

Initial Application Date: 10/16/17

Application # 1750042558

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: Gregory Baker Mailing Address: 212 Tar Kiln Trail
City: Fruwayer Varina State: NC Zip: 27524 Contact No: (919) 816-6343 Email: gkbaker9@gmail.com

APPLICANT*: Gregory Baker Mailing Address: (Same as above)

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Gregory Baker Phone # 919-816-6343

PROPERTY LOCATION: Subdivision: _____ Lot #: 3 Lot Size: 11.30

State Road # _____ State Road Name: 212 Tar Kiln Trl Map Book & Page: 2016, 153

Parcel: 080664 0004 02 PIN: 06664-666-0083-000

Zoning: R-30 Flood Zone: X Watershed: 445 Deed Book & Page: 3394, 1627 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 30 x 50) Use: Pole barn Closets in addition? () yes (X) 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 (X) no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): Pole Barn

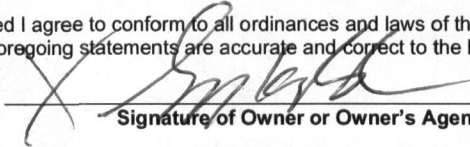
Required Residential Property Line Setbacks:

	Minimum	Actual
Front		
Rear	<u>25'</u>	<u>100'</u>
Closest Side	<u>10'</u>	<u>60'</u>
Sidestreet/corner lot		
Nearest Building on same lot		


Comments: _____

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.



Signature of Owner or Owner's Agent



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****

NAME: _____

APPLICATION #: 42558

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION 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)

910-893-7525 option 1

CONFIRMATION # 024392-LL
10/16/17

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, 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 is thickly wooded, Environmental Health requires that you clean out the **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative Conventional Any
 Alternative Other _____

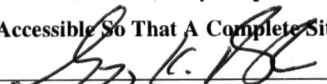
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES NO Is any wastewater going to be generated on the site other than domestic sewage?
 YES NO Is the site subject to approval by any other Public Agency?
 YES NO Are there any Easements or Right of Ways on this property?
 YES NO Does the site contain any existing 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 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.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/16/17
DATE

SITE PLAN APPROVAL POLE
DISTRICT RA-30 USE BARN

BEDROOMS

10/16/17

Travis R. Worme
 Deed Book 2400, Page 805

Wells Family
 Limited Partnership
 Deed Book 185, Page 323
 Deed Book 1311, Page 624

Michael D. Pryor
 D.B. 1485,
 Pg. 49

Wells Family
 Limited Partnership

Tor Klin Trail
 Plat Cabinet "T", Side (B-C)
 Exhibits 507 Separate-Egress Easement

Brad L. Casner
 Deed Book 1146, Page 413

John Fick
 Deed Book 2407, Page 316

Marsha L. Crispin
 Deed Book 1993, Page 51

Steven Glenn Finch
 Deed Book 1412, Page 170

(07-SP-187)

"GRACE W. LEWIS HEIRS"

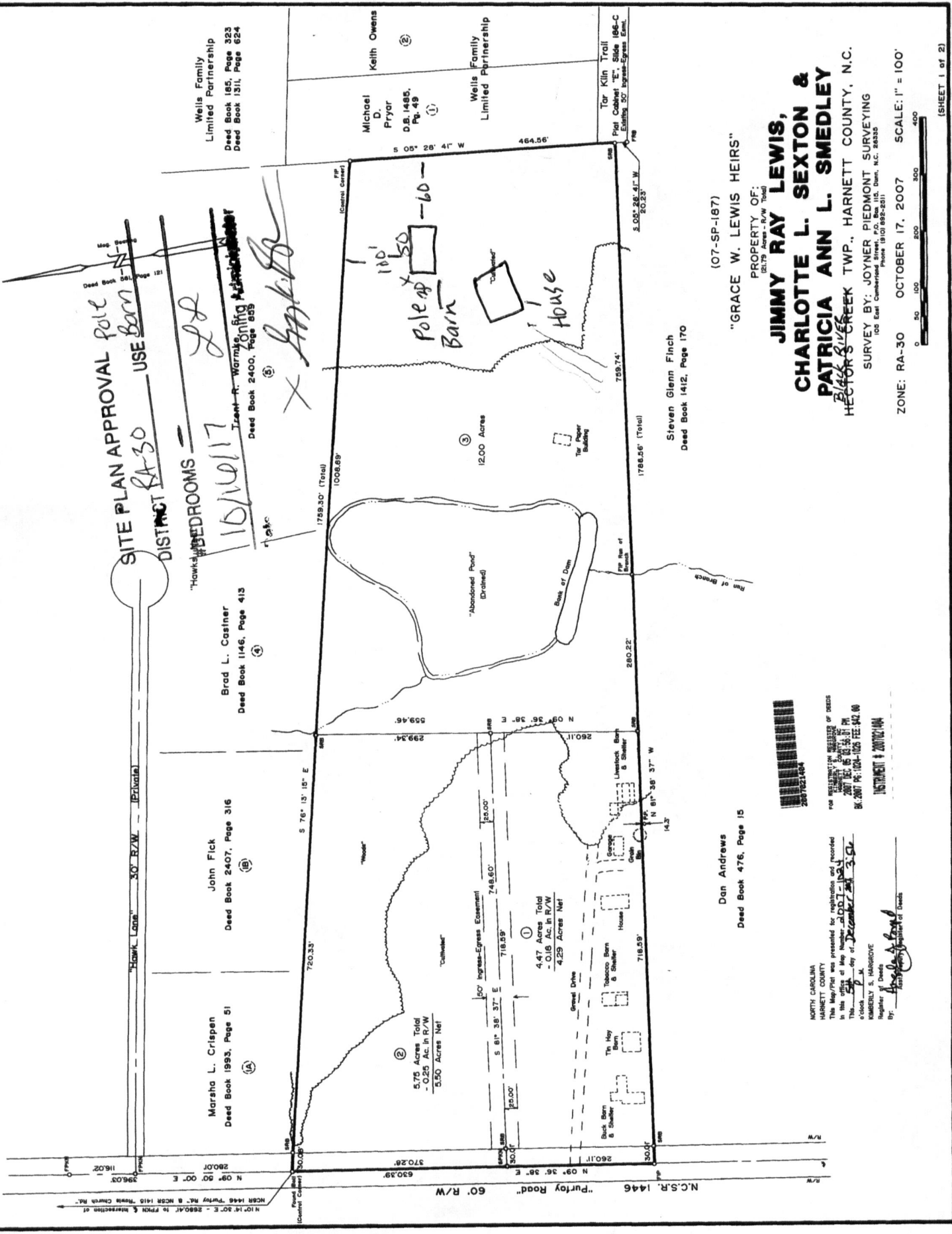
PROPERTY OF:
 GRACE W. LEWIS HEIRS

**JIMMY RAY LEWIS, &
 CHARLOTTE L. SEXTON &
 PATRICIA ANN L. SMEDLEY**
 SURVEY BY: JOYNER PIEDMONT SURVEYING
 100 East Cumberland Street, P.O. Box 115, Dunn, N.C. 28535
 Phone (910) 892-8511

ZONE: RA-30 OCTOBER 17, 2007 SCALE: 1" = 100'

(SHEET 1 OF 2)

map#2007-1024



FOR REGISTRATION PURPOSES OF DEEDS
 2007 OCT 17 10:54 AM
 BK 2007 PG 1024-1025 FEE \$42.00
 INSTRUMENT # 200704104

NORTH CAROLINA
 HARNETT COUNTY
 The Map/Plan was presented for registration and recorded
 in this office of Map Number 2007-1024-1025
 This Map/Plan was recorded on October 17, 2007
 at 10:54 AM.
 RIMBELLY S. HARGROVE
 Register of Deeds
 Harnett County, North Carolina

By: *[Signature]*
 Deputy Register of Deeds

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: DJOHNSON Type: CP Drawer: 1
 Date: 10/16/17 54 Receipt no: 119071

Year	Number	Amount
2017	50042558	
212 TAR KILN TRL		
FUQUAY-VARINA, NC 27526		
B4	BP - ENV HEALTH FEES	\$100.00
ETANK		

GREGORY K BAKER

Tender detail		
CK CHECK PAYMEN	1044	\$100.00
Total tendered		\$100.00
Total payment		\$100.00

Trans date: 10/16/17 Time: 10:02:06

** THANK YOU FOR YOUR PAYMENT **

MARSHFIELD COUNTY CASH RECEIPTS

PATIENT CUSTOMER RECEIPT

Date: 10/15/24 Receipt no: 118811
Over: 000000 Type: CP Payment 1

Amount: \$100.00
Patient Name: GREGORY K BOYER
Address: 218 W 21st St
Lumberton, NC 27557
Phone: 704-281-1111
E-mail: gboyer@lumbertonnc.gov

Trans date: 10/15/24 Time: 10:02:03
Total payment: \$100.00
Total tendered: \$100.00
DR ERICK TAYLOR
Tender details: \$100.00

THANK YOU FOR YOUR PAYMENT