



COUNTY OF HARNETT CHECK REQUEST FORM

Account Number: 110-0000-345.18-00 EH Mail to payee

Project Number: _____ Check to be picked up by: _____

Vendor Name: Robert M. Yost _____

Vendor Number: _____ (Requires approval of Finance Officer)

Remittance Address: 1434 Atkins Road Approved: _____ Disapproved: _____
Fuquay Varina, NC 27526 _____

Date: 11-27-17 _____

	Description	Amount
	ENVH Existing Tank Fee	\$ 100.00
	(For an 8 x 12 addition to an existing deck)	
	HTE Application # 17-5-42654R	
	SR# 1448 - Atkins Road - Lot 4	
Total Amount Due		\$ 100.00

Reason for check request: Mr. Yost does not want to continue construction with deck addition, and
requested a refund. No ENVH site inspection was conducted.

This check request has been examined by me and is hereby approved for payment.

 Department Head or Authorized Designee Date
 Graham H. Byrd, R.E.H.S. *Graham H. Byrd R.E.H.S.*

*This instrument has been
 preaudited in the manner required
 by the Local Government Budget
 and Fiscal Control Act*

 Harnett County Finance Director

Harnett County
Application Fees Maintenance

Application number . : 17 50042654
Address : 1434 ATKINS RD
Position to : _____ Starting characters 04

Type options, press Enter.

1=Select

Opt	Amount To Apply	Description	Previously Applied	Paid	Inactive
-	.00	CP* MISCELLANEOUS	.00	.00	
-	.00	CREDIT/DEBIT PROC. FEE	.00	.00	
-	25.00	ENVIRON HLTH REVISION FEE	.00	.00	
-	250.00	EV* WELL FEE	.00	.00	
-	25.00	EV*RETURN TRIP FOR SEPTIC	.00	.00	
-	.00	EXIST. TANK TEST/INSP.	100.00	100.00	
-	10.00	HOMEOWNER RECOVERY FUND	.00	.00	
-	75.00	LAND USE RENEWAL	.00	.00	
-	3.00	MAIL-IN PROCESSING FEE	.00	.00	

More...

F3=Exit F9=Display all F12=Cancel

HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***
Oper: DJOHNSON Type: CP Drawer: J
Date: 11/17/17 54 Receipt no: 157740

Year	Number	Amount
2017	50042654	
1434 ATKINS RD		
FLORWAY-VARINA, NC 27526		
84	BP - END HEALTH FEES	\$188.00

ETANK

ROBERT H YOST
LYNN D YOST

Tender detail		
CX CHECK PAYMEN	6367	\$188.00
Total tendered		\$188.00
Total payment		\$188.00

Trans date: 11/17/17 Time: 14:19:34

** THANK YOU FOR YOUR PAYMENT **

Initial Application Date: 10-30-17

Application # 1750042054R
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: Robert M Yost Mailing Address: 1434 Atkins Rd.
City: Fuquay Varina State: NC Zip: 27526 Contact No: 518-332-1778 Email: 6ly672@yahoo.com

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: Jess Browns Lot #: 4 Lot Size: 1.15 AC
State Road # 1448 State Road Name: Arhunc Rd. Map Book & Page: 2015.182
Parcel: 04-0074-0040-56 PIN: 0405-70-1323
Zoning: RA2C Flood Zone: V Watershed: NA Deed Book & Page: 33030229 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: ___
(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 ___ x ___) Use: evict add. to existing Closets in addition? () yes () no

did not know he was to have tank inspected weived by GB?

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have 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

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>35.4</u>
Rear	<u>25</u>	<u>20.34</u>
Closest Side	<u>10</u>	<u>23</u>
Sidestreet/corner lot	<u>20</u>	—
Nearest Building on same lot	<u>10</u>	—

Comments: existing question about how far porch is from tank - went by JPAC - GB said 2ft. away he thought 7ft -

* Ref. Land Use 155-37399

11.6.17
** Revised site plan to match operations permit

wants to talk to someone to inspector