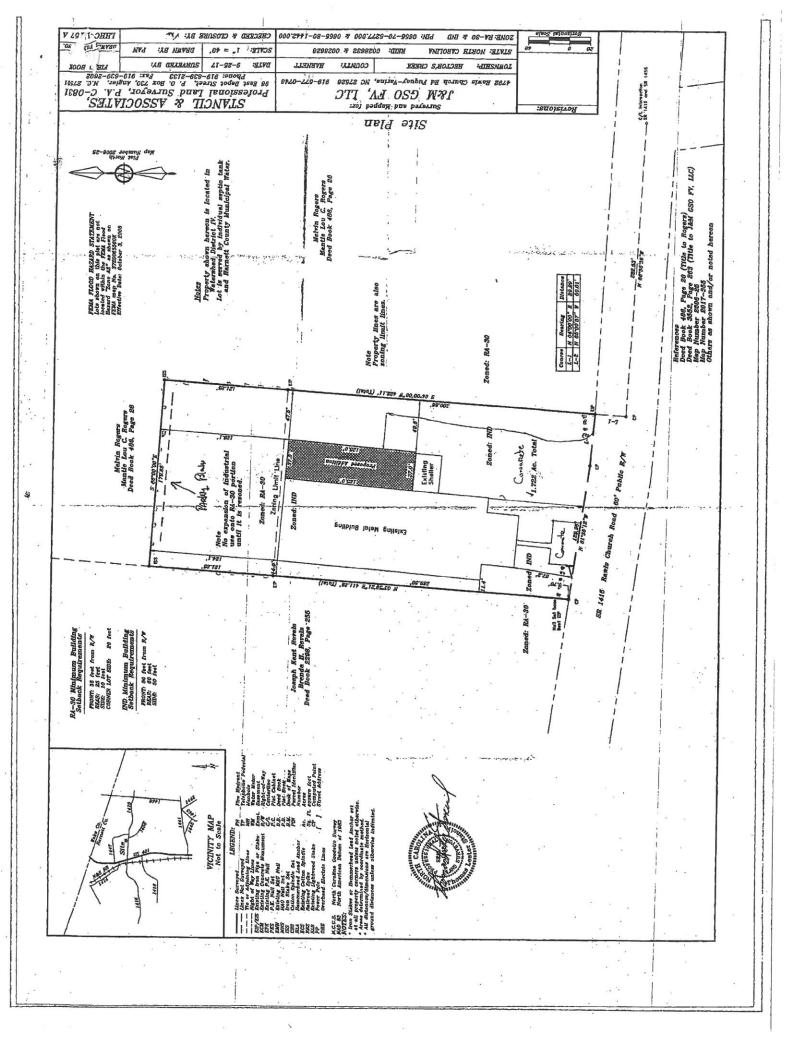
Initial Aplica	tion Date: 11/1/17		Ar	oplication # 17-50042687
		_	DF	RB#CU#
Control Dansaria		COUNTY OF HAR		
LANDOWNE	(Physical) 108 E. Front Street, Life	lington, NC 27546 (Mailing) PO Box 65	Lillington NC 27546 Phone: (810) 883-	7525 opt # 2 Fax: (910) 893-2793 www.barnett.org-permits
C.	1/401	o Py Pad	_Mailing Address: 4792	7525 opt # 2 Fax: (910) 893-2793 www.barnett.org-permits
	MACHET RELIGION OF	State/VI. Zini/ # TZ/ c	and a cold of the same of the	
APPLICANT:	They pe	SIMP	Mailing Address: 4792	RAWIS Church RD
City: Please fill out ap	blicant information if different ti	State: C Zip: 21526 C	ontact # 919-527-024	RAWIS Church RO.
CONTACT NA	ME APPLYING IN OFFICE		r	Phone #
PROPERTY LO	OCATION: Subdivision:			none #
State Road #_	1415 State Box	ad Name Pawis Ch	unh	Lot #:Lot Size; 1.28
Parcel: D	BOUSS DORI	2.1013	0/452 7/	Map Book&Page: 2006 / 0025
Zoning: IND	Flood Zono: V	IV	PIN:	Map Book& Page: 2006 / 0025 0-5277.000 Power Company*:
		atershed: Deed Boo	K&Page: 9092 /7103	Paula C
	groop Eligipy as se	ervice provider need to supply i	remise number	
SPECIFIC DIRE	CTIONS TO THE PROPER	RTY FROM LILLINGTON:		from Progress Energy.
77777				
PROPOSED US				1979 Dwe
D Business	Dwelling No. Units:	No. Bedrooms/U	Init:	• • •
Daycare	# Preschoolers:	Туре:	# Employees: _	Hours of Operation:
☐ industry				
□ Church	Seating Canacity	40-4	# Employees:	Hours of Operation:
Accessory/A	ddition/Other (Size 40 x	125 Use: 11206	Kitchen;	
		- Transfile	MOC Chated 66	
Water Supply:	County Existing	Well New Well (# of a	Wellings using well	*MUST have operable water before final
Sewage Supply: _	New Septic Tank (Co.	mplete Checklist) Existi	ing Septic Tank (Complete Chec	MUST have operable water before final
Comments:				County Sewer
_				
		-		
f permits are grante	ed i agree to conform to all	ordinances and laws of the Sta	to of North Carelland	
f permits are grant hereby state that f	ed I agree to conform to all oregoing statements are ac	ordinances and laws of the Sta	te of North Carolina regulating si	uch work and the specifications of plans submitted. to revocation if false information is provided.

