## Initial Application Date: 10/03/2017

Residential Land Use Application

OCT 03 2017

Application#_	17-50042444	1
	CU#	

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.hamett.org/permits

**Central Permitting** 

LANDOWNER: Burdge, Brend	a	· 	Mailing Address: 98	8 Oxford Wo	ods Drive	
City: Angier	State: NC	Zip: 27501	Contact No:336.637.	6561	_ Email:	
APPLICANT*: Champion Win	dows	Mailing /	Address: 300 Dominion D	Drive Ste 201	I	
City: Morrisville	State.nC	Zin. 27560	Contact No: 919.468.	.5217	Email: psmlth@	getchampion.com
Please fill out applicant information	if different than landowner	<u></u>				* .
CONTACT NAME APPLYING I	N OFFICE: Princess Sr	nith		Pho	one # <u>919.468.52</u> 1	7
PROPERTY LOCATION: Subdi	vision: Oxford Woods				Lot #: <u>41</u>	Lot Size: 29923
State Road # 2900	_ State Road Name;		and Woods Dr	ر	Map Book &	Page: 2008,214
Parcel: 040602 0			PIN: 0682-98-696		<del></del> .	<b>-</b>
			ad Book & Page: 3486	4		,
<del> </del>	• -		,	•	ower Company*: _	
*New structures with Progress E	inergy as service provide	or need to s	upply premise number		fn	om Progress Energy.
•	,					
PROPOSED USE:	W.			,		Monolithic
Z SFD: (Sizex)	# Bedrooms: # Baths	: Basen	nent(w/wo bath): Gara	age: Dec	k: Crawl Space	e: Slab: Slab:
(I	s the bonus room finishe	d? () yes	() no w/ a closet? (	_) yes () n	o (if yes add in with	# bedrooms)
•						
☐ Mod: (Sizex)			•			
(1	s the second floor finishe	:d? () yes	() no Any other site	i built additions	6? () yes () n	0
	ner Dier Terrot		, )	0	falls builted   Dea	da dalla husika k
Manufactured Home:	244DA41 A4 (2)3	:өx_	) # Bearooms:	_Garage:(	site built?) Det	:K:(Site Dulit?)
□ Duplex: (Size <u>x</u>	) No. Buildings:	r	lo. Bedrooms Per Unit:			
						•
☐ Home Occupation: # Room	ns:Use:	VA:L	Hours of Op	eration:		#Employees:
Addition/Accessory/Other:	1 17 5	3000110	No don the sc	Konnod	I wered a	eck
Addition/Accessory/Other:	(Size X x L ) Use	1: <u> 4X (31)</u>	my and 10 si	JI DON WI	Closets in	addition? () yes ()
					••• · ·	
Water Supply: County _	<del>-</del>	_				•
Sewage Supply: New Se	ptic Tank (Complete Che	cklist)	Existing Septic Tank (0	Complete Che	cklist) Cou	nty Sewer
Does owner of this tract of land,	own land that contains a	manufactu	red home within five hund	ired feet (500')	of tract listed abov	e? () yes (🗹) по
Does the property contain any e	asements whether unde	raround or (	overhead ( ) ves ( 🗸 )	) no		
Structures (existing or proposed		٠,			Óth an In	Screen Room
Structures (existing or proposed	); Single family dwellings		Manufactured Ho	mes:	Other (s	peckly):
Required Residential Propert	y I ino Sathacks	Comm	screeing in an exi	isting deck, n	o change to foot	orint. Exiting deck will
			specs of current building			
Front Minimum	Actual	Var		• • •		مرادات م
Rear 25 ft	223 ft	1720	- thru are no	110001 MK	ng onto th	u existino de
			1 1	1 ~ 1		. 6
Closest Side		and	Lgoing outsi	de of H	migina w	. 6
Closest Side / Sidestreet/corner lot		<u>ano</u> Nu	. (1)		lvinduka Vivinduka	1 footprint -
		anc	. (1)		· . (1	ul footprint -

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: directions on permit application-					
	,				
If permits are granted I agree to conform to all ordinances and laws of the State of North C	arolina regulating such work and the specifications of plans submitte				
I hereby state that foregoing statements are accurate and correct to the best of my knowled	dge. Permit subject to revocation if false 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\*\*

			,	; <del>*</del>	•
		3 · · · · · · · · · · · · · · · · · · ·			•
NAME: CHOLMY	oion Windows	· •	APPLICAT	ION#: 17-50	042444
1	ľ.	• .		•	
County Health D	*This application to be fi epartment Applicati	med out warn applying on for Improvemen	; ior a sepuc syste it Permit and/c	m inspection.*  ar Authorization	to Construct
IF THE INFORMATION I	N THIS APPLICATION IS F	ALSIFIED, CHANGED, C	R THE SITE IS AL	TERED. THEN THE IN	MPROVEMENT
PERMIT OR AUTHORIZA	ATION TO CONSTRUCT SH	IALL BECOME INVALID	The permit is valid	d for either 60 months o	r without expiration
910-893-7525	tion submitted: (Complete sit option 1	c plan = ou monus; Comp	confirma		126 02593
□ Environmental He	ealth New Septic Syste		•		1
All property i	rons must be made vi	isible. Place "pink pro	operty flags" on.	each corner iron o	f lot. All property
	clearly flagged approxim house corner flags" at e			Also flag driveways	s naranes docks
out buildings,	swimming pools, etc. Pl	ace flags per site plan	developed at/for	Central Permitting.	, Amadesi ceciai
	Environmental Health ca				
<ul> <li>if property is to evaluation to be</li> </ul>	hickly wooded, Environn e performed, Inspector	nental Health requires s should be able to wa	that you clean o	iut the <u>undergrowt</u> site. <i>Do not grade</i>	h to allow the soil
. • All lots to be	addressed within 10 b	usiness days after c	onfirmation. \$25	5.00 return trip fee	may be incurred
	uncover outlet lid, mar				
After preparing     800 (after sele	proposed site call the vecting notification permit	oice permitting system if multiple permits exi	n at 910-893-752 ist) for Environm	25 option 1 to sched ental Health Inspec	tion Please note
confirmation n	<u>umber given at end of re</u>	cording for proof of re	auest.	•	,
	or IVR to verify results.			ermitting for permit	is.
	ealth Existing Tank Ins instructions for placing fl				
<ul> <li>Prepare for in</li> </ul>	spection by removing s	oll over outlet end o	f tank as diagrai		
possible) and t	then put lid back in pla E LIDS OFF OF SEPTIC T	ce. (Unless inspection	ı is for a septic ta	nk in a mobile hom	e park)
	ng <b>outlet</b> end call the v		ı at 910-893-752	5 option 1 & select	notification permit
if multiple per	mits, then use code 80	00 for Environmental			
	f recording for proof of re v or IVR to hear results.		and to Control De		na namita
SEPTIC SEPTIC	voi ivit to near results.	Orice approved, proce	sea la Ceultai Le	minumg for remaining	ng pennas.
If applying for authorizat	ion to construct please indic	ate desired system type(s	): can be ranked in	order of preference, m	ust choose one.
(\(\sum_\) Accepted	[] Innovative	() Conventional	{}} Any		
{	{} Other		· .		•
The applicant shall notificate question of the answer is	y the local health departme is "yes", applicant MUST	ent upon submittal of thi ATTACH SUPPORTI	s application if any NG DOCUMENT	of the following app ATION:	ly to the property in
(_}YES \ {} NO	Does the site contain an	y Jurisdictional Wetland	s?		
(_}YE\$ \} NO	Do you plan to have an	<u>imigation system</u> now o	in the future?		•
(} XE2 () NO	Does or will the building	g contain any <u>drains</u> ? Pi	ease explain	<u> </u>	<u> </u>
1_14E2 171 NO	Are there any existing v	vells, springs, waterlines	or Wastewater Sy	stems on this propert	y? ,
(_)YES (_NO	Is any wastewater going	to be generated on the	site other than don	estic sewage?	•
(_)YES (_)NO	Is the site subject to app	roval by any other Publ	ic Agency?		
( <u>/</u> )YES ( <u>)</u> NO	Are there any Easement	ts or Right of Ways on t	nis property?		
( )YES ( )NO	Does the site contain an	v existing water cable.	nhone or undergro	and electric lines?	

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

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

I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Makin The Site Accessible So That A Complete Site Evaluation Can Be Performed.

XXI_ DI	June	JOSH A	LP IERRÓ	
PROPERTY OWNERS OR	WNERS LI	EGAL REPRESI	ENTATIVE SIGN	ATURE (REQUIRED)

1-26-17 DATE

