

Initial Application Date: 1-2-17 John Evers Application # 1650040484
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: Johnnie C. Stewart Mailing Address: 435 Bryan McLamb Rd
City: Dunn State: NC Zip: 28334 Contact No: 919-262-0057 Email: _____

APPLICANT: Ronald Gale McGuff Mailing Address: 4216 301 NT
City: Dunn State: NC Zip: 28334 Contact No: 919-625-0057 Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Johnnie Stewart Phone # 919-625-0057

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 25.00Ac
State Road #: _____ State Road Name: Bryan McLamb Rd Map Book & Page: GIS
Parcel: 02-1528-0193 PIN: 1528-50-9140
Zoning: R430 Industrial Flood Zone: X Watershed: - Deed Book & Page: 2831, 941 Power Company*: Duke

*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 14 x 70) # Bedrooms: 3 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: _____ 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: _____ Manufactured Homes: 1 Other (specify): proposed

Required Residential Property Line Setbacks:
Front Minimum _____ Actual 35'+
Rear _____ 500'
Closest Side _____ 100'
Sidestreet/corner lot _____
Nearest Building on same lot _____

Comments: _____
existing

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

From Dunn go Nt 301 until McAub
meat on Right, turn left onto Bryan McAub an
Come down with be 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.

Johnnie C. Stull
Signature of Owner or Owner's Agent

1-2-17
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 #: 40484

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 # 019841-LB-
1-3-17

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.

Johnnie Stewart
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-3-17
DATE

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Johnnie Stewart (919) 625-0057
Applicant/Owner Phone Number
635 Bryan McLaughlin 28334
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well
Single-Family Multifamily Church Restaurant Business Irrigation

Street Address _____ Subdivision/Lot # _____
Parcel # 02-1528-0193 PIN # 1528-54-9140

Directions to the Site
301 N to McLaughlin, meet on Right
Turn left onto Bryan McLaughlin
come down path be on Right

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Johnnie Stewart 1-2-17
Property Owner's or Owner's Legal Representative Signature Required Date

Harnett County GIS

NOT FOR LEGAL USE



Harnett County GIS, Harnett County GIS. Referenced County Data Sources per county Harnett County GIS and respective municipalities.

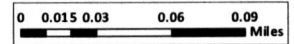
LEGEND



GIS/E-911 Addressing

January 3, 2017

- Surrounding County Major Roads
- ▬ Surrounding County Boundaries
- USA Property
- ⊞ City Limits
- Address Numbers
- Tax Parcel



1 inch = 300 feet

100' From Closest Side
500' From Rear

SITE PLAN APPROVAL

DISTRICT IND USE SFD

#BEDROOMS 3

1-317

Zoning Administrator

LB
X [Signature]

VERIFICATION OF FARM EXEMPTION
COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting, 102 E. Front Street, Lillington, NC 27546
Phone (910) 893-4759 Fax (910) 893-2793

INTRODUCTION

It is the spirit and intent of these regulations that only bona fide farms benefit from any exemptions granted hereby. Three requirements must be met in order to qualify. First, the land must meet the definition of a bona-fide farm if the site is within an area under the jurisdiction of the Harnett County Zoning Ordinance. Second, the Harnett County Farm Services Office, United States Department of Agriculture, must issue a valid farm serial number. Third, the land in question must be enrolled in the "Land Use Program" offered by the Harnett County Tax Department which allows for reduced taxes based on meeting the requirements of N.C.G.S. 105.277.3(a) (1) or (2); N.C.G.S. 105.277.2 (b) and N.C.G.S. 105.282.1 (a). Three categories, agriculture, horticulture and forestry, are allowed. Those categories are described below. To qualify, the land in question must meet one of those categories.

AGRICULTURE

Agriculture land consisting of one or more tracts, one of which consist of at least ten (10) acres that are in actual production and that for the three years preceding January 1 of the year for which benefit is claimed, have produced an average gross income of at least \$1,000.

HORTICULTURE

Horticulture land consisting of one (1) or more tracts, one (1) of which consists of at least five (5) acres that are in actual production and that for the three (3) years preceding January 1 of the year for which benefit is claimed have produced an average gross income of at least \$1,000.

FORESTRY

Forestry land consists of one or more tracts, one of which consists of at least twenty (20) acres that is in actual production and is under a sound management program. For purposes of this category, a sound management program means a program of production designed to obtain the greatest net return from the land consistent with its conservation and long-term improvement.

ADDITIONAL QUALIFICATION CRITERIA

Rent received shall not be considered as income for purposes of this exemption. Gross income must be from the sale of agricultural products produced from the land and any payments received from a governmental soil conservation or land retirement program. Any use of farm property for non-farm purposes is subject to all applicable ordinances of Harnett County.

LANDOWNER: Johnnie Stewart
MAILING ADDRESS: 635 Bryan McLamb Rd
CITY: Dunn STATE: NC ZIP: 28334 PHONE: 919-262-0057

APPLICATION DATE: _____ APPLICATION # _____

APPLICANT: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

PROPERTY LOCATION: SR# _____ SR NAME: Bryan McLamb Rd
PARCEL # 02-1528-0193 PIN # 1528-50-9140
ACREAGE: 25.00 FARM NUMBER: _____

VERIFICATION OF LAND USE PROGRAM BY TAX OFFICE:
Dawn Dausm
SIGNATURE / CENTRAL PERMITTING TECHNICIAN _____ DATE _____

I (we) have read and understand the requirements to qualify for a farm exemption. I (we) hereby claim such exemption because I (we) operate a bona fide farm which has a valid farm serial number and is currently enrolled in Harnett County's Land Use Program. Within the

Land Use Program I (we) participate in:
Agriculture (); Horticulture (); Forestry ()

NOTE: Check each category that applies.

AFFIRMATION: I (we) the undersigned declare under penalties of law that the information contained in this application has been examined by me (us) and to the best of my (our) knowledge and belief is (are) true and correct. Additionally, I (we) fully understand that falsification of information supplied by me (us) herein shall cause any permit issued relying on such information, to be automatically revoked and all work shall immediately cease.

Signature(s) of Owner(s): John Stewart Date: 1-2-17

Date: _____

FOR OFFICE USE ONLY

APPROVED BY: D Dausm DATE: 12-28-16 PERMIT# _____

DENIED BY: _____ DATE: _____

REASON FOR DENIAL: _____

Application for Manufactured Home Set-Up Permit
(Please fill out each part completely)

Part I - Owner Information:

Home Owner Information (To be completed by owner of the manufactured home)

Name: Sabrina Stewart Address: 635 Bryan McLaughlin
City: Dunn, N.C. State: N.C. Zip: 28334 Daytime Phone: () 919-625-0057

Landowner Information (To be completed by landowner, if different than above)

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Daytime Phone: () _____

Part II - Contractor Information (To be completed by Contractors or Homeowner, if applicable.
Name, address, & phone must match information on license)

- A. **Set-Up Contractor** Company Name: State Mobile Home Movers
Phone: 919-422-8623 Address: 1085 Aquilla Rd
City: Benson State: N.C. Zip: 27504
State Lic# 200027527 Email: _____
- B. **Electrical Contractor** Company Name: N.E.C. Electric, INC
Phone: 910-891-9503 Address: Benson
City: Benson State: N.C. Zip: _____
State Lic# 19589 Email: _____
- C. **Mechanical Contractor** Company Name: NO A/c
Phone: _____ Address: _____
City: _____ State: _____ Zip: _____
State Lic# _____ Email: _____
- D. **Plumbing Contractor** Company Name: Brent Adams
Phone: 919-894-5817 Address: P.O. 45
City: Benson State: N.C. Zip: 27504
State Lic# 17359 Email: _____

Part III - Manufactured Home Information

Model Year: 97 Size: 14 X 70 **Complete & follow zoning criteria sheet**

Park Name: _____ Lot Number: _____

I hereby certify that I have the authority to apply for this permit, that the application is correct including the contractor information and have obtained their permission to purchase these permits on their behalf, and that the construction or installation will conform to the applicable manufactured home set-up requirements, and the Harnett County Zoning Ordinance. I understand that if any item is incorrect or false information has been provided that this permit could be revoked.

Signature of Home Owner or Agent

1-2-17
Date
12/29/2016

*Effective July 1, 2004, a County Tax Department Moving Permit must be provided before a Set Up Permit will be issued. It is purchased from the tax office of the county that the home is moved from. If the home is from a dealer, we need proof of year on the Form 500 and if available, the serial number.
List of inspections and Egress requirements available upon request. Progress Energy customers must provide Premise Number.

Ronald Gale McLamb
has permission to place
mobile Home on farm with
panel # 02-1528-0193

Dec 28, 2016

Johnnie Stewart