This application expires 6 months from the initial date if permits have not been issued
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Signature of Owner or Owner's Agent

23.18



APPLICATION #: 17-58042188
*This annification to be #11.1
County Health Department Application for Improvement Permit and/or Authorization to Construct Of All Hoper And Town Town Town Town Town Town Town Town
The standard supplied it opposes also to
710 075-7323 [[[[[[0]]]]]
Environmental Health New Sentia Section 2
lines must be clearly flagged approximately every 50 feet between corners. Place "orange house corner flags" at each every 50 feet between corners.
I IQUE UIGIRIP ROURE COPPOR HOSSII -1
out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. Place orange Environmental Health card in location that is positive ideas of the contral permitting.
 Place orange Environmental Health card in location that is easily viewed from road to assist in locating property. If property is thickly wooded, Environmental Health requires that you clear out the words.
by and all of the Deflormed Incomment and the state of th
MI IUIS ID DO RATTOCOON WILLIAM AND A
101 Isilure to uncover outlet lid more to a second design and the second
OHE DECIMEND DECIMENT AND ADDRESS OF A PROPERTY OF THE PROPERT
(aller selecting notification normit it mustical
confirmation number given at end of recording for proof of request. Use Click?Gov or IVR to verify any large of the confirmation of the confirmat
• Follow above instructions for placing the
 Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if
TAME LIDS OFF OF REDTIN TAME
* After uncovering outlet and call the union and
uivell at end of recording for nearly
Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. If applying for cuttories.
If applying for authorization to construct please indicate desired
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. [] Accepted
- Conventional () Any
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 [_] NO Do you plan to have an <u>irrigation system</u> now or in the future?
[_]YES [_] NO Does or will the building contain any drains? Please explain.
Are there any existing wells, springs, waterlines or Wastewater Systems on this
is any wastewater going to be generated on the site other than domestic varying?
Is the site subject to approval by any other Public Agency?
1_ YES {} NO Are there any Easements or Right of Ways on this property?
{}}YES {} NO Does the site contain any existing water, cable, phone or underground electric lines?
If yes please call No Cuts at 800-632-4949 to locate the lines. This is
This Application And Certify That The Information Provided Horsin L. T.
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 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 The Accomplete Site Evaluation Can By Performed

The Site Accessible So That a Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11-1-2017 DATE