Initial Application Date: 1128

Application #	1650040243
	CU#

Central Permitting

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

DEED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**

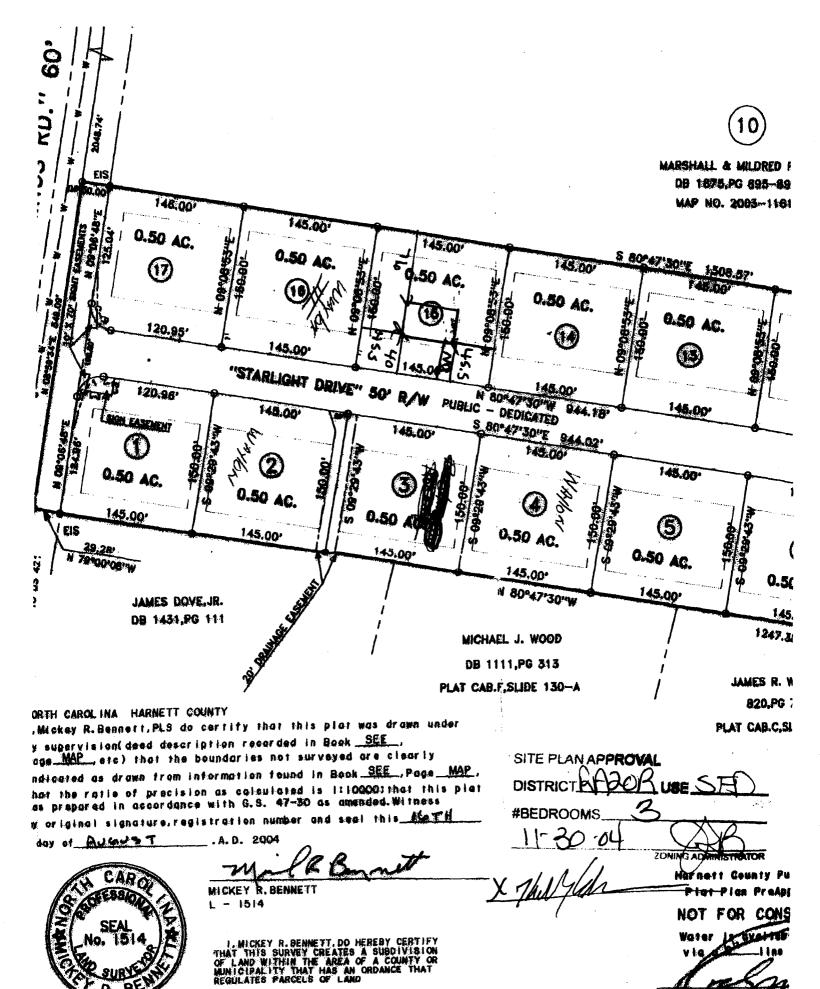
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE AFFEIGATION
LANDOWNER: Semifer Buchana Mailing Address: 61 Starliant Dive
City: LIllington State: NC Zip: 2754 dayact No: 919-499-8924 Email: Jennifer@burhancon(00
APPLICANT*: Sure as doce Mailing Address:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE:Phone #
PROPERTY LOCATION: Subdivision:
State Road # State Road Name: State Road Name: PIN: 0010-98-5972:000
Zoning: Pacel: Y Watershed: MA Deed Book & Page 2382 / 804 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number
PROPOSED USE: SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: S
☐ Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size 4 x 24) Use: Closed in Gewale Closets in addition? () yes () not the County Existing Well New Well (# of dwellings using well a three operable water before final or the County Existing Well New Well (# of dwellings using well a three operable water before final or the County Existing Well New Well (# of dwellings using well a three operable water before final or three operable water before
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
Structure (existing or proposed): Single family dwellings:
Required Residential Property Line Setbacks: Front Minimum Actual Closest Side SFP Ext SFD Maid 3 BDR Comments: Ext SFD Maid 3 BDR
Sidestreet/corner lot
Nearest Building
on same lot Residential Land Use Application Page 1 of 2 03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 60 down 401 toward
Sanford and turn night on cool springs mood by
Boone Trail fire department. Turn right into new
harizon sub division. Second house on the left.
•
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 foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
Signature of Owner's Agent Date

