	16	20	
	111-	411-	1/
Initial Application Date:_	10)0	/ _

Residential Land Use Application

Application #	145	00	3	000	1
	CU#				

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION LANDOWNER: BARBARA PATTERSON Mailing Address: Contact No: 919-258-3904 City: BROADWAY Email APPLICANT*: SAME Mailing Address: State: Contact No: City: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Parcel: 2141 Deed Book & Page: Zoning: K Flood Zone Watershed *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: (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms) __x___) # Bedrooms___.r Baths___oasement (w/wo bath)___ Garage:___Site Built Deck:___ On Frame__ Jff Frame_ (Is the second floor finished? (__) yes (✓) no Any other site built additions? (__) yes (__) no TW (Size 32 & 0) # Bedrooms: 4 Garage: (site built?) Deck: (site built?) _____No. Bedrooms Per Unit:_ _x___) No. Buildings:___ Use: Hours of Operation: Home Occupation: # Rooms: 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 Manufactured Homes: Other (specify): Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Comments: Front Minimum Actual Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

APPLICATION CONTINUES ON BACK

Recd 10/31/12

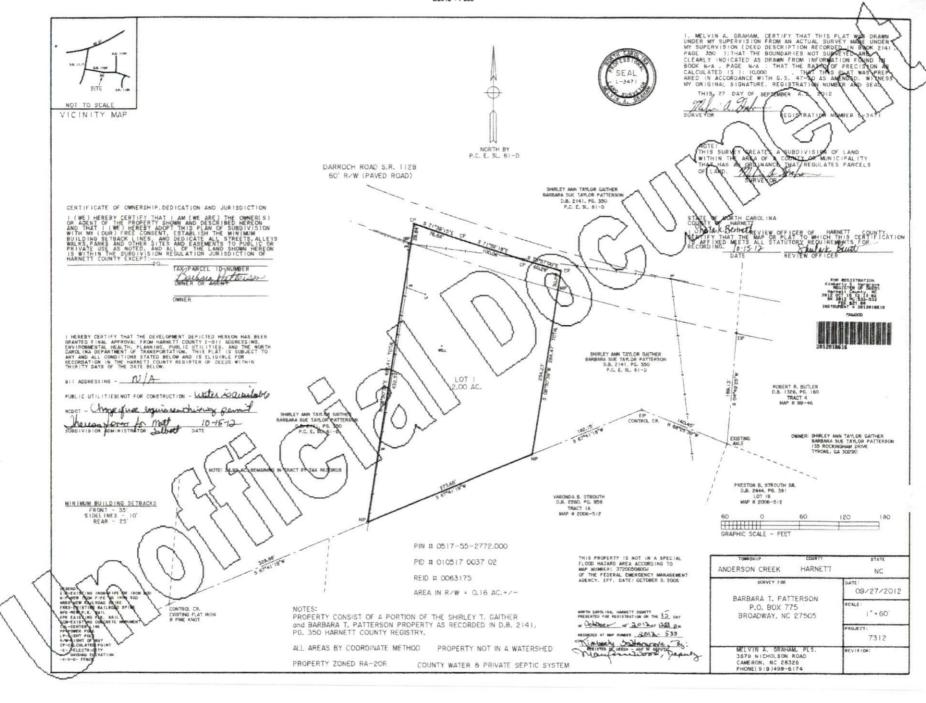
10/30/12

	HWU 27 West 15 mikes to
PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	And of Mest Lowing to
Thursey Rd. turn left	of to Nusey Ed. 2miles to
Darrock Rd. Turn	left on Danich Kd Comile.
on top of will turn	Right.
	e State of North Carolina regulating such work and the specifications of plans submit
ereby state that foregoing statements are accurate and correct to the b	best of my knowledge. Permit subject to revocation if false information is provided.
Leavens tallers	10-31-12
Signature of Owner or Owner's Agent	t 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

Parterson SITE NORTH BY P.C. E, SL. 61-D POCH ROAD S.R. 1128 R/W (PAVED ROAD) SHIRLEY ANN TAYLOR BARBARA SUE TAYLOR D.B. 2141, PG. P.C. E, SL. 61 NIP #BEDROOMS Zoning Administ WELL BARBA LOT I 2.00 AC. ATTERSON 132 FT NIP



NAM	E:	APPLICATION #:
		This application to be filled out when applying for a septic system inspection.
C	ounty Health l	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
PERM	IT OR AUTHORIZ	ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
depend		ation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
V-	910-893-7525	
/ 1 -	nvironmental H	Itealth New Septic System Code 800
/ •	lines must be	irons must be made visible. Place "pink property flags" on each corner iron of lot. All proper clearly flagged approximately every 50 feet between corners.
	Place "orange	house corner flags" at each corner of the proposed structure. Also flag driveways, garages, deck
\	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.
•	evaluation to t	hickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the so 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
_	After preparing	uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. g proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code
•	800 (after sele	ecting notification permit if multiple permits exist) for Environmental Health inspection. Please not umber given at end of recording for proof of request.
	Use Click2Go	v or IVR to verify results. Once approved, proceed to Central Permitting for permits.
D E	vironmental H	ealth Existing Tank Inspections Code 800
•	Follow above i	instructions for placing flags and card on property.
•	Prepare for in	spection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (
		then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
•	After uncovering	ELIDS OFF OF SEPTIC TANK ng outlet end call the voice permitting system, at 910-893-7525 option 1 & select notification permi
•	if multiple pen	mits, 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.
SEPTI If apply	<u>C</u> ving for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
() /	Accepted	() Innovative {\times_} Conventional {} Any
() /	Alternative	{}} Other
The apr	licant shall notify	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:
{}}YE	s AINO	Does the site contain any Jurisdictional Wetlands?
{}}YE	s (X) NO	Do you plan to have an <u>irrigation system</u> now or in the future?
	s (X) NO	Does or will the building contain any drains? Please explain.
1X YE	S {} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YE		Is any wastewater going to be generated on the site other than domestic sewage?
{}}YE	s (NO	Is the site subject to approval by any other Public Agency?
{_}}YE	. 1	Are there any Easements or Right of Ways on this property?
{_}}YE	ON (4)	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.
		on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
		Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Unders	tand That I Am So	lely 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. Sat Data T. Patterso 10-30-12 OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE
PROPE	RTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE