Initial Application Date:	31	16	18	
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Application # _	18-51043511
	01111

•	CU#
COUNTY OF HARNETT RESIDENTIAL LAND USE AF	PPLICATION

Central Permitting

on same lot

Residential Land Use Application

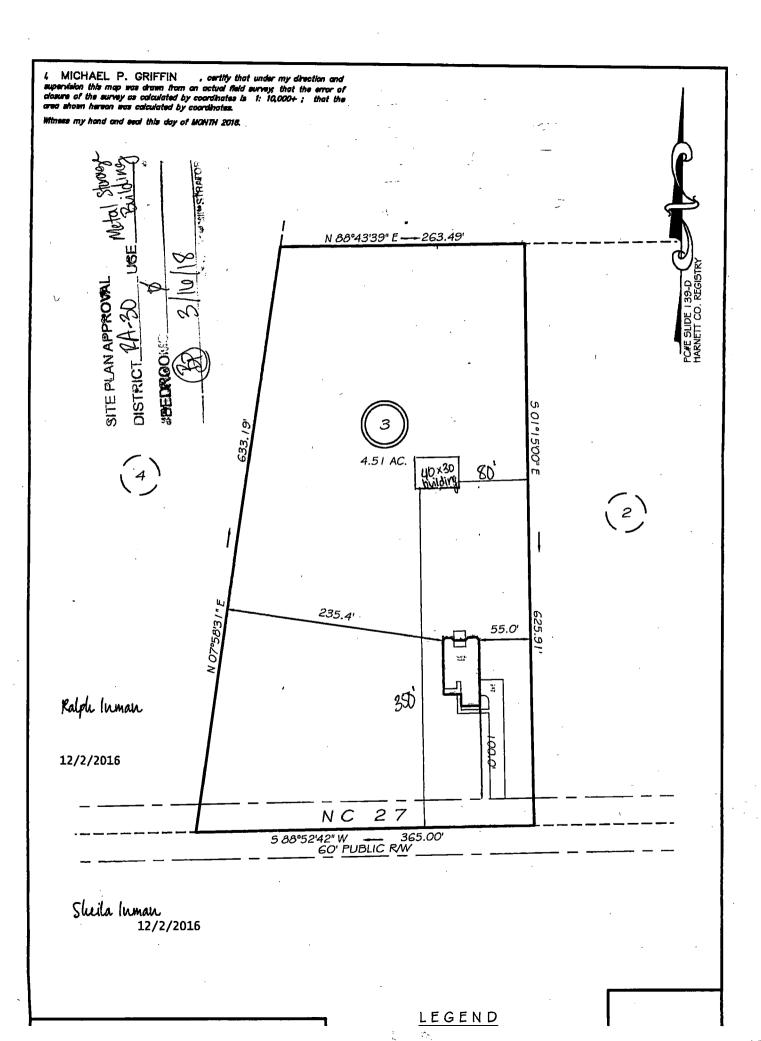
108 E, Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext;2 Fax: (910) 893-2793 www.harnett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION Ralph Inlman JR. Mailing Address: 2100 NC 97 W City: Lili Norton State: NC Zip: 27 TU Contact No: 480-221-1576 Email: risman 27 @ Winhoo, Com APPLICANT*: _____ Mailing Address:___ Zip: ____ Contact No: _____ Email: ____ *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE:_____Phone #_____ PROPERTY LOCATION: Subdivision: NC 27W State Road Name: Map Book & Page: / 130528 0068 03 Flood Zone: X Watershed: No Deed Book & Page: 3469 / 626 Power Company*: *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: (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: ______ #Employees:_____ Addition/Accessory/Other: (Size 40x30) Use: Metal Carace Closets in addition? (_) yes (_) no Water Supply: X County Existing Well Mew Well (# of dwellings using well) *Must have operable water before final Sewage Supply: X 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 (>__) no Structures (existing or proposed): Single family dwellings: 💢 Manufactured Homes: Other (specify): Comments: Required Residential Property Line Setbacks: Actual 35 Front Rear Closest Side Sidestreet/corner lot **Nearest Building**

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTO	n: Southwest	to the	L'. H'ington	
May approx. 6 miles.				
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			···	
If permits are granted I agree to conform to all ordinances and laws I hereby state that foregoing statements are accurate and correct to Signature of Owner's	the best of my knowledge. P	regulating such wor ermit subject to revo Date	cation if false information	f plans submitted. is provided.

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:	INMAN			APPLICATION #:_	18-50043577
		*This application to be	e filled out when applying	for a centic system inspe	etion *
Con					norization to Construct
					THEN THE IMPROVEMENT
			•		
depending	g upon documentat	ion submitted. (Complete	SHALL BECOME INVALID. site plan = 60 months; Comple	ete plat = without expiration)	101757 (22) 2/11/
	710 070 7020	opuon i		CONFIRMATION #	04/12/1/6/12/10/
		alth New Septic Sys			
•					orner iron of lot. All property
_			imately every 50 feet bety		
•			t each corner of the prop Place flags per site plan (g driveways, garages, decks
					assist in locating property.
•					<u>indergrowth</u> to allow the soi
•			ors should be able to wal		
•					urn trip fee may be incurred
			ark house corners and		
•					n 1 to schedule and use code
	800 (after selection	cting notification pern	nit if multiple permits exis	t) for Environmental He	ealth inspection. Please note
	confirmation nu	ımber given at end of	recording for proof of rec	<u>luest.</u>	,
			ts. Once approved, proce	eed to Central Permittin	g for permits.
☑ <u>En</u>			nspections Code 800	`	
•			flags and card on prope		
• r_	possible) and the	hen put lid back in p	lace. (Unless inspection		ites, and lift lid straight up (<i>i</i> mobile home park)
• •		LIDS OFF OF SEPTIC		at 010 902 7525 antion	1 9 solost potification normi
•					1 1 & select notification permi se note confirmation numbe
		recording for proof of		icaiii iliopeodoli. <u>i ica</u>	se note communation numbe
•			s. Once approved, procee	ed to Central Permitting	for remaining permits.
SEPTIC			,		.c. remaining permits
		on to construct please ind	licate desired system type(s):	can be ranked in order of	preference, must choose one.
{_}\ A	ccepted	{}} Innovative	{} Conventional	{}} Any	
{_}} À	Aternative	{}} Other			
The one	liant shall matifu	the level bealth demonts	mant unan auhmittal af thia	annliantian if any of the f	ollowing apply to the property in
question	. If the answer is	"yes", applicant MUS	F ATTACH SUPPORTIN	G DOCUMENTATION	:
{}}YE	s {}\vo	Does the site contain a	any Jurisdictional Wetlands	?	
{}}YE	S {} NØ	Do you plan to have a	n <u>irrigation system</u> now or i	n the future?	•
{}}YE	s {} no \	Does or will the build	ing contain any drains? Plea	se explain	

Are there any existing wells, springs, waterlines or Wastewater Systems on this property? Is any wastewater going to be generated on the site other than domestic sewage? {__}}YES Is the site subject to approval by any other Public Agency? Are there any Easements or Right of Ways on this property? {__}}YES NO {__}}YES 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. DATE DATE

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: BPETRICH Type: CP Drawer: 1
Date: 3/16/18 51 Receipt no: 292490

Year Number Amount
2018 50043577
7100 NC 27 W
LILLINGTON, NC 27546
B4 BP - ENV HEALTH FEES

EXISTING TANK

RALPH INMAN
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Trans date: 3/16/16 Time: 14:17:28

** THANK YOU FOR YOUR PAYMENT **

\$100.00

\$100.00

\$100.00

Tender detail CF CREDIT CARD

Total tendered

Total payment