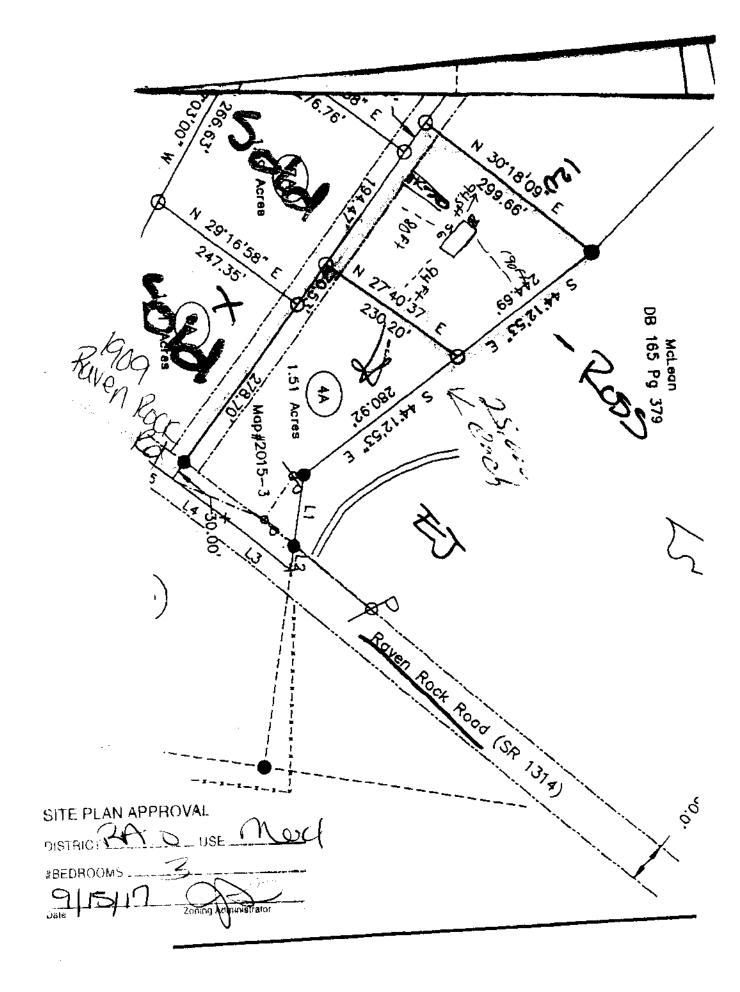
| Initial Application Date: 9 13/17 | $\frac{1750242255}{42255}$ |
|---|--|
| COUNTY OF HARNETT RESIDENT Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (9 | CU# IAL LAND USE APPLICATION 10) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits |
| "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & S | |
| LANDOWNER WOM2 DEVELOPERS Mailing | |
| APPLICANT: JOSON AMEY ROSS Mailing Address 25 City LILING DOM State: NC Zip 21946 ontact No. *Please fill out applicant information if different than landowner | |
| CONTACT NAME APPLYING IN OFFICE: EJ UDOMOCK | Phone # 919:717-4379 |
| PROPERTY LOCATION: Subdivision | Lot # 6 A Lot Size 1.5 |
| State Road #_1314 State Road Name:_ Raven Ro | che RC Map Book & Page 2017, 105 |
| Parcel: 130621 122511 PIN: 0 | 1021-37-9515.000 |
| Zoning 2A3D Flood Zone: X Watershed: 1V Deed Book & Page | 2258 483 Power Company* |
| *New structures with Progress Energy as service provider need to supply premise n | |
| PROPOSED USE: | |
| | Monolidue |
| SFD: (Sizex) # Bedrooms:# Baths: Basement(w/wo bath). (Is the bonus room finished? () yes () no w/ a construction | <pre> Garage: Deck: Crawl Space: Slab: Slab: sloset? () yes_() no (if yes_add in with # bedrooms)</pre> |
| | |
| | |
| Mod: (Size <u>C_x_Z</u>) # Bedrooms <u>_</u> # Baths <u>_</u> Basement (w/wo bath) (Is the second floor finished? () yes () no Any | Garage: Site Built Deck: On Frame Off Frame |
| (Is the second floor finished? () yes () no Any | other site built additions? () yes () no |
| Mod: (Size <u>- , x,, 2</u>) # Bedrooms <u>-</u> # Baths <u>_</u> Basement (w/wo bath) (Is the second floor finished? () yes () no Any Manufactured Home:SWDWTW (Sizex) # Bedroometers | other site built additions? () yes () no |
| (Is the second floor finished? () yes () no Any | other site built additions? () yes () no oms: Garage:(site built?) Deck:(site built?) |
| (Is the second floor finished? () yes () no Any Manufactured Home:SWDWTW (Sizex) # Bedroo Duplex: (Sizex) No. Buildings:No. Bedrooms Pe | other site built additions? () yes () no oms: Garage:(site built?) Deck:(site built?) er Unit |
| (Is the second floor finished? () yes () no Any Manufactured Home:SWDWTW (Sizex) # Bedroo Duplex: (Sizex) No. Buildings:No. Bedrooms Pe Home Occupation: # Rooms:Use:Ho | other site built additions? () yes () no oms: Garage:(site built?) Deck:(site built?) er Unit burs of Operation: |
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| (Is the second floor finished? () yes () no Any Manufactured Home: | other site built additions? () yes () no oms:Garage:(site built?) Deck:(site built?) er Unit ours of Operation: burs of Operation:Closets in addition? () yes () no cusing well) *Must have operable water before final |
| (Is the second floor finished? () yes () no Any Manufactured Home: SW DW TW (Size x) # Bedrood Duplex: (Size x No. Buildings: | other site built additions? () yes () no bms:Garage:(site built?) Deck:(site built?) er Unit burs of Operation: #Employees: burs of Operation: Closets in addition? () yes () no |
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| (Is the second floor finished? () yes () no Any Manufactured Home: SWDWTW (Sizex) # Bedrood Duplex: (Sizex) No. Buildings: No. Bedrooms Pe Home Occupation: # Rooms: Use: Ho Addition/Accessory/Other: (Sizex) Use: Ho Water Supply: County Existing Wel! New Well (# of dwellings) Sewage Supply: New Septic Tank (Complete Checklist) Existing Septi Does owner of this tract of land, own land that contains a manufactured home within Does the property contain any easements whether underground or overhead () yes Structures (existing or proposed): Single family dwellings: | other site built additions? () yes () no orns:Garage:(site built?) Deck:(site built?) er Unit |
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| (Is the second floor finished? () yes () no Any Manufactured Home: SWDWTW (Sizex) # Bedrood Duplex: (Sizex) No. Buildings: No. Bedrooms Pe Home Occupation: # Rooms: Use: Home Addition/Accessory/Other: (Sizex) Use: Home Addition/Accessory/Other: (Sizex) Use: Home Water Supply: County Existing Well New Well (# of dwellings) Sewage Supply: New Septic Tank (Complete Checklist) Existing Septi Does owner of this tract of land, own land that contains a manufactured home within Does the property contain any easements whether underground or overhead () yee Structures (existing or proposed): Single family dwellings: Comments: Manufa Required Residential Property Line Setbacks: Comments: Comments: Front Minimum Actual Method | other site built additions? () yes () no bms:Garage:(site built?) Deck:(site built?) er Unit burs of Operation: #Employees: burs of Operation: Closets in addition? () yes () no e using well) *Must have operable water before final tic Tank (<i>Complete Checklist</i>) County Sewer five hundred feet (500') of tract listed above? () yes () no es () no ctured Homes: Other (specify): |
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SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: If permits are granted I agree to conform to all ordinances and Taws 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. ſ

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 er overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

Signature of Owner or Owner's Agent

"This application expires 6 months from the initial date if permits have not been issued"



NAME: TOSCO + Amby Ross

APPLICATION #:

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 #__

Environmental Health New Septic SystemCode 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. ٠
- 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)
- 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

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.

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: ſ _ YES I NO Door the 1

| 1_1.50 | | Does the site contain any Jurisdictional Wetlands? |
|--------|------------|--|
| {}}YES | 1NO | Do you plan to have an irrigation system now or in the future? |
| {}YES | INN NO | Does or will the building contain any drains? Please explain. |
| IIYES | I-INO | Are there any existing wells, there are a set of the se |
| (_)YES | 1/NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? |
| ()YES | I_IN0 | Is any wastewater going to be generated on the site other than domestic sewage? |
| YES | 1_1N0 | Is the site subject to approval by any other Public Agency? |
| (_)YES | | Are there any Easements or Right of Ways on this property? |
| _, | (<u> </u> | Does the site contain any existing water, cable, phone or underground electric lines? |
| | | If yes please call No Cuto at 900 c 10 do to 10 |

s 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.

PROPERTY OWNERS OF OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE