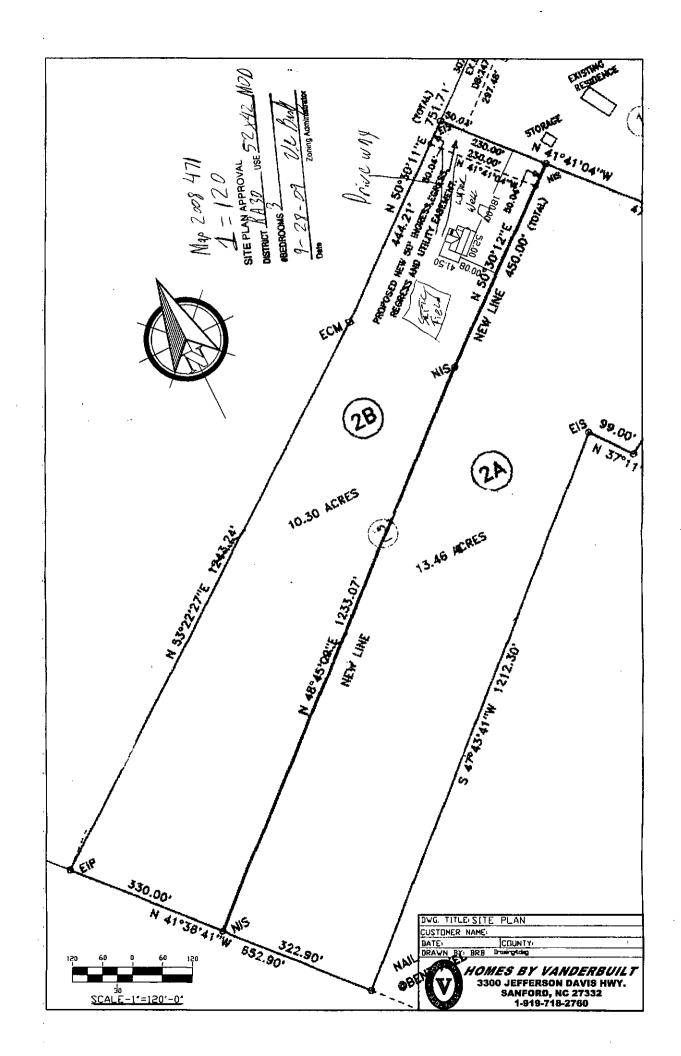
Initial Application Date: 19 - 25 - 0 Ap	oplication # 17 5 00 22 92 9
COUNTY OF HARNETT RESIDENTIAL LAND Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-752:	
LANDOWNER: Mailing Address:	2340 Thomas Kelly Rd
City: Sanford State: NC Zip: 27330 Home #: 14.	258 0/04 Contact #:
	2310 Thomas Kelly Kd.
City: Skinterd State: W Zipu 7830 Home #: 911- *Please fill out applicant information if different than landowner	2
CONTACT-NAME APPLYING IN OFFICE: DEWY L. CITTLE	Phone #: 917-2-58-0104
PROPERTY LOCATION: Subdivision w/phase or section: Shawn W. M.	Lot #: Lot Acreage: 10.3
State Road #: 12 State Road Name: hongs (C)	Lee County p Book&Page: 2001 411
Parcel: 13 9692 0042 02 PIN: 9692	-97-4040,000
Zoning: KA 3D Flood Zone: Watershed: WA Deed Book&Page:	25 20, 769 Power Company*: [M]
*New homes with Progress Energy as service provider need to supply premise number	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LITELINGTON: 921 76	proadulary, rolt at
CHILTON HAST (E. PASTINGTON), VIDIT	on I nomas KI/19 kg.
	•
PROPOSED USE:  SFD (Size x ) # Bedrooms # Baths Basement (w/wo bath)	Circle: Garage Deck Crawl Space / Slab
(Is the bonus room finished?w/ a closet if so add in with # bedrooms)	
Mod (Size 3 x 42) # Bedrooms, 3 # Baths 3 Basement (w/wo bath)	Garage O Site Built Deck 103 ON France OFF
(le-the-second floor finished? Any other site built additions? (le-the-second floor finished? (le-the-second floor	Garage (site built? ) Deck (site built?)
Duplex (Size x No. Buildings No. Bedrooms/Unit No. Bedrooms/Unit	
☐ Home Occupation # Rooms Use Ho	
Addition/Accessory/Other (Sizex) Use	Closets in addition()yes ()no
Water Supply: () County Well (No. dwellings) MUST have operable	
Sewage Supply: ( New Septic Tank (Complete Checklist) () Existing Septic Property owner of this tract-of-land own land that contains a manufactured home w/in five hund	Tank (Complete Checklist) ()County Sewer
Structures (existing & proposed): Stick Built/Modular Manufactured Homes	Other (specify)
- 14/	
Front Minimum 12 Actual 111	
Rear 25 1000	
75 1000 +	
Rear 25 1000 + 90	
Rear 25 1000 + Closest Side 80  Sidestreet/corner lot	lina regulating such work and the specifications of plans submitted.
Rear 26 1000 + SD Sidestreet/corner lot	
Rear  Closest Side  Sidestreet/corner lot  Nearest Building on same lot If permits are granted I agree to conform to all ordinances and laws of the State of North Carol	

"This application expires 6 months from the initial date if no permits have been issued"

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION



	APPLICATION #:	09	5	00	22	92	9
--	----------------	----	---	----	----	----	---

NAME:	APPLICATION #: U 1 5 UV (L)
County Health Do IF THE INFORMATION IN PERMIT OR AUTHORIZA depending upon documentat 910-893-7525 of I Environmental Hea Place "pink pro every 50 feet b Place "orange out buildings, s Place orange E If property is the evaluation to be Call No Cuts to After preparing 800 (after selected confirmation of Use Click2Gov Environmental Hea Follow above in Prepare for insinspection is for After preparing multiple permits given at end of	Partment Application for Improvement Permit and/or Authorization to Construct THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT THON TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration on submitted. (complete site plan = 60 months; complete plat = without expiration) on submitted. (complete site plan = 60 months; complete plat = without expiration) Option I
Accepted Alternative	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  [] Innovative
The applicant shall notify question. If the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant must attach supporting documentation.
_ YES   \( \( \) NO	Does the site contain any Jurisdictional Wetlands?  Do you plan to have an <u>irrigation system</u> now or in the future?
_ YES  X NO  _ YES  X NO	Does or will the building contain any drains? Please explain.  Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
_ YES  X  NO  _ YES  X  NO	Is any wastewater going to be generated on the site other than domestic sewage?  Is the site subject to approval by any other Public Agency?
XIYES   NO	Are there any easements or Right of Ways on this property?  Does the site contain any existing water, cable, phone or underground electric lines?

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 Perfg

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

REPRESENTATIVE SIGNATURE (REQUIRED)

## **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
Jerry R. Little (919) 258-0104
Applicant/Owners Lotte Road Salatory NC 27330
(Street/Address; Gity; 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 or the proposed well;
<ul><li>5. the location of any existing wells within 100 feet of the property; surface water bodies;</li><li>6. above ground and/or underground storage tanks;</li></ul>
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;
<ol> <li>there is a need for installing the waste water system in an area other than indicated on the well permit; or</li> <li>there are landscape changed that affect site drainage.</li> </ol>
Contact information: Environmental Health Division - 910-893-7547
PROPERTY INFORMATION
Proposed use of well  Single Family Multifamily Church Restaurant Business Intrigation
Street Address 2340 Thowas Kally Ref Subdivision/Lot # 26 Parcel # PIN #
421-to Broadway, right at contron light,
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 will can be properly constructed perfording to the permit.
9-25-09

Date