

Initial Application Date: Feb. 12, 2018

Application # 18 S0043287

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: Daniel Wesley Matthews Mailing Address: 6615 Rawls Church Rd.
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-868-8187 Email: wesmattfv@gmail.com

APPLICANT*: Wes Matthews Mailing Address: 6615 Rawls Church Rd.
City: Fuquay Varina, State: NC Zip: 27526 Contact No: 919-868-8187 Email: wesmattfv@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Wes Matthews Phone # 919-868-8187

PROPERTY LOCATION: Subdivision: 6575 Rawls Church Rd., Fuquay Varina, NC Lot #: A Lot Size: 6.5 acres
State Road # 1415 State Road Name: Rawls Church Rd. Map Book & Page: 2077, 207
Parcel: 08 0644 0078 03 PIN: 0644 87-992500
Zoning: RASO Flood Zone: NA Watershed: X Deed Book & Page: 3272 180 Power Company*: DUSE

*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 8 x 19) Use: Convert porch to dining room & closet, add deck Closets in addition? () yes () no

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 ext Manufactured Homes: _____ Other (specify): Addition

Required Residential Property Line Setbacks:

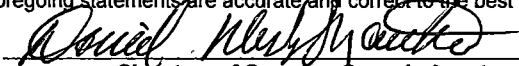
	Minimum	Actual
Front	75	650
Rear	25	98
Closest Side	25	130
Sidestreet/corner lot	na	na
Nearest Building on same lot	0	0

Comments: Convert porch to dining room, add closet and deck, extend dining room from porch size

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

401 North to Rawls Church Rd., Turn left on Rawls Church Road and proceed 1.3 miles, cross the bridge, first driveway on left, 650' to dwelling down path.

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

12 Feb 18

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.*****

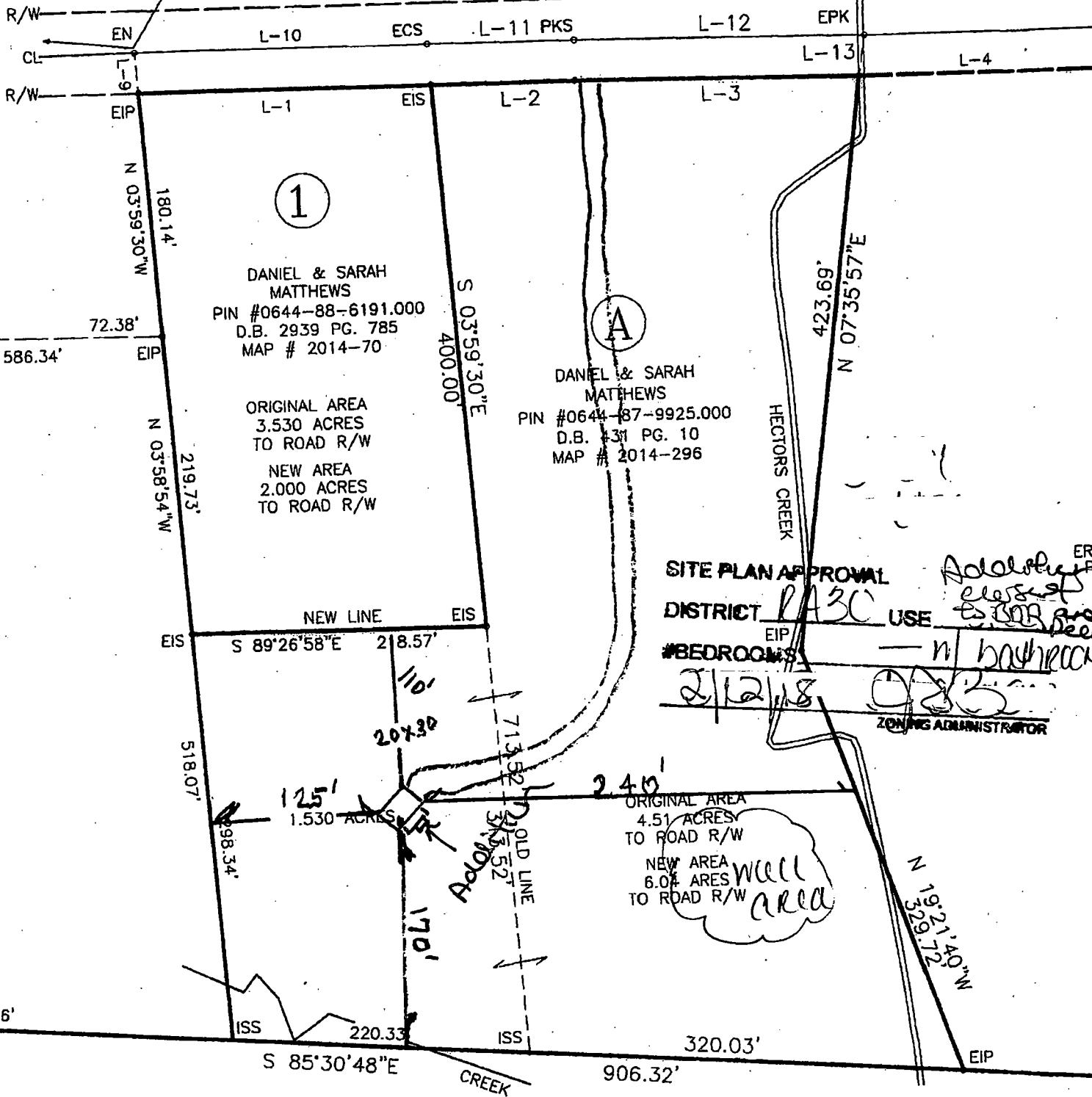
****This application expires 6 months from the initial date if permits have not been issued****

RAWLS CHURCH ROAD

N.C.S.R. #1415

60' PUBLIC R/W

N 78°25'51" W
1526.91'



SITE PLAN APPROVAL
DISTRICT RA3C USE *Address ER*
#BEDROOMS *2/12/18* *2/12/18*
ZONING ADMINISTRATOR

FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
015 APR 21 04:35:28 PM
BK:2015 PG:123-123
FEE:\$21.00
INSTRUMENT # 2015005242

TWESTER

ERNEST & SHIRLEY SIMMONS
PIN #0644-87-9370.000
D.B. 1182 PG. 562
P.C. F SLIDE 655D



15005242

CERTIFICATE OF OWNERSHIP, DEDICATION AND JURISDICTION

HTE# 155-36059

Harnett County Department of Public Health

24096

PERMIT # 28362

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: RAILS CROUCH RD

Name: (owner) DANIEL WESLEY MATHIENS SUBDIVISION _____ LOT # _____

System Installer: JASON MATHIENS Registration # _____

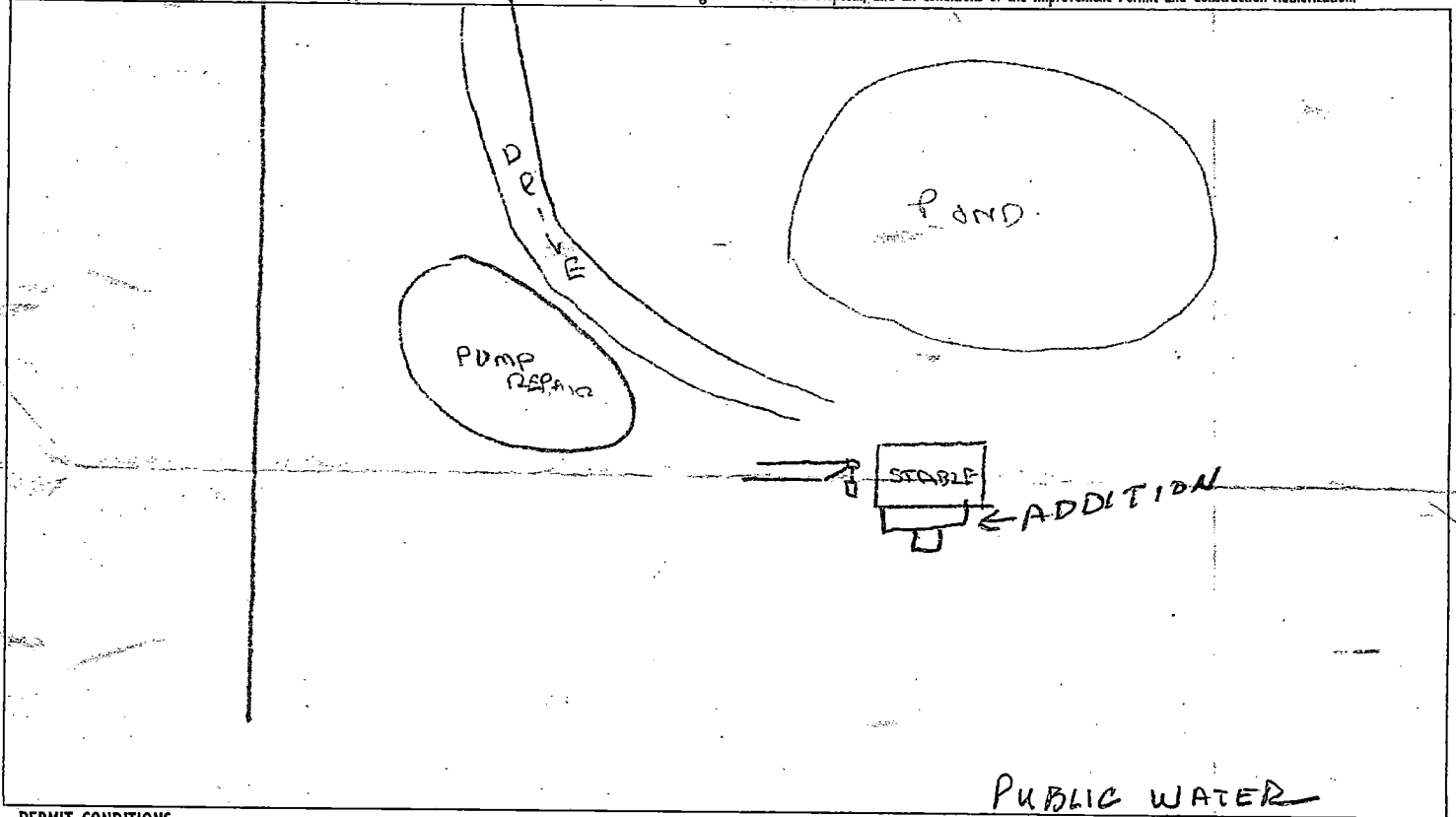
Basement with plumbing: Garage Number of Bedrooms 100 HOUSE STABLE

Type of Water Supply: Community Public Well Distance from well 100' feet

System Type: III Types V and VI Systems expire in 5 years.

(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other E2 FLOW Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 0 exact length of each ditch 45 feet width of ditches 3 feet depth of ditches 18-24 inches

French Drain Required: _____ Linear feet

Authorized State Agent REHS Date 7/12/16

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
 Date: 2/12/18 52 Receipt no: 248837

Year	Number	Amount
2018	50043287	
6575 RAWLS CHURCH RD		
FUQUAY-VARINA, NC 27526		
B4	BP - ENV HEALTH FEES	
		\$100.00
EXT TANK		

WES MATTHEWS

Tender detail		
CK CHECK PAYMEN	5793	\$100.00
Total tendered		\$100.00
Total payment		\$100.00

Trans date: 2/12/18 Time: 11:10:29

** THANK YOU FOR YOUR PAYMENT **