

Initial Application Date: 7/14/19

Application # 17-50041846
CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (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: Tanya M. Stanley Mailing Address: 24665 Ash Avenue
City: Dunn State: NC Zip: 28334 Contact No: 910-658-3699 Email: _____

APPLICANT*: _____ 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 #: 1 Lot Size: 1.57
State Road #: 1725 State Road Name: Ash Ave Map Book & Page: GIS
Parcel: 021508 0057 PIN: 1508-S1-4006.000
Zoning: PA-30 Flood Zone: X Watershed: GIS Deed Book & Page: 3461 / 426 Power Company*: _____
*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))
- Mod: (Size _____ x _____) # 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: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size 14x16 Use: room addition Closets in addition? () yes () no
(washer/dryer and dining)

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: 1 Existing Manufactured Homes: _____ Other (specify): _____

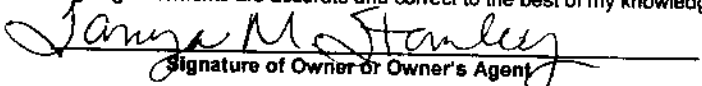
Required Residential Property Line Setbacks:

Front	Minimum	Actual
	<u>35</u>	_____
Rear	<u>25</u>	_____
Closest Side	<u>10</u>	_____
Sidestreet/corner lot	<u>20</u>	_____
Nearest Building on same lot	<u>10</u>	_____

Comments: existing

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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 or Owner's Agent

7.13.17
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: Tanya Stanley

APPLICATION #: 17-50041846

This application to be filled out when applying for a septic system inspection.

County 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 IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION BP 7/14 022978

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central 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 clean out the **undergrowth** to allow the soil 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 for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. **Please note confirmation number given at end of recording for proof of request.**
- 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 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 irrigation system 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?
 YES NO Does the site contain any existing water, cable, phone or underground electric lines?

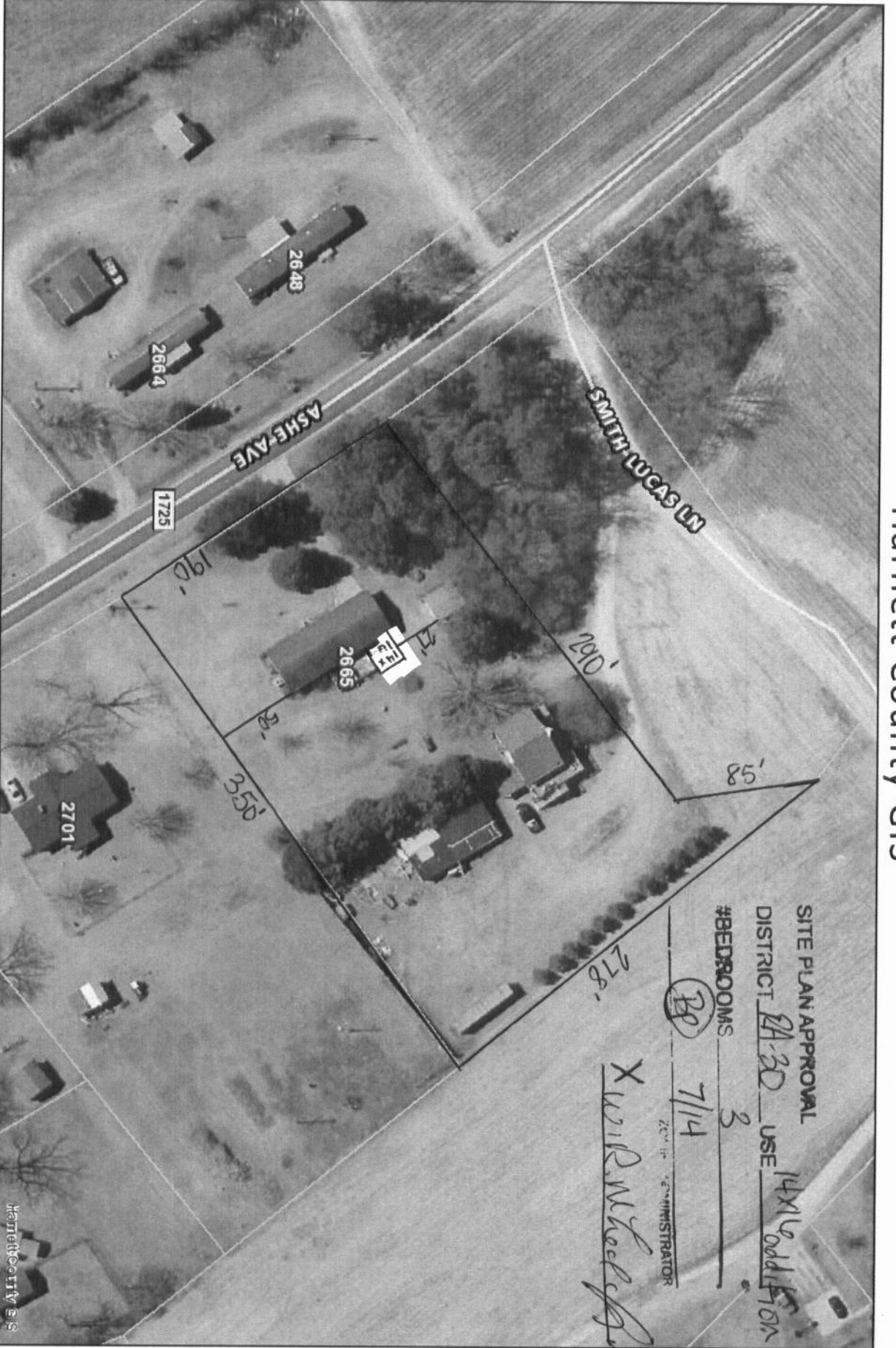
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have 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)

7.13.17
DATE

Harnett County GIS

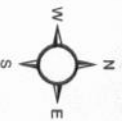


LEGEND

- Recycle_Center
- Landfills
- Surrounding County Boundaries
- Federal Property
- City Limits
- Address Numbers
- Airport
- MajorRoads
- Interstate
- NC
- US
- Roads
- Railroad
- Parcels

GIS/E-911 Addressing

July 14, 2017



HarnettCounty GIS

SITE PLAN APPROVAL
 DISTRICT RA-30 USE 14X16 addition
 #BEDROOMS 3
7/14
 Zoning Administrator
 X 1011 R. M. Stock of P.

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out
by whomever performing work
Must be owner or licensed
contractor Address company
name & phone must match

Application for Residential Building and Trades Permit

Owner's Name Tanya Stanley Date _____

Site Address _____ Phone _____

Directions to job site from Lillington _____

Subdivision _____ Lot _____

Description of Proposed Work _____ # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Wallace Rayford McLeod Jr. _____
Building Contractor's Company Name Telephone _____

Address _____ Email Address _____

License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole _____ Yes _____ No

Wallace Rayford McLeod Jr. _____
Electrical Contractor's Company Name Telephone _____

Address _____ Email Address _____

License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Wallace Rayford McLeod Jr. _____
Mechanical Contractor's Company Name Telephone _____

Address _____ Email Address _____

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Wallace Rayford McLeod Jr. _____
Plumbing Contractor's Company Name Telephone _____

Address _____ Email Address _____

License # _____

Insulation Contractor Information

Wallace Rayford McLeod Jr. _____
Insulation Contractor's Company Name & Address Telephone _____

***NOTE General Contractor must fill out and sign the second page of this application**

I, Janya Stanley, hereby give
my father, Wallace Rayford McLeod Jr.,
all rights to the construction,
starting until completion of the
brick home, 2665 Ashe Ave, Dunn, NC,
as of this day, July 14, 2017.

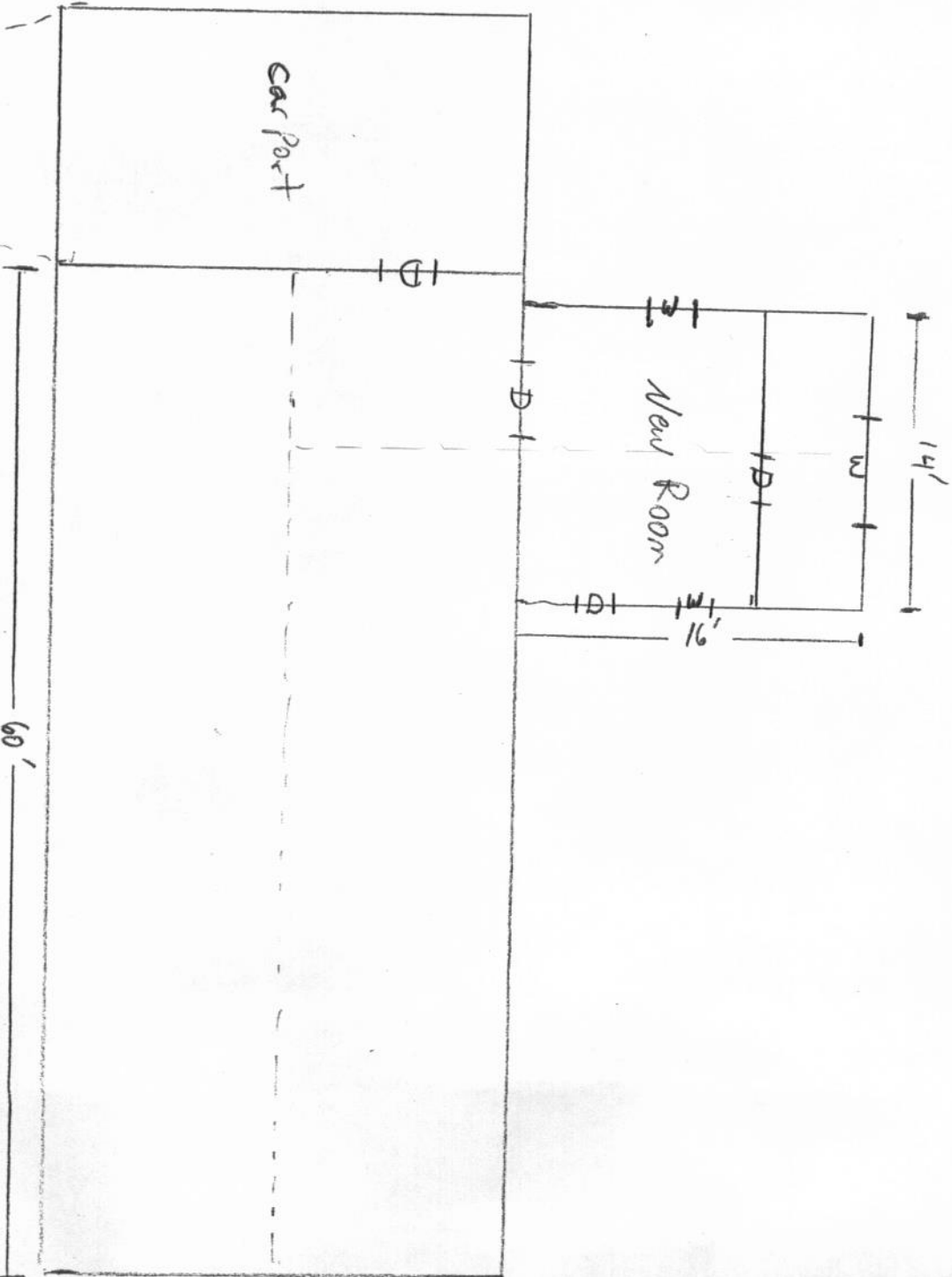
Janya Stanley

My commission expires - MAY 13, 2018

Carolyn McLeod



Ratford M^cLeod
2665 Ash Avenue



Ash Avenue