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Initial Application Date:_	<u> </u>	<u> </u>	

Residential Land Use Application

Application # _	1750042	12L1
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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

03/11

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION FLANARY _ Mailing Address: 4086 State: NC Zip: 37516 Contact No: 479-601-1580 APPLICANT*: Mailing Address:_ City: __ Contact No: State: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: 5 PROPERTY LOCATION: Subdivision: State Road # State Road Name: ∠Power Company*: Watershed: Deed Book & Page: *New structures with Progress Energy as service provider need to supply premise number _ from Progress Energy. PROPOSED USE: Monolithic __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: #Fmployees: OMCidsets in addition? (__) yes (L/) no Addition/Accessory/Other: (Size New Well (# of dwellings using well Existing Well ___ ___) *Must have operable water before final ___ 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 🛵 Other (specify): Structures (existing or proposed): Single family dwellings: Manufactured Homes: Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

) %	14 mile, gra	: Take 401 a perty is on	left (north	SIDE OF ADOR	<i></i>
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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 Lang Flangus	APPLICATION#: 42724			
				
County Health Department Application	led out when applying for a septic system inspection.* In for Improvement Permit and/or Authorization to Construct			
	ALL BECOME INVALID. The permit is valid for either 60 months or without expiration			
depending upon documentation submitted. (Complete site				
910-893-7525 option 1	CONFIRMATION #			
Environmental Health New Septic System				
All property frons must be made visitines must be clearly flagged approximation	sible. Place "pink property flags" on each corner iron of lot. All property			
	itely every 50 feet between comers. ich corner of the proposed structure. Also flag driveways, garages, decks,			
	ce flags per site plan developed at/for Central Permitting.			
Place orange Environmental Health car	d in location that is easily viewed from road to assist in locating property.			
	ental Health requires that you clean out the <u>undergrowth</u> to allow the soil			
	should be able to walk freely around site. Do not grade property. siness days after confirmation. \$25.00 return trip fee may be incurred.			
	house corners and property lines, etc. once lot confirmed ready.			
After preparing proposed site call the vo	ice permitting system at 910-893-7525 option 1 to schedule and use code multiple permits exist) for Environmental Health inspection. Please note			
confirmation number given at end of rec				
4.4 .	Once approved, proceed to Central Permitting for permits.			
Environmental Health Existing Tank Insp				
Follow above instructions for placing fla	gs and card on property. I over outlet end of tank as diagram indicates, and lift lid straight up (if			
	Unless inspection is for a septic tank in a mobile home park)			
DO NOT LEAVE LIDS OFF OF SEPTIC TA				
if multiple permits, then use code 800	ce permitting system at 910-893-7525 option 1 & select notification permit for Environmental Health inspection. Please note confirmation number			
given at end of recording for proof of rec				
Use Click2Gov or IVR to hear results. C SEPTIC	nce approved, proceed to Central Permitting for remaining permits.			
	e desired system type(s): can be ranked in order of preference, must choose one.			
{} Accepted {} Innovative	· · ·			
{} Alternative {} Other				
The applicant shall notify the local health department question. If the answer is "yes", applicant MUST A	upon submittal of this application if any of the following apply to the property in TACH SUPPORTING DOCUMENTATION:			
{}YES {}NO Does the site contain any	urisdictional Wetlands?			
() YES {} NO Do you plan to have an irr	gation system now or in the future?			
{_}}YES {}NODoes or will the building of	contain any <u>drain</u> s? Please explain.			
YES {} NO / Are there any existing well	ls springs, waterlines or Wastewater Systems on this property?			
	be generated on the site other than domestic sewage?			
{}YES {}NO / Is the site subject to appro	val by any other Public Agency?			
{}YES {}NO Are there any Easements of	rRight of Wayson, this preperty?			
{}YES {} NO Does the site contain any of	xisting 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 Arle Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.				
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.				
- Ray Flanary	11-8-2011			
PROPERTY OWNERS OR OWNERS LEGAL R	EPRESENTATIVE SIGNATURE (REQUIRED) DATE			

Donna Johnson

From:

Jay Sikes

Sent:

Wednesday, November 08, 2017 2:01 PM

To:

Donna Johnson

Subject:

gary flanary_ 4086 CHALYBEATE SPRINGS RD

Donna....just an FYI about this rear setback, this will not need a variance

Per the UDO.....
ARTICLE II. NONCONFORMITIES
SECTION 4.0 NONCONFORMING STRUCTURES

Any structure used for single family residential purposes and maintained as a nonconforming use or structure may be enlarged or replaced with a similar structure of a larger size, so long as the enlargement or replacement does not create new nonconformities or increase the extent of existing nonconformities with respect to yard size and setback requirements.

Thank you,

Jay Sikes, CFM
Manager of Planning Services
Harnett County Development Services
108 E. Front St
PO Box 65
Lillington, NC 27546
910-893-7525, x4
910-814-6418
910-814-6459 (fax)
www.harnett.org/planning



