

RESIDENTIAL LAND USE APPLICATION

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

| SITE ADDRES | SS:12 | 25 SANDRA | COURT | | PIN: | | 0663-43-0448.000 | 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | |
|---|-------------------|--|---------------|-----------------|-------------------------|-----------------------------------|--|--|--|--|--|
| LANDOWNER | R:SWANSON | THOMAS L & | SWANSON | KAY HAL | L Mailing Address: | 125 S | ANDRA COURT AN | GIER, NC 27501 | | | |
| City: ANGIE | ERState:_ | NC_Zip: | 27501 | _Phone: | | Email:_ | | | | | |
| *Please fill out a | applicant informa | ation if different | than landown | ner. | | | | | | | |
| APPLICANT: | CHI | RS BENDER | ۲ | | Mailing Address | : | 121 PLAINVIEW | AVE | | | |
| | | | | | | | CHRIS20.BENDER | | | | |
| PROPOSED USE: THE BELOW REFLECTS THE HOME WITH PROPOSED ADDITION WORK | | | | | | | | | | | |
| Single Family Dwelling: (Size 40', x-100') # Bedrooms: 4 # Baths: 4 Garage Attached Detached Accessory Deck Patio, Forch (Circle One) TOTAL HTD SO FT: 2646 GARAGE SOFT: 752 Foundation Type: Crawl Space: X Stem Wall: Mono Stab: Basement. | | | | | | | | | | | |
| Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached (Circle One) Accessory: Deck, Patio, Porch (Circle One) | | | | | | | | | | | |
| TOTAL HTD SQ FT: Manufactured Home: SW DW TW (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Patio | | | | | | | | | | | |
| ZONING: | | | | | | - | (Circle One) | (Circle One) | | | |
| ☐ Duplex: (| Sizex_ |) # Buildin | gs: | # Bed | rooms Per Unit:_ | | TOTAL HTD SQ FT: | | | | |
| Addition/Accessory/Other: (Size 3/ x28) Use: Dinning, Mudram 1/2 both + 12x1/e Deck 28 x 28 Garage | | | | | | | | | | | |
| UTILITIES: | | - 2 | 50 x 58 | 60 | rage | | | | | | |
| Water Su | ipply: County | / 🛭 Existin | ng Well 🗆 | New We | ll (# of dwellings us | ing well | □ | | | | |
| Sewage S | Supply: New | Septic Tank | □ Expar | nsion \square | Relocation | Existing Sep | otic Tank 🗵 County | Sewer 🗆 | | | |
| | | (Complete I | Environmenta | Health Ch | ecklist on other side o | f application i | f Septic is selected) | | | | |
| GENERAL PR | ROPERTY INF | ORMATION: | | | | | | | | | |
| Does the land | owner own an | other tract that | at contains a | manufact | ured home within 5 | 00 feet? Y | 'ES □ NO 🗵 | | | | |
| Does the property contain any easements, whether underground or overhead? YES \boxtimes NO \square | | | | | | | | | | | |
| Structures (ex | sisting or propo | sed): Single | Family Dwe | llings: X | Manufactured | Homes: | Other (specify): | | | | |
| If permits are gr I hereby state th | nat the foregoing | o conform to all g statements and Signature of O | e accurate an | d correct to | the best of my knowle | olina regulatir edge. Permit : | ng such work and the spe subject to revocation if fal | cifications of plans submitted. se information is provided. | | | |

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.



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 RROPERTY.

□ EXISTING TANK INSPECTION SEE AFFIDAVIT FOR EXISTING SEPTIC

- 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. | | | | | | | | | | | |
| ☐ Accepted | ☐ 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 jurisd | lictional wetlands? | | | | | | | | | |
| YES 🗆 NO 🗆 | Do you plan to have an irrigation | n system now or in | the future? | | | | | | | | |
| YES NO | Does or will the building contain | n any drains? Pleas | e explain: | | | | | | | | |
| YES 🗆 NO 🗆 | Are there any existing wells, sp | rings, waterlines, o | r wastewater syst | tems on this property? | | | | | | | |
| YES 🗆 NO 🗆 | Is any wastewater going to be | generated on the sit | e other than dom | estic sewage? | | | | | | | |
| YES 🗆 NO 🗆 | Is the site subject to approval by any other Public Agency? | | | | | | | | | | |
| YES 🗆 NO 🗆 | Are there any easements or rig | hts-of-way on this p | roperty? | | | | | | | | |
| YES 🗆 NO 🗆 | Does the site contain any existi | ng water, cable, ph | one, or undergro | und electric lines? | | | | | | | |
| | If yes, please call No Cuts at 80 | 00-632-4949 to loca | te the lines. This | is a free service. | | | | | | | |
| | and certify that the information p | | | | | | | | | | |
| | right of entry to conduct necessa y responsible for the proper ident | | | | | | | | | | |
| | omplete site evaluation can be per | | | | | | | | | | |
| | d, mark/house corners and proper | | | | | | | | | | |
| \ - | Signature of Owner or Owner's Agent | | | 16/2025 | | | | | | | |