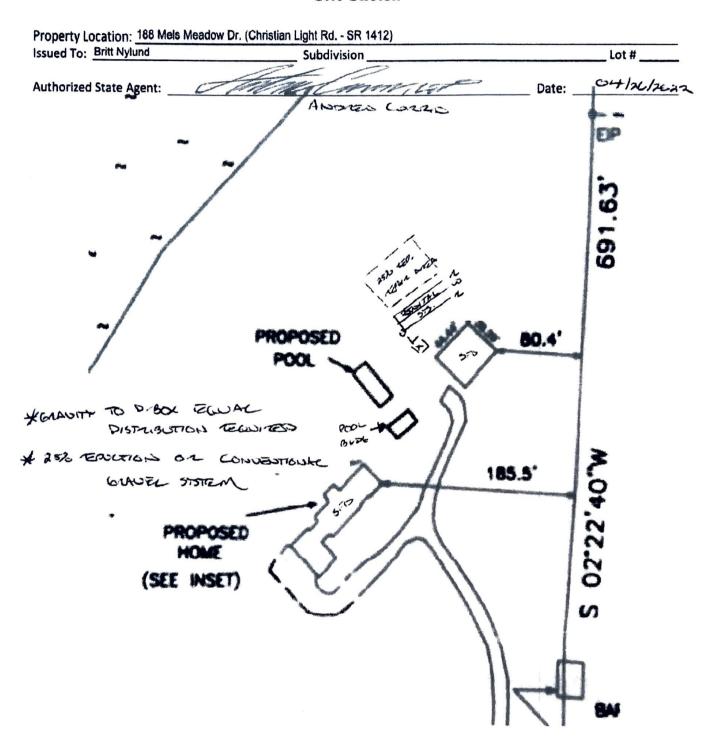


Harnett County Department of Public Health

Improvement Permit

		Meadow Dr. (Christian Lt. Rd S
NEW X REPAIR EXPANSIO	SUBDIVISION Suta Improvements re-	quired prior to Construction Authorization Issuance:
NEW REPAIR EXPANSION Type of Structure 2-Bedroom 30'x40' SF		quire prior to construction Authorization issuance.
Proposed Wastewater System Type 25% Reduct		
Projected Daily Flow: 240 GPD		The first through the control of the
Number of bedroams. 2 Number of Occup	pants: 4 max	
Basement 🗆 fes 🔀 <u>No</u>	and the second s	the same and the second design and the second secon
Pump Required: Yes No May be requ	red based on final location and elevations of facilities	Permit valid for.
Type of Water Supply: Community 🗵 Public	Well Distance from well INA leet	Permit valid for. Similar Five years
Permit conditions	and the second antique of the second of the	
		4/26/2022
Authorized State Agent:	Date: CARTIC	SEE ATTACHED SITE SKETCH
The issuance of this permit by the Health Department to no way guara	ntees the stuance of other permits. The permit halder is responsible for ch	eching with appropriate governing bodies in meeting their requirements. This
the is subject to revocation of the site plan, plat, or the intended use the laws and Rules for Sewage Treatment and Disposal and to condition		ership of the site. This permit is subject to compliance with the provisions of
are team and redict for newage received and enspose and to condition	as no sum beams	and the second control of the second control
	Construction Authorization	
The construction and installation requirements of Rules 1950, 1952, in	(Required for Building Permit) 954 1955 1956 1957 1958 and 1959 are incorporated by references	into this permit and shall be met. Systems shall be instaked in accordance
with the attached system layout	The state that are the state of	
ISSUED TO: Britt Nylund	PROPERTY LOCATION. 188	Mels Meadow Dr. (Christian Lt. Rd.
Diff. Id. Diff. IAAIGIG		
facility Type: 2-Bedroom 30'x40' SFE		LOT #
• • •	D ⊠ New □ Expansion □ Repair ctures? □ Yes □ No	
	tion System / CONDITIONAL	(Initial) Wastewater Flow: 240 GPD
(See note below, if applicable)	MOII OASTELLI \ COLOCER LODIAC	(Initial) Wastewater flow. 240
	ction System (Repair)	
Installation Requirements/Conditions	Number of trenches 3	
Septic Tank Size 1000 gallons	Exact length of each trench 70 feet	Trench Spacing: 9 Feet on Center
Pump Tank Size gallons	Trenches shall be installed on contour at a	Soil Cover: 12 inches
Tomp tank size	Maximum Trench Depth of: 24 inches	(Maximum soil cover shall not exceed
	Trench bottoms shall be level to +/-1/4"	36" above the trench bottom)
	in all directions)	30 above the neutral bottom,
Pump Requirements:ft. TDH vs.	GPM	NA inches below pipe
		Aggregate Depth: NA inches above pipe
Conditions: Gravity to D-Box Equal D	Distribution	NA inches total
WATER LINES (INCLUDING IRRIGATION) MILST	BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR	REPAIR AREA
NO UTILITIES ALLOWED IN INITIAL OR REPAIR		NEI AIR AREA.
	THE CONTRACTOR OF THE CONTRACTOR	
"If applicable understand the system type specifie	d is different from the type specified on the application	o. I accept the specifications of this permit.
Owner/Legal Representative Signature:		Date:
	plat, or the intended use changes. The Construction Authorization shall not use from and Rules for Source Visitings and Districtly and to the consti-	
COMPANYOR BRITISHINGS IN 1955 641 (9 COMPANY) - MILLS THE PROPERTY.	of the laws and Rules for Sewage Steatment and Disposal and to the condi-	THE STREET SEE STEEL SHEET SHEET SHEET SHEET
7//		Galadasi selle
Authorized State Agent:	Date:	CENT (1900) 01/26/2022
	Construction Authorization Expiration 1	1310 () Class

Harnett County Department of Public Health Site Sketch



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.