

Initial Application Date: ~~3-17-10~~ 3-28-10 **Journ of ERWIN info only** Application # 10-50038259B 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: Annie Elliott Mailing Address: 721 North 16th St
 City: ERWIN State: NC Zip: 28389 Contact No: 910-985-0054 Email: _____

APPLICANT: Annie Elliott Mailing Address: 721 North 16th St
 City: ERWIN State: NC Zip: 28389 Contact No: 910-985-0054 Email: _____
 *Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Charles Dinkins Phone # 910-985-0054

PROPERTY LOCATION: Subdivision: Bishop Subdivision Lot #: C Lot Size: .50AC
 State Road # _____ State Road Name: North 16th St Extension Map Book & Page: 99, 375
 Parcel: 060598067504 PIN: 0597-47-9948.000
 Zoning: ERWIN Flood Zone: X Watershed: NO Deed Book & Page: 1012, 970 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size _____ # 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))
- 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 28 x 80) # Bedrooms: 43 w/ 1 study 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 _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: 1 County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: 1 New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) 1 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: _____ Manufactured Homes: 1 Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	Actual
	<u>35</u>	<u>40</u>
Rear	<u>25</u>	<u>139</u>
Closest Side	<u>10</u>	<u>12</u>
Sidestreet/corner lot	<u>20</u>	<u>-</u>
Nearest Building on same lot	<u>10</u>	<u>-</u>

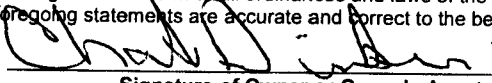
Comments:

proposed
owner of property was thinking sewer was cut property. Home is now a dump
Ref # 1250028872

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

From Lillington Take Hwy 421
TO ERWIN - TO MAIN ST (Hwy 20) Turn Right GO TO North 15TH
ST Turn LEFT GO TO North 16TH Street Turn LEFT Into
Cul-de-sac (North 16TH ST Extension) 2ND LOT on Right

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

03-17-14
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

Improvement Permit

27001

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: ANNIE P ELLIOTT PROPERTY LOCATION: N 16th STREET
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # C
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% REDUCTION
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 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
 Permit conditions: Contractor to MEET ON SITE PRIOR TO INSTALL No expiration

Authorized State Agent: [Signature] Date: 5-16-12 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: ANNIE P ELLIOTT PROPERTY LOCATION: N 16th STREET
 SUBDIVISION _____ LOT # C
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable)
Pump to 25% REDUCTION SYSTEM (Repair)
Installation Requirements/Conditions
 Septic Tank Size 1600 gallons Number of trenches 3
 Pump Tank Size _____ gallons Exact length of each trench 120 feet Trench Spacing: 9 Feet on Center
 Trenches shall be installed on contour at a Soil Cover: 16 inches
 Maximum Trench Depth of: 18-20-24 inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
2 inches above pipe
 Conditions: CONTRACTOR TO MEET ON SITE PRIOR TO INSTALL 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

[Handwritten signature]

HTE# 12-5-28872R

Permit # 27001
~~21110~~

Harnett County Department of Public Health Site Sketch

ISSUED TO: ANNIE P. ELLIOTT

PROPERTY LOCATOR: South 16th STREET

SUBDIVISION _____

LOT # C

Authorized State Agent: _____

Jones E. Markant © 2012

Date: 5-16-12

* Construction to MEET ONSITE
Prior to INSTALL.

