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Application #	1750040856
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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

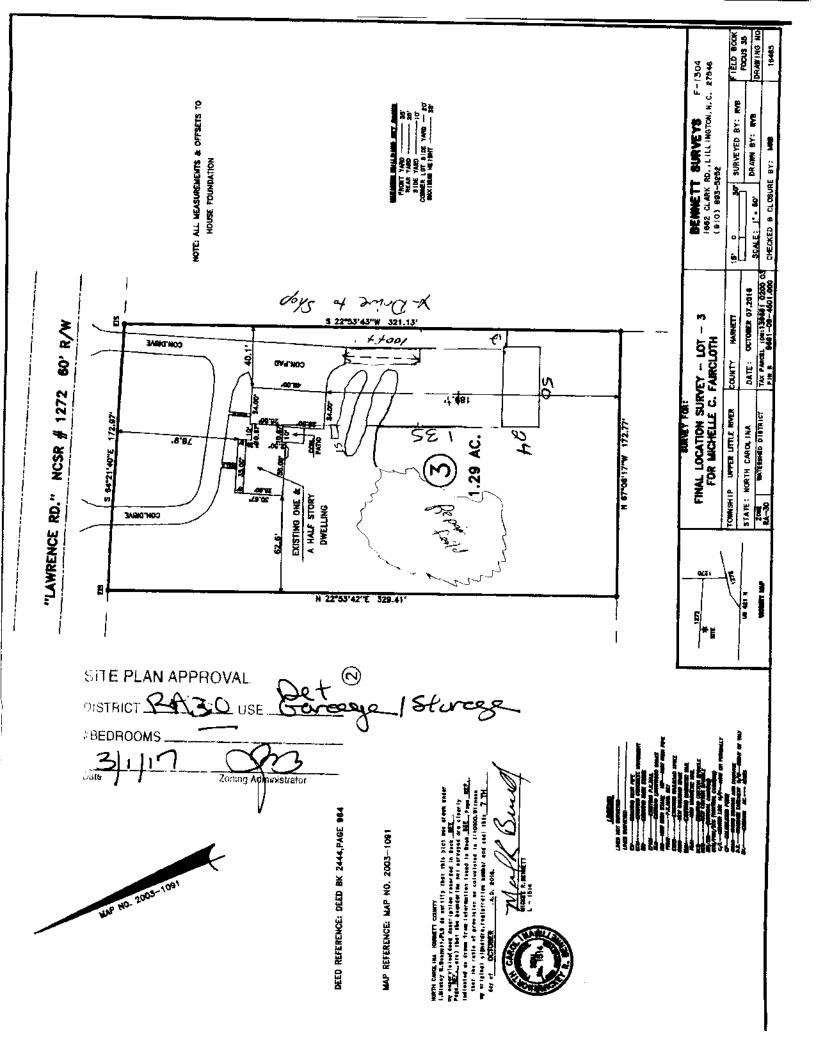
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: Michele Faircloth / Richard Martin \_\_\_ Mailing Address: 1169 Lawrence Road Contact No: 910-709-6824 Broadway APPLICANT\*: Michele Faircloth Mailing Address: 1169 Lawrence Road City: Broadway Contact No: 919-499-8680 Email: mfaircloth1@hotmail.com CONTACT NAME APPLYING IN OFFICE: State Road Name: NC 27W \*New structures with Progress Energy as service provider need to supply premise number [ PROPOSED USE: Monolithic SFD: (Size x ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (ts the bonus room finished? (\_\_\_) yes (\_\_\_) no w/ a closet? (\_\_\_) yes (\_\_\_) no (if yes add in with # bedrooms) 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 24 x 50 ) Use: storage building 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 \_\_( w) no Structures (existing or proposed): Single family dwellings: X \_\_\_\_\_ Manufactured Homes:\_\_\_\_\_ Other (specify):\_\_\_ Required Residential Property Line Setbacks: Comments: Front Minimum\_ 25 Rear 10 Closest Side

Sidestreet/corner lot\_ Nearest Bullding on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
Take 421 N. out of Lillington. Turn Right onto Cool Springs Road (Kens Lamp Shop). At stop sign turn Lft onto Holly Springs
Chruch Road, Turn Right onto Hollie Pines Road, Turn Left onto Lawrence Road. House approximately 1 1/2 miles on Right.
Grey vinyl house
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.  3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

\*\*\*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:			A DDI 101 TYON #	
14/4191124			APPLICATION #:	··
	*This application to be fill	led out when applying	for a septic system inspection.*	
County Health D	epartment Application	n for Improvemen	t Permit and/or Authorization to	O Construct
PERMIT OF AUTHORIZ	N THIS APPLICATION IS FA	ALSIFIED, CHANGED, O	OR THE SITE IS ALTERED, THEN THE IM	PROVEMENT
depending upon documents	tion submitted. (Complete site	ALL BECOME INVALID	The permit is valid for either 60 months or valid for either 60 mo	without expiration
910-893-7525	option 1	pian – w montus, comp	CONFIRMATION #	
	ealth New Septic Systen	nCode 800	COM MANTON #	
<ul> <li>All property !</li> </ul>	rons must be made vis	sible. Place "pink pro	operty flags" on each corner iron of I	ot. Alt property
lines must be d	clearly flagged approxima	itely every 50 feet bet	ween corners.	
<ul> <li>Place "orange</li> </ul>	house corner flags" at ea	ich corner of the prop	osed structure. Also flag driveways,	garages, decks,
out buildings, s	wimming pools, etc. Place	ce flags per site plan	developed at/for Central Permitting.	
<ul> <li>Place orange I</li> <li>If property is the</li> </ul>	environmental Health card	d in location that is ea	asily viewed from road to assist in loca	ating property.
Il property is to      Avaluation to be	ilickly wooded, Environme	ental Health requires	that you clean out the <u>undergrowth</u> lk freely around site. <i>Do not grade pr</i>	to allow the soil
All lots to be	e penomica. Hispectors : addressed within 10 hus	should be able to wal	ik neely around site. <i>Do not grade pr</i> Infirmation. \$25.00 return trip fee m	roperty.
for failure to i	incover outlet lid. mark	house corners and	property lines, etc. once lot confirm	ned ready
After preparing	proposed site call the vo	pice permitting system	at 910-893-7525 option 1 to schedul	le and use code
800 (after sele	cting notification permit if	f multiple permits exis	st) for Environmental Health inspectio	n. Please note
confirmation no	umber given at end of rece	ording for proof of rec	<u>quest.</u>	
Use Click2Gov	or IVR to verify results.	Once approved, proc	eed to Central Permitting for permits.	
	ealth Existing Tank Inspensions flag enstructions for placing flag			
Prepare for installations	istructions for placing hat enection by removing edi-	ys and card on proper	rty. tank as diagram indicates, and lift li	d atraight up (if
possible) and t	hen <b>put lid back in plac</b> r	a. (Unless inspection	is for a septic tank in a mobile home p	o straight up (# hark)
DO NOT LEAVE	LIDS OFF OF SEPTIC TAI	NK	to to a department a modulo home p	Juli Ny
<ul> <li>After uncoverir</li> </ul>	ig <b>outlet end</b> call the void	ce permitting system	at 910-893-7525 option 1 & select no	tification permit
if multiple peri	nits, then use code 800	for Environmental F	Health inspection. Please note confir	mation number
given at end of	recording for proof of req	<u>juest</u> .		4-
<ul> <li>Use Click2Gov</li> <li>SEPTIC</li> </ul>	or IVR to near results. Of	nce approved, proces	ed to Central Permitting for remaining	permits.
	on to construct please indicate	e desired system type(s):	can be ranked in order of preference, must	choose one
7	{}} Innovative			choose care,
,				
Alternative	{}} Other		<del></del>	\
The applicant shall notify	the local health department	upon submittal of this	——application if any of the following apply t	to the property in
question. If the answer is	i "yes", applicant MUST AT	FTACH SUPPORTIN	G DOCUMENTATION:	
IVES LINO	Assista alta almain anu I	foods dissing at Western de	a a	
YES {_} NO	Does the site contain any J			
{\_}}YES {} NO /	Do you plan to have an <u>irri</u>	<u>igation system</u> ow or i	n the future?	1
(\psi\)YES \[ \_\\ \ NO	Does or will the building c	contain any <u>drain</u> ? Plea	ise explain	
1 YES (_) NO	Are there any existing wel	ls, springs, waterlines o	or Wastewater Systems on this property?	1
$\{ \bot \} YES (\_) NO$	i i	, ,	te other than domestic sewage?	1
YES { NO	Is the site subject to approv	/ \		1

If yes please call No Cuts at 800-632-4949 to locate lic 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 Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I 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.

Does the site contain any existing water, cable, phone or underground electric lines?

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Are there any Easements or Right of Ways on this property?

DATE

Plan Box #	1e_ 56	Date Job Name_ Valuation <u> 44,400</u>	Faircloth  Martin  SQ Feet
Crawl	Slab	Mono	Basement
Footing Foundation Address Open Floor Rough In Insulation Final	Footing Foundation Address Slab Rough In Insulation Final	Plum Under Slab Ele. Under Slab Address Mono Slab Rough In Insulation Final	Footing Foundation Waterproofing Plum Under slab Address Slab Open Floor Rough In Insulation Final
Foundation Survey		Envir. Health	Other
Additions / Other Footing Foundation Slab Mono Open Floor Rough In Insulation Final			