Initial Application Date: 108 E. Front Street, Lillington, NC 27546 Phone: (910) 8

**Central Permitting** 

Phone: (910) 893-7525 ext:2

ax: (910) 893-2793 www.harnett.org/permits

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\*

LANDOWNER: Service Buchana Mailing Address: 61 S	(1
City: LIllington State: NC Zip: 3754 dapact No: 919-499-896	94 Email: <u>Sennifer@buthanan</u> ( pofinga
APPLICANT*: Same as done 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:	Lot #: \5 Lot Size: 150
State Road # 6/ State Road Name: Startisht Dr.	Map Book & Page: 2004 / 826
Parcel: 13 0610 0107 27 PIN: 0610-98	5-5972.000
Zoning: PARFlood Zone: X Watershed: NA Deed Book & Page: 2382/804	
*New structures with Progress Energy as service provider need to supply premise number	
PROPOSED USE:	Monolithic
☐ SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: D  (Is the bonus room finished? () yes () no w/ a closet? () yes ()	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: S  (Is the second floor finished? () yes () no Any other site built addition	
(is the second floor limished? () yes () no Any other site built addition	5.15 : (
☐ 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:
	Closets in addition? () yes () no
Addition/Accessory/Other. (Size 1 x 4) Use.	out permits
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 Complete Checklist)	Checklist) County Sewer
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (50	00') 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: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other (specify):
SEP CLOS	Da al 3 300
Required Residential Property Line Setbacks: Comments:	Lace S BDIS
Front Minimum Actual QQQQ	The Isuna
Rear	ALTER
Closest Side Sidn + enlay	ge test print
Sidestreet/corner lot	
Nearest Building	
on same lot	03/11

UCOJOCE UI				17
CIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTO	N: GO	down	421 tou	ard
anford and turn night	+ 00	00015	prings B	ood by
cone Trail fire department	. Turr	right	r into n	vew
orizon sub division. Si	econd	house	on the	left.
				73 9
But the state of t		The state of	3201020	July W. C.
ermits are granted I agree to conform to all ordinances and laws reby state that foregoing statements are accurate and correct to	of the State of N	lorth Carolina regu	lating such work and the	e specifications of plans subm
Reby state that loregoing statements are accurate and correct to	o the best of my r	mowieage. Permit	i 1 - 28 1/a	ialse information is provided.
Signature of Owner or 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\*\*

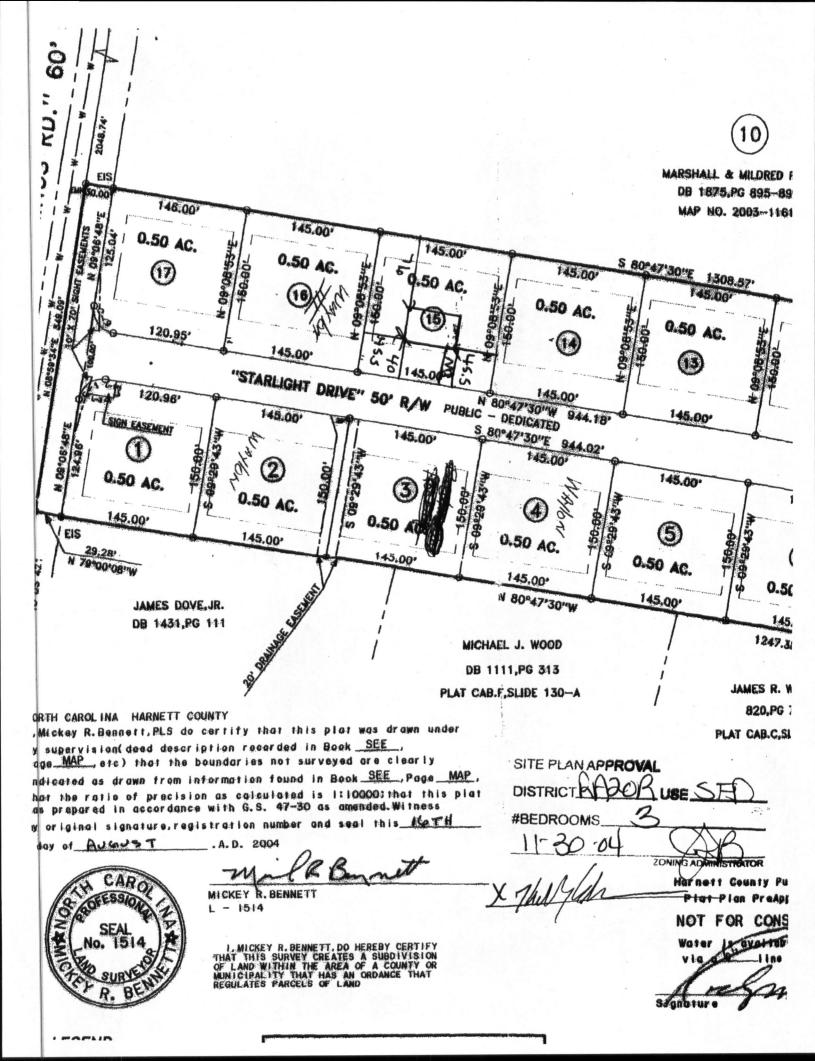
BP251I03 Harnett County	12/06/16
Application Tracking Action Log Inquiry	14:03:46
Application	13 I
Action date	
Comments	
PER OLIVER TOLKSDORF AS PER PHONE CONVERSATION REVISE APPLICATION TO SHOW TOTAL BEDROOMS AS 3, WITH NO INCREASE IN BEDROOMS AS DISCUSSED. ENVH WILL PROCESS AS SOON AS RECEIVED. NO CHARGE.	

Bottom

Press Enter to continue. F3=Exit F8=In/Out Status

F12=Cancel

NAME:	APPLICATION #:	
	*This application to be filled out when applying for a septic system inspection.*	
IF THE INFORM	ealth Department Application for Improvement Permit and/or Authoriza ATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 magnetic states and the permit is valid for either 60 magnetic states.	tion to Construct THE IMPROVEMENT
depending upon	ocumentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)	
	3-7525 option 1 CONFIRMATION #	
Environn	ental Health New Septic System Code 800 perty irons must be made visible. Place "pink property flags" on each corner in	ron of lot All property
lines	ust be clearly flagged approximately every 50 feet between corners.  Orange house corner flags" at each corner of the proposed structure. Also flag drive	eways, garages, decks
out bu	ldings, swimming pools, etc. Place flags per site plan developed at/for Central Perm	t in locating property
If property of the second	orange Environmental Health eard in location that is easily viewed from road to assist erty is thickly wooded. Environmental Health requires that you clean out the <u>underction</u> to be performed. Inspectors should be able to walk freely around site. <b>Do not g</b>	growth to allow the solution and the sol
· All lo	s to be addressed within 10 business davs after confirmation. \$25.00 return tri	p fee may be incurred
for fa	ure to uncover outlet lid, mark house corners and property lines, etc. once lot	confirmed ready.
800 (	reparing proposed site call the voice permitting system at 910-893-7525 option 1 to ter selecting notification permit if multiple permits exist) for Environmental Health in nation number given at end of recording for proof of request.	nspection. Please note
- Use (	ick2Gov or IVR to verify results. Once approved, proceed to Central Permitting for p	ermits.
- Environn	ental Health Existing Tank Inspections Code 800	
- Folloy	above instructions for placing flags and card on property.	and lift list attraight top /i
possi	e for inspection by removing soil over <b>outlet end</b> of tank as diagram indicates, a le) and then <b>put lid back in place</b> . (Unless inspection is for a septic tank in a mobile T LEAVE LIDS OFF OF SEPTIC TANK	nome park)
A 64 u	requering autlet and call the voice permitting system at 910-893-7525 option 1 & S	elect notification permi
if mu	ple permits, then use code <b>800</b> for Environmental Health inspection. <u>Please not</u>	e confirmation number
given	at end of recording for proof of request. ick2Gov or IVR to hear results. Once approved, proceed to Central Permitting for re	maining permits.
CEDTIC		
<b>SEPTIC</b> If applying for	uthorization to construct please indicate desired system type(s): can be ranked in order of prefere	nce, must choose one.
{}} Accepte		
{}} Alternat	/e {} Other	
The applicant squestion. If the	nall notify the local health department upon submittal of this application if any of the following answer is "yes", applicant MUST APTACH SUPPORTING DOCUMENTATION:	ig apply to the property if
{\begin{aligned} { \int \text{YES} \{ \text{-} \\		
_}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 pr	roperty?
\}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?	262
{}}YES {.	Does the site contain any existing water, cable, phone or underground electric line	
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free serving Application And Certify That The Information Provided Herein Is True, Complete And Correction 1.	ct. Authorized County And
I Have Read T	re Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With A	applicable Laws And Rules
State Officials	re Granted Right Of Entry 16 Conduct Necessary Inspections 16 Determine Companies and Labeling Of All Property Lines A	nd Corners And Making
(	ble So That A Complete Site Evaluation Can Be Performed.	11-28-16
PROPERTY	WNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE



HTE# 04-50010885

## HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

17891

## **OPERATIONS PERMIT**

Name: (owner) Buchana Roofing New Installation	Septic Tank  Repair
Property Location: SR# 1265 Subdivision New Hor. 2 Lot # 5 Tax ID # Qu	☐ Expansion adrant #
Contractor: Taylor Registration	ion#
Basement with Plumbing: Garage:	
Water Supply:  Well Public Community Distance From Well: ft.	
Following are the specifications for the sewage disposal system on above capti	oned property.
Type of system:   Conventional Other 7, he (hp)	
Size of tank: Septic Tank: gallons Pump Tank: gallons	ons
Subsurface No. of exact length width of ditches ft. width of ditches	ft. depth of ditches in.
French Drain Required: Linear feet Date: Date:	>5
PERMIT NO. 21477 Inspected by:	~ CAN'
D75-1000 5713-103 8-1-05	
Proposed Son	19 10