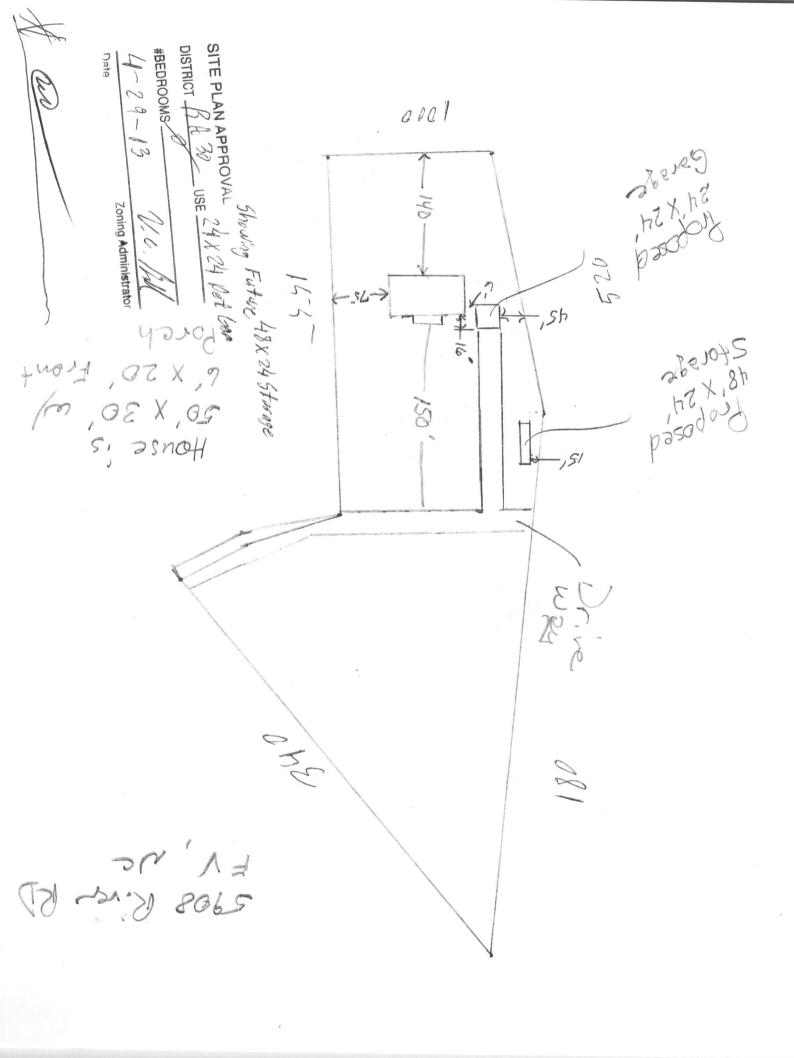
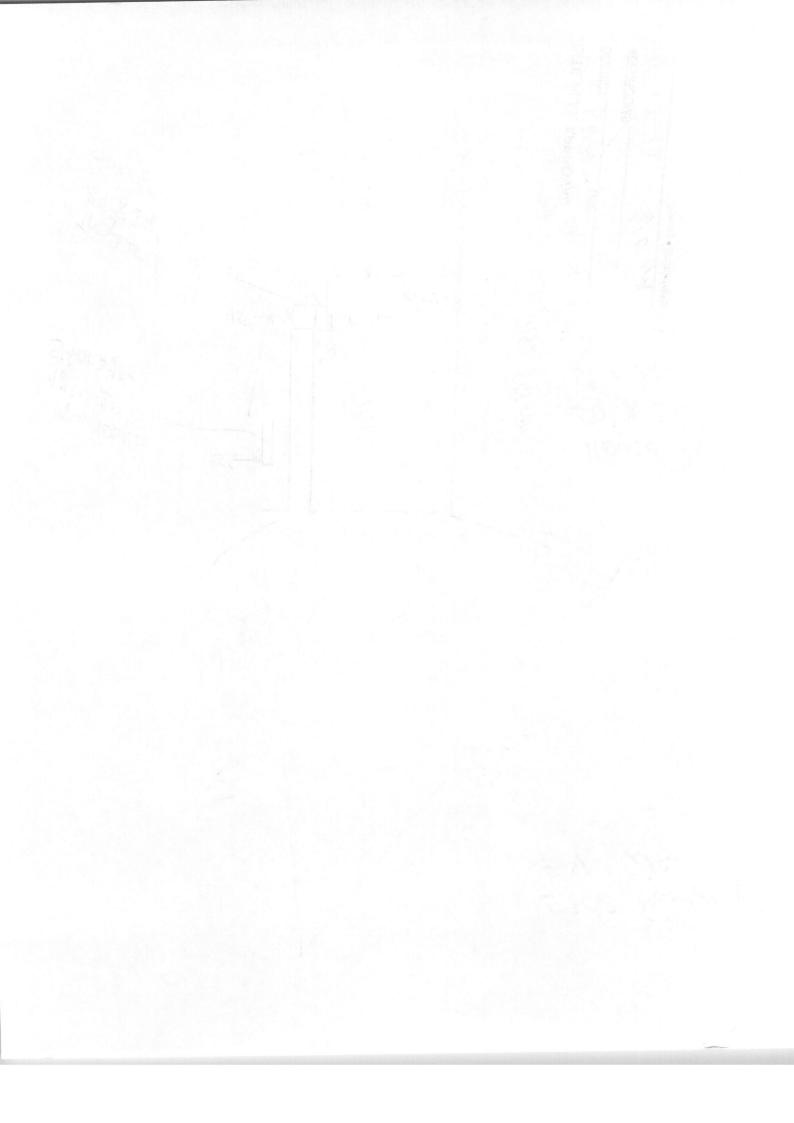
Initial Application Date: 4-29-13	Application # 1350031178
COUNTY OF HARNETT RESIDENTIAL LAND	9.110
Phone: (910) 893-75	525 ext:2 Fax: (910) 802 2702
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN AR	RE REQUIRED WHEN SURMITTING A LAND LIGHT AREA.
LANDOWNER: W. // om & // lary Trough Mailing Address:	5908 812 01
City: Fuguay Varina State: DC Zip: 27526 Contact No: 919-5	57-16/1/5-11 20
APPLICATION	se work Email: roma prough.us
APPLICANT*: Mailing Address:	
City: Zip: Contact No:* Please fill out applicant information if different than landowner	Email:
CONTACT NAME APPLYING IN OFFICE:	Phone #
PROPERTY LOCATION: Subdivision:	2
State Road # State Road Name: Rever Rd	Lot #: Lot Size:
Parcel: 05 0624 0019 07	Map Book & Page: 2009, 475
PIN: VV C	34 1266.000
oning: AA30 Flood Zone: Watershed: Deed Book & Page: 2770	2 / 2 Power Company*:
lew structures with Progress Energy as service provider need to supply premise number	from Progress Energy.
ROPOSED USE:	
SFD: (Size x) # Bedrooms: # Baths: Bases	Manada
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: (Is the bonus room finished? () yes () no w/ a closet? () ye	Deck: Crawl Space: Slab: Slab:
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage:_	Site Built Deck: On Frame Off F
(Is the second floor finished? () yes () no Any other site built	additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Gara	age:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
Hama Oassantissa II B	
Hours of Operation	on:#Employees:
Addition/Accessory/Other: (Size 4 x 4) Use: Net Gan	Closete in addition 2 /
**	Closets in addition? () yes () no
Supply: X County Existing Well New Well (# of dwellings using well) *Must have operable water before final
ge Supply: New Septic Tank (Complete Checklist) X Existing Septic Tank (Complete Checklist)	ete Checklist) County Source
owner of this tract of land, own land that contains a manufactured home within five hundred fee	et (500') of tract listed above? () ves. (\(\sqrt{V} \) ==
he property contain any easements whether underground or overhead () yes (X) no	(M) ho
res (existing or proposed): Single family dwellings:Manufactured Homes:	Xonara
durale	Sother (specify): Home
red Residential Property Line Setbacks: Comments:	Gar, Showing Future
Minimum 34 Actual 150 24'X48' Storage Buil	d: Referia GEA 11-1- 21 21
6 140+	7 7 10 11-5-2624
Side 6 45	
et/corner lot	
Building lot	
Residential Land Use Application Page 1 of 2 APPLICATION CONTINUES ON BACK	03/11
THE LOCATION CONTINUES ON BACK	

armits are granted Lagree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted and the specification of provided. Signature of Owner or Owner's Agent It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limit to: boundary information, house location, underground or overhand easements, etc. The county or its employees are not responsible for any incorrect or misaling information that is contained within these applications. **This application expires 6 months from the initial date if permits have not been issued** **This application expires 6 months from the initial date if permits have not been issued. **This application expires 6 months from the initial date if permits have not been issued.**		Ni sili	seemed filled to the con-	· 7 2.22
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This application expires 6 months from the initial date if permits have not been issued Find Find	t is the owner/applicants responsibility to pr	inderground or overhead easements, etc. T	he county or its employees are not re in these applications.***	sponsible for any
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		Page 2 of 2	Fron of	03/11





NAME:	APPLICATION #:
	This application to be filled out when applying for a septic system inspection.
County I	Health Department Application for Improvement Permit and/or Authorization to Construct
IF THE INFORM	MATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT JTHORIZATION 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)
910-8	93-7525 option 1 CONFIRMATION #
	nental Health New Septic System Code 800
lines r	operty irons must be made visible. Place "pink property flags" on each corner iron of lot. All property must be clearly flagged approximately every 50 feet between corners.
Place out but	"orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, ildings, 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 	erty is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil tion to be performed. Inspectors should be able to walk freely around site. Do not grade property .
	s to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
	<i>lure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.</i> reparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code
800 (at	fter selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note
confirm	nation number given at end of recording for proof of request.
	ick2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
	above instructions for placing flags and card on property.
/ Prepare	e for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if
	e) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
	LEAVE LIDS OFF OF SEPTIC TANK acovering outlet end call the voice permitting system, at 910-893-7525 option 1 & select notification permit
	ple permits, then use code 800 for Environmental Health inspection. Please note confirmation number
	end of recording for proof of request.
Use Clic SEPTIC	ck2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
If applying for aut	horization 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 shal question. If the an	I notify the local health department upon submittal of this application if any of the following apply to the property in swer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{ }YES { }}	NO Does the site contain any Jurisdictional Wetlands?
{_}}YES {}!	있다. 그렇게 된 뒤에 가지면 잃었다면서 가게 가는 사이지 않는 것 같아. 그는 그 사이를 하는 것 같아 하는 것이다.
{_}}YES {}!	
()YES {}]	이 경기 가장 하는 물리 수 있는 것이 많은 가능하는 것은 사람들이 되었다. 그 그 사람들은 그 사람들은 사람들이 되었다.
{_}}YES {}} N	
(_)YES (_) N	
{_}}YES {}N	그는 그
(_)YES {_} N	
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read This Ap	plication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
	ranted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
	That A Complete Site Evaluation Can Be Performed.
au	4/29/13
PROPERTY OWN	ERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE