

Initial Application Date: 7/31/15

Application # 15-50036765

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: William & Arlene Marks Mailing Address: 22 Dickerman St.
City: New Haven, State: CT Zip: 06511 Contact No: 203 868-9996 Email: amarks0114@gmail.com

APPLICANT: Roy & Angela McDevitt Mailing Address: 3913 Carson Dr,
City: Sanford State: NC Zip: 27332 Contact No: 919.770.1081 Email: angela-mcdevitt@yahoo.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Chris Tacia, Agent Phone # 919 356 5377

PROPERTY LOCATION: Subdivision: TR #1 Janice Goodwin 8,80A MAP Lot #: 1 Lot Size: 8.80
State Road # 1210 NC SR State Road Name: Hoover Rd. Map Book & Page: 200, 595

Parcel: 039577 0013 PIN: 9577-78-9133.000

Zoning: R20R Flood Zone: X Watershed: NA Deed Book & Page: 2197, 427 Power Company*: Progress Energy 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)
- Mod: (Size 41 x 72) # Bedrooms 4 # Baths 2.5 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: ___ 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 (X) no

Does the property contain any easements whether underground or overhead () yes (X) no

Structures (existing or proposed) Single family dwellings: ___ Manufactured Homes: ___ Other (specify): ___

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>85</u>
Rear	<u>25</u>	<u>100+</u>
Closest Side	<u>10</u>	<u>52</u>
Sidestreet/corner lot	<u>20</u>	<u>N/A</u>
Nearest Building on same lot	<u>10</u>	<u>N/A</u>

Comments: _____

Rec'd 8/3/15

7/31/15

S

HTE - Janice Goodwin

15-50036765

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

~~Church Rd. 2 miles + left onto Hoover Rd.~~ Hwy 27 W @ 13 miles j
Church Rd. 2 miles + left onto Barbecue
Hoover Rd.

Homestead will be just past address 1015.
on right side of road!

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.

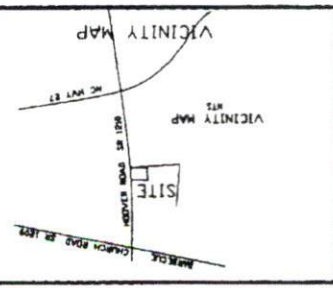
Wm Marks A. Marks
Signature of Owner or Owner's Agent

7/31/15
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

PAUL PHILLIPS SURVEY FOR		DATE: SEPTEMBER 21, 2000 SCALE: 1" = 100' PARCEL: 8 COUNTY: NORTH CAROLINA LEGONS: 84-201 1577-78-9133	
BRACKEN & ASSOCIATES 10000 E-MAIL ADDRESS: BRACKEN@BRACKENASSOCIATES.COM P. O. BOX 532 SANFORD, NC 27330 OH (919) 774-8522 FAX (919) 774-8117		STATE: NORTH CAROLINA COUNTY: HAMPDEN PARCEL: 8 DATE: SEPTEMBER 21, 2000 SCALE: 1" = 100' LEGONS: 84-201 1577-78-9133	



565-0002 # 0011

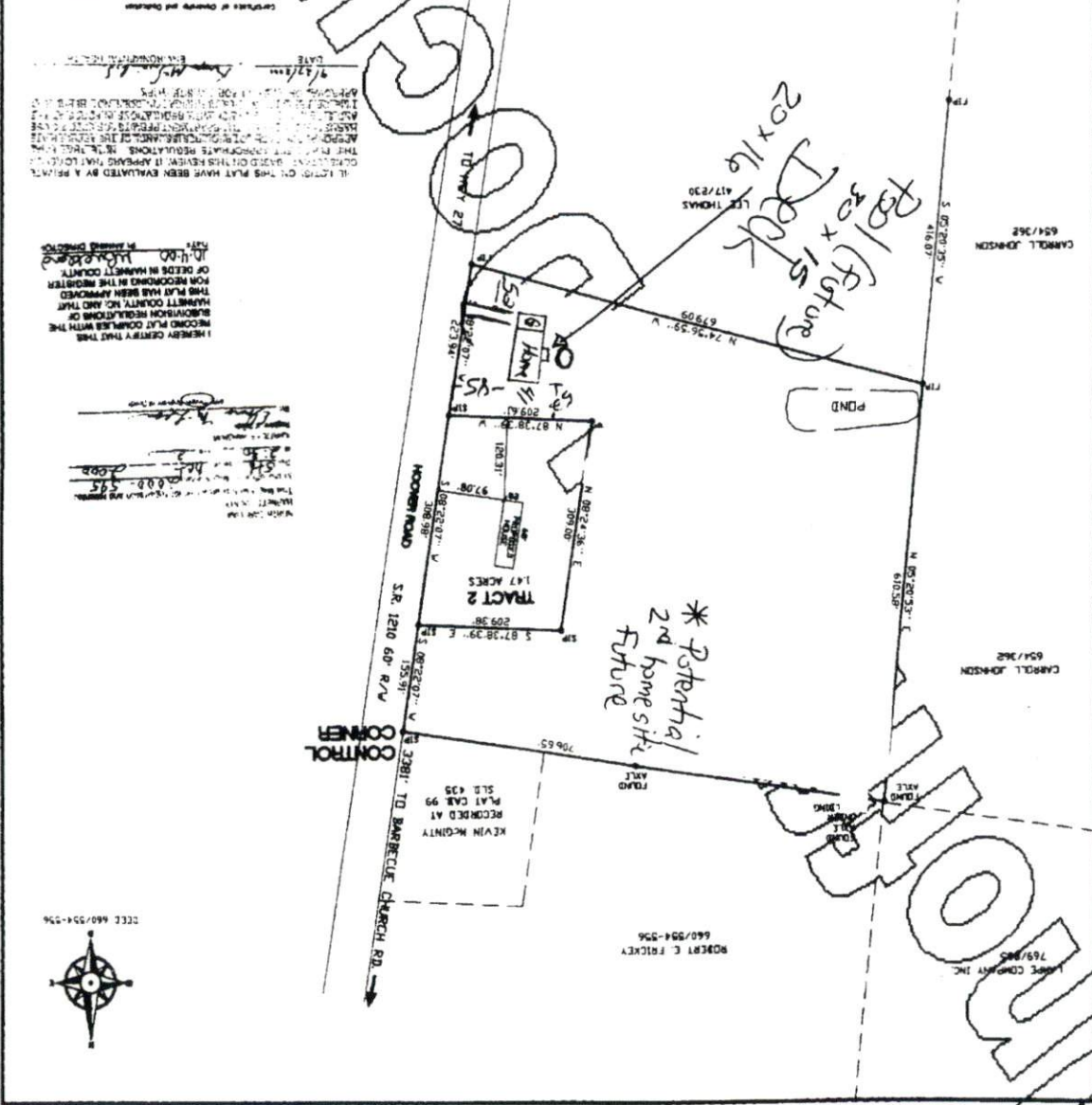
1. THE PROPERTY DESCRIBED HAS NUMBER 84-201-1577-78-9133, COUNTY TO BE IN THE RECORDS OF THE REGISTERED PLAT BOOKS OF THE COUNTY OF HAMPDEN, NORTH CAROLINA.

2. THE PROPERTY IS A PART OF A SURVEY OF AN ESTATE WHICH IS PART OF THE RECORDS OF THE REGISTERED PLAT BOOKS OF THE COUNTY OF HAMPDEN, NORTH CAROLINA.

3. THE PROPERTY IS A PART OF A SURVEY OF AN ESTATE WHICH IS PART OF THE RECORDS OF THE REGISTERED PLAT BOOKS OF THE COUNTY OF HAMPDEN, NORTH CAROLINA.

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5. THE PROPERTY IS A PART OF A SURVEY OF AN ESTATE WHICH IS PART OF THE RECORDS OF THE REGISTERED PLAT BOOKS OF THE COUNTY OF HAMPDEN, NORTH CAROLINA.



1:50
1 = 3.8 ft
02

MAP # 2000-595



NAME: William & Arlene Marks

APPLICATION #: 15-50036765

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 # 011286

Environmental Health New Septic System Code 800

Trans # 002697576

- **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 _____ *preferred*

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. only sink / tub drains
 - 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? None I know of.
- 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.

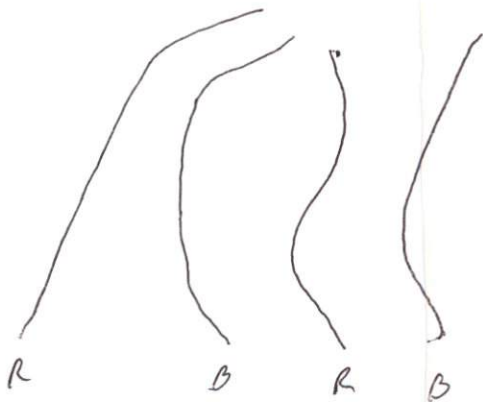
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Wm Marks Arlene Marks
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-31-15
DATE

↑ 96
Hours

65.4



beta