

Initial Application Date: \_\_\_\_\_

Ref. 15.535660

Application #

15-50037116

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: Jorge Noranjo Diaz & Maria Luz Garcia Mailing Address: 1412 Faye Dr  
City: Garner State: NC Zip: 27529 Contact No: 919)255-2593 Email: Diazpainting4@gmail.com

APPLICANT: Maria Luz Garcia P. Mailing Address: 1412 Faye Dr.  
City: Garner State: NC Zip: 27529 Contact No: 919)255-2593 Email: Diazpainting4@gmail.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Maria Luz Garcia P. Phone # 919)255-2593

PROPERTY LOCATION: Subdivision: Arkville Young Lot #: \_\_\_\_\_ Lot Size: 17.008  
State Road # \_\_\_\_\_ State Road Name: Johnston City Rd. Map Book & Page: 3602, 913  
Parcel: 07.1603.0020.01 PIN: 1603.12.7288  
Zoning: RA40 Flood Zone: Y Watershed: \_\_\_\_\_ Deed Book & Page: 3229, 269 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: \_\_\_\_\_ Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms) Monolithic
- 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 32 x 24) Use: detached garage 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 Existing Manufactured Homes: \_\_\_\_\_ Other (specify): 1 proposed det. garage

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

M. Suz Hancock  
Signature of Owner or Owner's Agent

08/26/15  
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\*\*

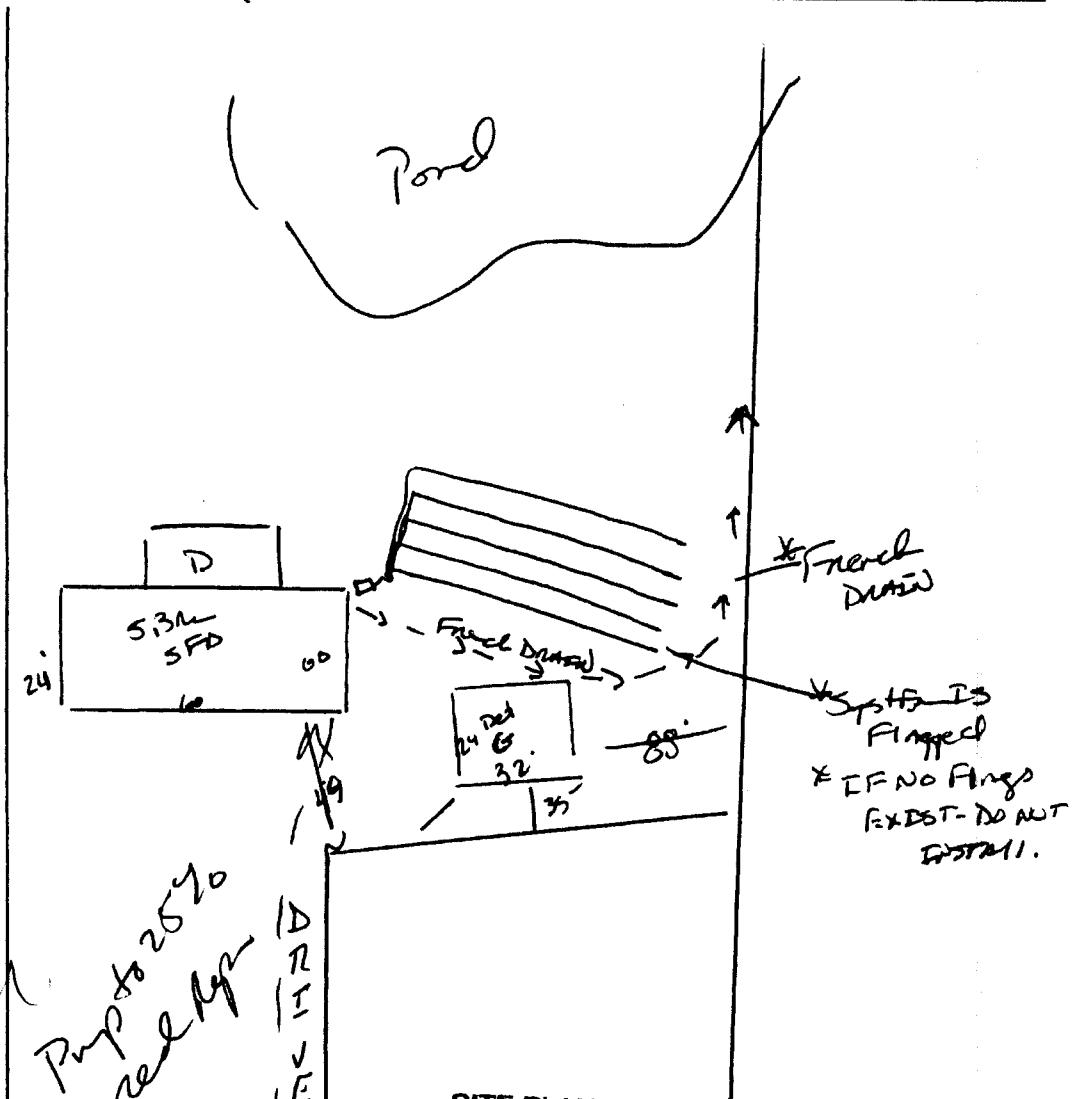
HTE# 15-5-3716

Permit # 28575

# Harnett County Department of Public Health Site Sketch

ISSUED TO: MARIA LIZ GARCIA PROPERTY LOCATION: 821551 Johnston County Line Rd  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Authorized State Agent: James E. Marshall Date: 10-23-15



Used this  
Site Plan  
since  
ours was  
not  
accurate  
any more

Prop to 25%  
rebuild

DRIVE

SITE PLAN APPROVAL  
DISTRICT RA40 1100 detached  
#BEDROOMS 2 garage  
11.3.15 dyonism  
ZONING ADMINISTRATOR

HTE# 15-5-37116

# Harnett County Department of Public Health

28575

Refer to  
3566RR

## Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: MARIA LUZ GANCA P

PROPERTY LOCATION: 81551 Johnston County LEW RD  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

NEW  REPAIR  EXPANSION   
Type of Structure: SFD + Det Garage

Site Improvements required prior to Construction Authorization Issuance: \_\_\_\_\_

Proposed Wastewater System Type: 25% Reduction

Projected Daily Flow: 600 GPD  
Number of bedrooms: 5 Number of Occupants: 10 max

Basement  Yes  No

Pump Required:  Yes  No  May be required based on final location and elevations of facilities

Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

Permit valid for:  Five years  
 No expiration

Permit conditions: \_\_\_\_\_

Authorized State Agent: James E. Manhart Date: 10-23-15 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

## Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: MARIA LUZ GANCA P

PROPERTY LOCATION: 81551 Johnston County LEW RD  
SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

Facility Type: SFD + Det GAR  New  Expansion  Repair

Basement?  Yes  No Basement Fixtures?  Yes  No

Type of Wastewater System\*\* 25% Reduction System (Initial) Wastewater Flow: 600 GPD  
(See note below, if applicable )

Pup to 25% Reduction (Repair)

### Installation Requirements/Conditions

Septic Tank Size 1200 gallons

Number of trenches 5  
Exact length of each trench 80 feet

Trench Spacing: 9 Feet on Center

Pump Tank Size 1200 gallons

Trenches shall be installed on contour at a  
Maximum Trench Depth of: 18 inches

Soil Cover: 6 inches

5 Bedroom ONLY

(Trench bottoms shall be level to +/- 1/4" in all directions)

(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: \_\_\_\_\_ ft. TDH vs. \_\_\_\_\_ GPM

Aggregate Depth: 6 inches below pipe

Conditions: French Drain Required

2 inches above pipe  
12 inches total

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.  
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

\*\*If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

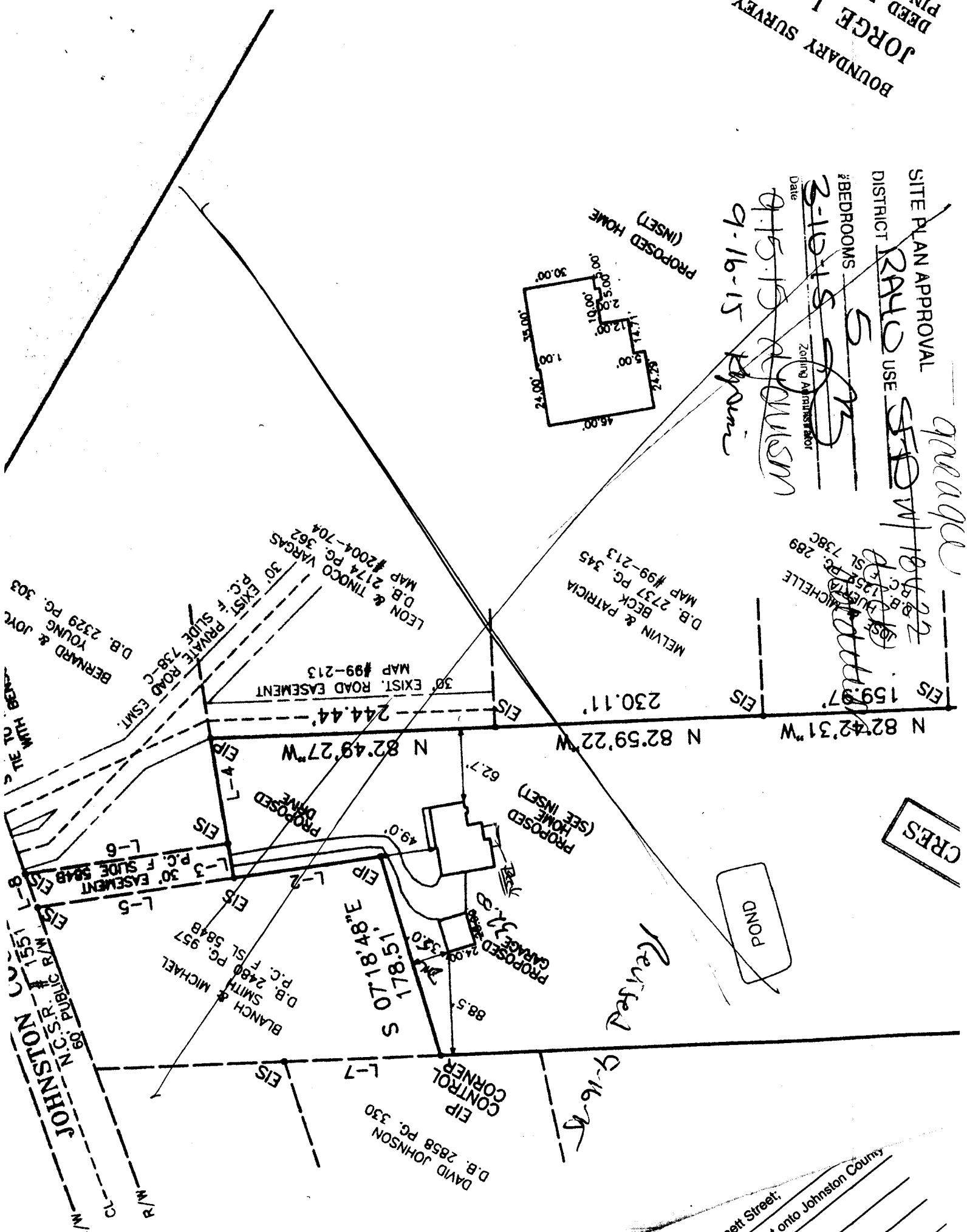
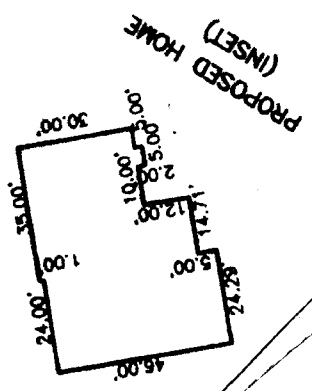
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Manhart Date: 10-23-15  
Construction Authorization Expiration Date: 10-23-20

BOUNDARY SURVEY  
 JORGE L DEED B...

SITE PLAN APPROVAL *maaque*  
 DISTRICT RADC USE SEW 180022  
 3 BEDROOMS 5  
 Date 9-15-15 *Quinn*  
 Zoning Administrator *Quinn*  
 9-16-15

JOSE FUELTA  
 P.C. 1258 PG. 289  
 MICHELLE  
 P.C. 1258 PG. 738C



Onto Johnston County  
 Street;

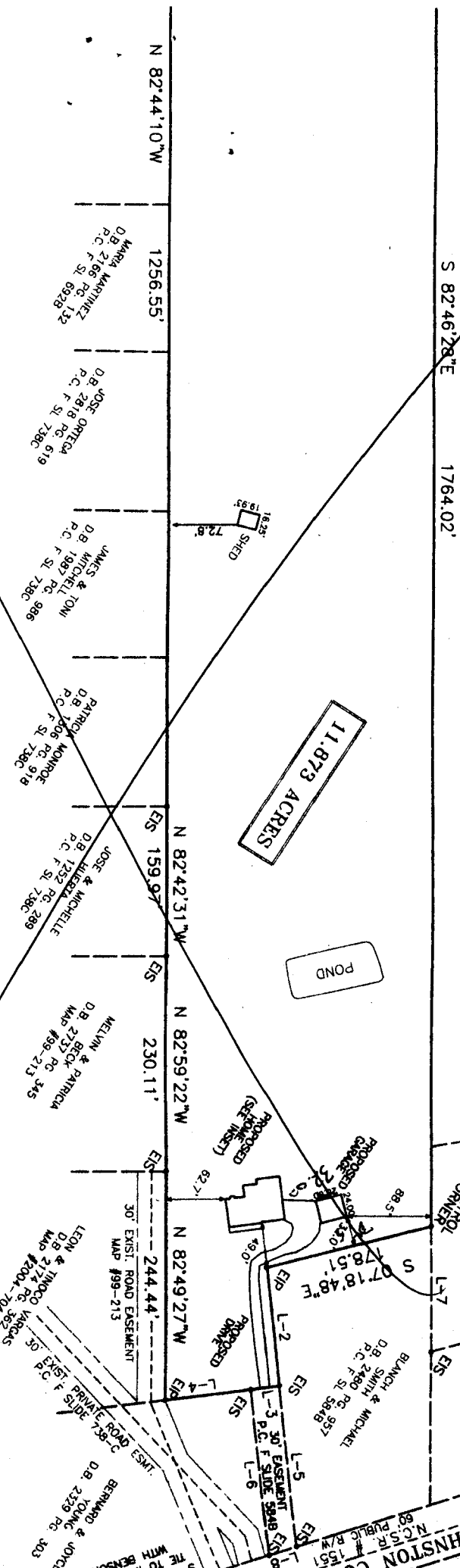
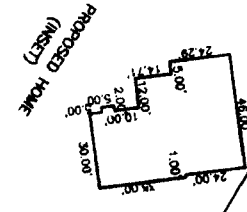
NORTH CAROLINA  
SURVEYORS

THIS PLAT IS OF A BOUNDARY SURVEY OF AN EASE  
PARCEL OF LAND THAT IS REGULATED BY A COUNTY  
MUNICIPALITY ORDINANCE THAT REGULATES  
PROFESSIONAL LAND SURVEYOR L-1-1040

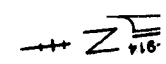
MR. BENJON W. DEWAS CERTIFY THAT THIS PLAT WAS DRAWN UNDER  
SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY  
SUPERVISION THAT THE BOUNDARIES THAT ARE SHOWN ARE  
PLOTTED FROM MEASUREMENTS THAT WERE MADE BY ME  
OR BY A SURVEYOR UNDER MY SUPERVISION AND THAT THE  
LICENSE NUMBER AND SEAL THIS DAY OF FEBRUARY 1988.

PRECISION IS 1:25,000 AS SHOWN ON THE PLAT  
NOT SURVEYED ARE SHOWN AS BROKEN LINES  
PER G.S. 47-30 AS AMENDED

BOUNDARY SURVEY  
JORGIE I  
DEED PIN



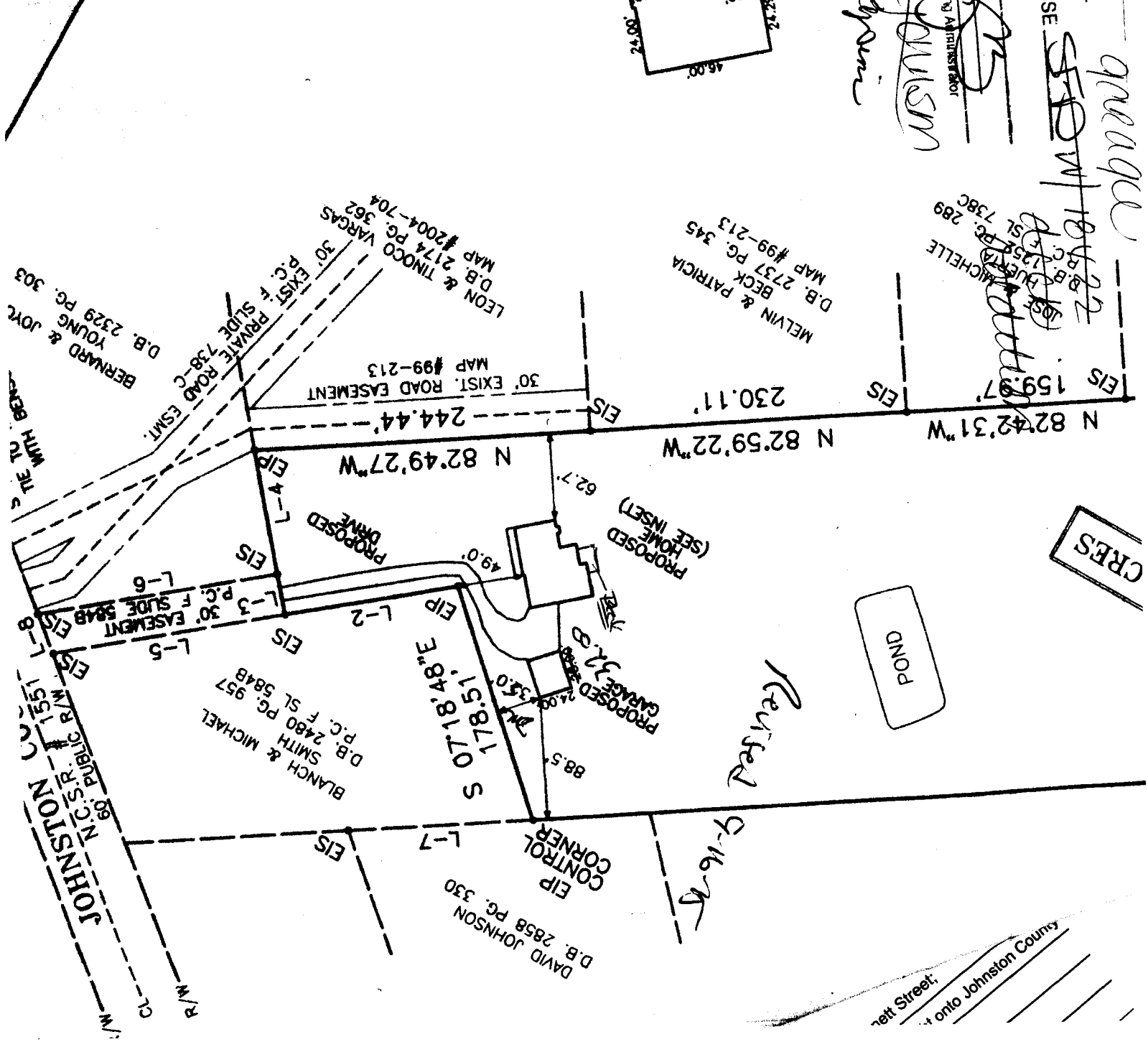
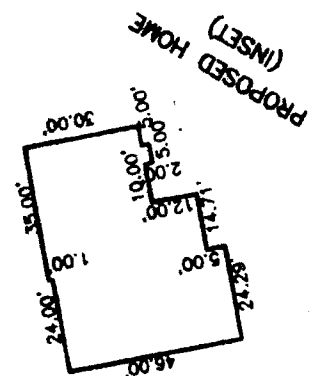
11.873 ACRES



JOHNSTON COUNTY  
N.C.S.R. # 1551  
60 PUBLIC R/W

BERNARD & JORGE  
D.B. 2329 PG. 303  
TE TO WITH BENSON

SITE PLAN APPROVAL *approved*  
 DISTRICT *R4C* USE *SEW*  
 # BEDROOMS *5*  
 Date *01-15-15*  
*9-16-15 Ryznar*  
 Zoning Administrator



CRES

*Revised 9-16-15*

next Street,  
 onto Johnston County





**General Notes**

- 1) ALL WALLS WILL BE DRAWN AT 3/16 UNLESS NOTED OTHERWISE.
- 2) ALL ANGLES WILL BE DRAWN AT 90 DEGREES OR 45 DEGREES UNLESS NOTED OTHERWISE.
- 3) UNLESS NOTED OTHERWISE, ALL FLOOR JOISTS SHALL BE 8'-0" UNLESS NOTED OTHERWISE.
- 4) FLOOR TWO JOISTS TO BE 8'-0" UNLESS NOTED OTHERWISE.
- 5) WINDOW HEADER HEIGHTS TO BE SET AT 6'-11" UNLESS NOTED OTHERWISE.
- 6) BUILDER TO VERIFY ALL DIMENSIONS THAT DRAWINGS AND DESIGN FOLLOW LOCAL, STATE AND NATIONAL BUILDING CODES.

**SQUARE FOOT KEY**

GARAGE AREA	764
UNFINISHED BONUS AREA	408

28' X 28' GARAGE W/ LOFT



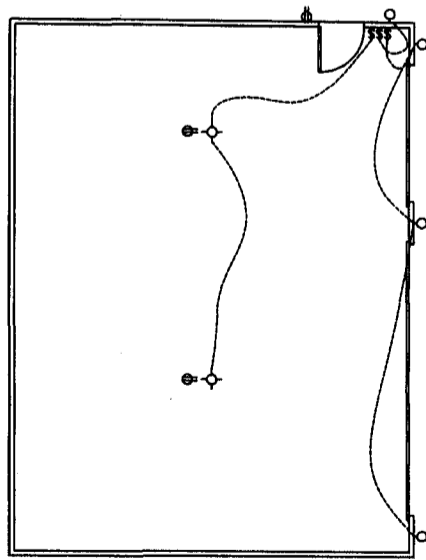
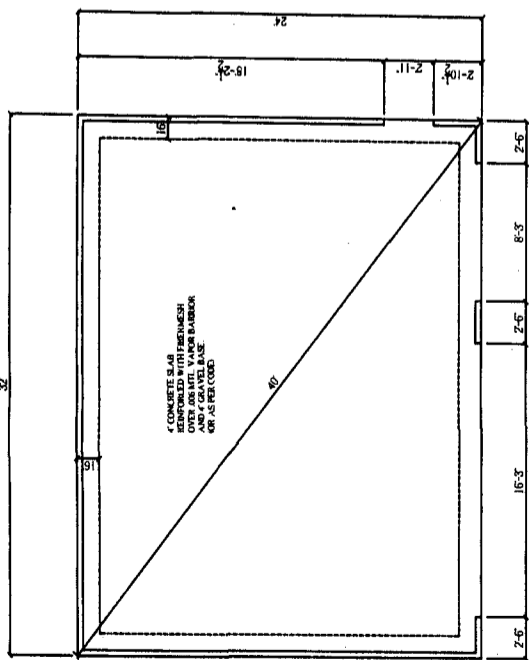
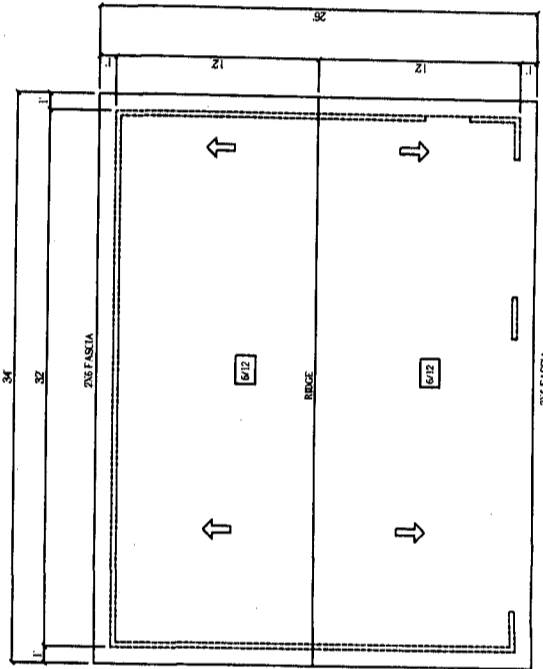
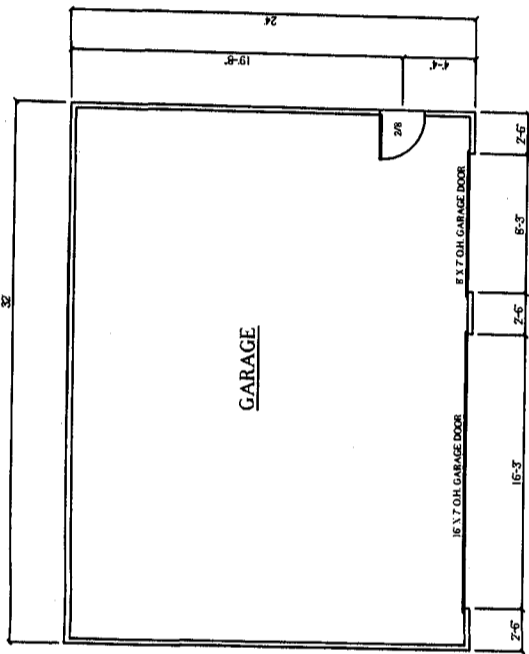
MASTER DATE: 10/30/10

SUBDIVISION NAME:

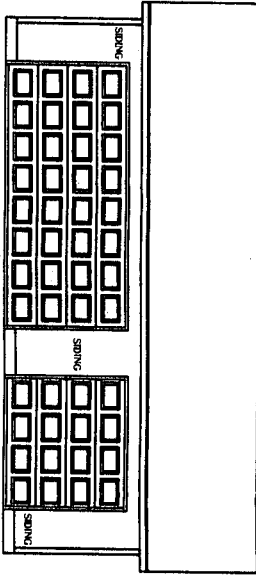
CITY:	X
PHASE:	X
BLCK:	X
LOT:	X

32 x 24 Garage  
768  
"A"

PAGE 2 OF 2

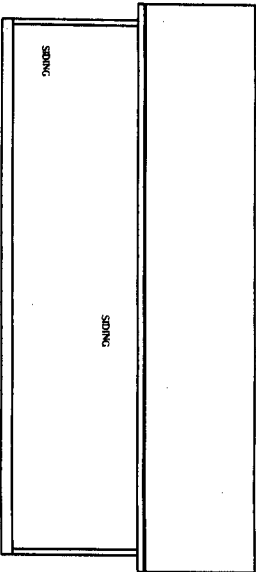


RISE VENTS



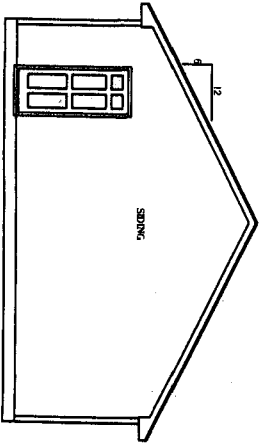
FRONT ELEVATION  
SCALE 1/8" = 1'-0"

RISE VENTS



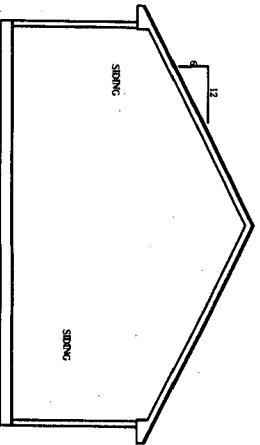
REAR ELEVATION  
SCALE 1/8" = 1'-0"

RISE VENTS



RIGHT ELEVATION  
SCALE 1/8" = 1'-0"

RISE VENTS



LEFT ELEVATION  
SCALE 1/8" = 1'-0"

General Notes

1. ALL WALLS WILL BE BROWN AT 3/4" UNLESS NOTED OTHERWISE.
2. ALL ANGLES WILL BE DRAWN AT 45 DEGREES UNLESS OTHERWISE NOTED OTHERWISE.
3. 1/2" OR ONE CEILING TO BE 8'-0" UNLESS NOTED OTHERWISE.
4. 1 FLOOR TWO CEILING TO BE 8'-0" UNLESS NOTED OTHERWISE.
5. WINDOW HEADER HEIGHTS TO BE SET AT 6'-11" UNLESS NOTED OTHERWISE.
6. BUILDER TO VERIFY ALL DIMENSIONS.
7. BUILDER OR HOMEOWNER TO VERIFY THAT DRAWINGS AND DESIGN FOLLOW LOCAL STATE AND NATIONAL BUILDING CODES.

SQUARE FOOT KEY

GARAGE AREA	794
UNFINISHED BONUS AREA	408

28' X 28' GARAGE W/LOFT



MASTER DATE: 10/30/10

SUBDIVISION NAME: X

CITY: X

PHASE: X

BLOCK: X

LOT: X

32 x 24 Garage  
768  
"A"

