Initial Application D	)ate: 10 -	7-	13
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Residential Land Use Application

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Application # 13500 3	2271	AH Gan
CU#		

COUNTY OF HARNETT RESIDENTIAL	. LAND	USE	APPLIC	ATION
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Central Permitting

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

03/11

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER City: CONTACT NAME APPLYING IN OFFICE: Tomm 4 PROPERTY LOCATION: Subdivision: State Road Name: \_ ( 0041 7/2 Power Company\*: \_ Deed Book & Page: 1473 / Watershed: \*New structures with Progress Energy as service provider need to supply premise number from Progress Energy. PROPOSED USE: Monolithic \_) # Bedrooms: \_\_\_ # Baths: \_\_\_ Basement(w/wo bath): \_\_\_ Garage: \_\_\_\_ Deck: \_\_\_ Crawl Space: \_\_\_ Slab: Slab: (Is the bonus room finished? (\_\_\_) yes (\_\_\_) no w/ a closet? (\_\_\_) yes (\_\_\_) no (if yes add in with # bedrooms) ) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? (\_\_\_) yes (\_\_\_) no Any other site built additions? (\_\_\_) yes (\_\_\_) no Manufactured Home: \_\_\_SW \_\_DW \_\_TW (Size \_\_\_\_x \_\_\_) # Bedrooms: \_\_\_ Garage: \_\_\_(site built?\_\_\_) Deck: \_\_\_(site built?\_\_\_) Duplex: (Size \_\_\_\_x\_\_\_) No. Buildings:\_\_\_\_\_ No. Bedrooms Per Unit: Closets in addition? (\_\_\_) yes (\_d Addition/Accessory/Other: (Size \_\_\_\_x\_\_) Use:\_\_\_\_ Water Supply: County \_\_\_\_ Existing Well \_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final Sewage Supply: \_\_\_\_\_New Septic Tank (Complete Checklist) \_\_\_\_\_Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (\_\_) yes (\_\_\_\_\_) no Does the property contain any easements whether underground or overhead (\_\_) yes (\_\_) no Structures (existing or proposed): Single family dwellings:\_ Manufactured Homes:\_\_\_\_\_ Required Residential Property Line Setbacks: Comments: Front Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

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\*\*\*It is the owner/applicants 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.\*\*\*

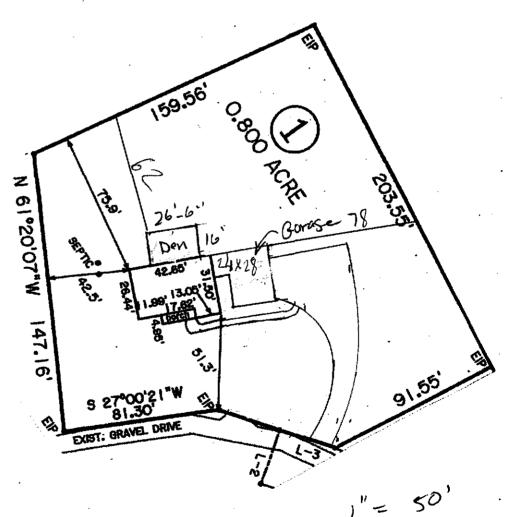
\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

SITE PLAN APPROVAL 16 X 26.5 Pen Addit

DISTRICT 120 USE 24 X 28 Att Gan

#BEDROOMS 1 P.C. Ray

Zoning Administrator



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NAME:APPLICATION #:
true at a to be filed out when applying for a septic system inspection.*
v.c A StAt Con Tourney and Parini 900/05 AUL(()51791/00 I/( 1.00NLFUC
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE WITH HOLD IN THE STATE OF THE SITE IS ALTERED, THE WITH HOLD IN THE SITE IS ALTERED, THE SITE IS ALTERED ALTERED, THE SITE IS ALTERED ALTERE
Land upon documentation submitted. (Complete site plan = 00 months; Complete plat = 4 minute of plan = 4 min
910-893-7525 option 1
<ul> <li>Environmental Health New Septic System Code 800</li> <li>All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property irons must be made visible.</li> </ul>
<ul> <li>Place "orange nouse corner riags" at each corner of the proposed at/for Central Permitting.</li> <li>out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.</li> <li>Place orange Environmental Health card in location that is easily viewed from road to assist in locating property</li> </ul>
evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.  All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred.
800 (after selecting notification permit if multiple permits exist) for Environmental reduct inspection. In the second of recording for proof of request.
I Ise Click2Gov or IVR to verify results. Once approved, proceed to contain a community for permits.
Servicopmental Health Existing Tank Inspections Code 800
<ul> <li>Follow above instructions for placing flags and card on property.</li> <li>Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up</li> </ul>
possible) and then put lid back in place. (Unless inspection is for a septic talk in a mobile home park)
• DO NOT LEAVE LIDS OFF OF SEPTIC TANK
After uncovering outlet end call the voice permitting system at a 10 doc 7020 outlet end call the voice permitting system at 310 doc 7020 outlet end call the voice permitting system
the state of the s
Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC  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 property is
The applicant shall notify the local health department upon submitted of this applicant shall notify the local health department upon submitted of this applicant shall notify the local health department upon submitted of this applicant shall notify the local health department upon submitted of this applicant shall notify the local health department upon submitted of this applicant shall notify the local health department upon submitted of this applicant shall notify the local health department upon submitted of this applicant shall notify the local health department upon submitted of this applicant shall not this applicant shall not this applicant shall not the local health department upon submitted of this applicant shall not the local health department upon submitted of this applicant shall not the local health applicant shall not the local health applicant shall not the local health shall not the local health applicant shall not the local health sha
Turis distinct Westernde?
(_)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
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 Right of Ways on this property?
vising water gable, phone or underground electric lines?
[_]YES {} NO Does the site contain any existing water, capie, priorite of ante-ground stream.  If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
If yes please call No Cuts at 600-032-4345 to 150 the the Interior 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
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE

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