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

NAME: _		APPLICATION #:	
		This application to be filled out when applying for a septic system inspection.*	
a	4 II salah Da	portment Application for Improvement Permit and/or Authorization to Construct	
		WITE ADDITIONS OF EATER IN A SECULIAR CHARGED LIKE THE STIP IS ALTERED. THEN THE WALKS TO SECULIAR	
DED MITT O	D AITTUODIZAT	FION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for entire to months of without explicate	n
depending i	upon documentation	on submitted. (Complete site plan = 60 months; Complete plat = without expiration)	
) 9	10-893-7525 o	ption i	-
Envi	ronmental Hea	alth New Septic System Code 800 ons must be made visible. Place "pink property flags" on each corner iron of lot. All property flags on each corner iron of lot. All property flags on each corner iron of lot. All property flags on each corner iron of lot.	erty
- ∕ ::	naa muust ha al	oorly flagged approximately every 50 feet between corners.	
_ E	lace "orange\h	house corner flags" at each corner of the proposed structure. Also flag driveways, garages, peci-	ks,
_	ut buildings of	wimming pools letc. Place flers her site plan developed at/for Central Permitting.	
_		A recommendate the little and the first in location that is easily viewed from road to assist in locating property.	soil
• 11	property is thi	cy wooded. Environmental Health requires that you clean out the <u>undergrowth</u> to allow the septormed. Inspectors should be able to walk freely around site. Do not grade property .	,0,,
		descend within 10 hyginges days after confirmation. \$25.00 feturn trib lee illay be ilicuit	<u>red</u>
_			
_		www.aaadaita aall tha vaiga normitting evetam at 440-89.5-7.320 ()()(()) 1 (U 50)(600)(6 a)(U 456 00	ote.
Я	00 (after selec	ting notification permit it multiple permits exist) for Environmental realth inspection. <u>I reads th</u>	<u>Jie</u>
2	onfirmation nu	mber given at end of recording for proof of request. or IVR to verify results. Once approved, proceed to Central Permitting for permits.	
h Envi	JSE CIICK2GOV ronmental He i	alth Existing Tank Inspections Code 800	
, — -	- 11 1	estructions for placing flags and card on property	
	lunnara far ina	postion by removing soil over outlet end of tank as diagram indicates, and lift ild straight up	ı (Iİ
r	ossible) and th	nen put iid back in place. (Unless inspection is for a septic tank in a mobile nome park)	
		LIDS OFF OF SEPTIC TANK g outlet end call the voice permitting system at 910-893-7525 option 1 & select notification per	mit
• Æ	Atter uncovering Emultiple perm	nits, then use code 800 for Environmental Health inspection. Please note confirmation number	<u>ber</u>
_	in an at and of	recording for proof of request	
• i	Jse Click2Gov	or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.	
SEPTIC If applyin	g for authorizatio	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
{}} Ac	-	{} Innovative {} Conventional {} Any	
{}} Alt	ernative	{}} Other	:
The appliquestion.	cant shall notify If the answer is	the local health department upon submittal of this application if any of the following apply to the property "yes", applicant MUST APTACH SUPPORTING DOCUMENTATION:	y III
/		Does the site contain any Jurisdictional Watlands?	
{ }YES			
_}YES	{} NO	Do you plan to have an <u>irrigation system</u> not 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?	
{}}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 a free service.	
I Have Re	ead This Applicat	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County	And
State Offi	cials Are Grante	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Ru	nes.
I Underst	and That I Am S	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Makin	g
		at A Complete Site Evaluation Can Be Performed.	^
(Xalv	(2.1)	<u>y</u>
PROPE	RTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	
	~		



. ----

HTE # 04-500 10885

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

17891

OPERATIONS PERMIT

Name: (owner) Buchana Rofin	New Installation Septic Tank Repair
Property Location: SR# 1265	Tax ID # Quadrant #
Contractor: 5. 7Ay/s	Registration #
Basement with Plumbing: Garage:	
Water Supply: Well Public Con Distance From Well: ft.	mmunity
	age disposal system on above captioned property.
Type of system: Conventional Of	ther T, he (h.p.)
Size of tank: Septic Tank: gall	ons Pump Tank: gallons
	t length width of depth of ditches ft. depth of ditches in.
French Drain Required: Linear	feet Date: 9.17.05
PERMIT NO. 21477	Inspected by:
D75/1000 5713-103 8	
Reprin 170 - Par	La L

