Application Date:
Central Permitting 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: Gordon M. Jarvell Tr.; Ambur 91 Lakev.cu Pr DATE City: Fuguay Varing State: VC Zip: 27526 Contact No: 919-410-4433 Email:
City: Fuguay Varina State: NC zip: 27526 Contact No: 919-410-4433 Email:
City: Fuguay Var, Na State: NC Zip: 27526 Contact No: 919-410-4433 Email:
APPLICANT*: Janes L. Patterson Jr. Mailing Address: 1535 NC 27 E
City: Lilling tow State: MC Zip: 27546 Contact No: 910-658-0749 Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: James L. Matterson Tr. Phone # 910-658-0749
PROPERTY LOCATION: Subdivision: Lot #: Lot Size: 3,44
State Road # State Road Name Con Krida & OWKAN Rd Man Book & Page 2014/256
Parcel: 080635 0014 04 PIN: 0045-16-1961,000 Zoning (A-30 Flood Zone: X Watershed: NO Deed Book & Page 2017 1300 Power Company*:
Zoning (A-3D) Flood Zone: X Watershed: NO Deed Book & Page 2017 1300 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
Monolithic SFD: (Sizex) # 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)
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SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: (ls the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (ls the second floor finished? () yes () no Any other site built additions? () yes () no Manufactured Home: SW \(\buildrightarrow \) DW TW (Size \(28 \) x \(\buildrightarrow \) / Bedrooms: \(3 \) Garage: (site built?) Deck: (site built?) Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
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SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath): Garage:Deck:Crawl Space:Slab:Slab: Monolithic

IC DIRECTIONS TO THE	PROPERTY FROM LILLING	STON: 401 North	toward Fu	Quay 18
rear rd.	around 2 mil	es property wil	Then Lest OV	+ Varinge
		NO NOW A TO		, W. Cal
is are granted I agree to co	onform to all ordinances and	laws of the State of North Carolina	regulating such work and the s	pecifications of plans su
forma	1. Jun 1.	ect to the best of my knowledge. Pe	9/25 / 17	e information is provide
JUY / S	ignature of Owner or Owner	er's Agent	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	:
	This application to be filled out when applying for a septic system inspection.
Coi	unty Health Department Application for Improvement Permit and/or Authorization to Construct
	INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
PERMIT	FOR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
dependir	r OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration and upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1 CONFIRMATION # 034695-U
En	vironmental Health New Septic System Code 800 Q/35/1.7
•	wironmental 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. <i>Do not grade property</i> .
•	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.
<u>En</u>	vironmental 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 (in
MACO TO	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.
SEPTIO	
	ring for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
1 1 4	Accepted { } Innovative { \$\bar{V}\$} Conventional { } Anv

{__} 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

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: Does the site contain any Jurisdictional Wetlands? {__}}YES Do you plan to have an <u>irrigation system</u> now or in the future? {__}}YES Does or will the building contain any drains? Please explain. Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {___}}YES { }YES 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? NO Are there any Easements or Right of Ways on this property? {V} NO Does the site contain any existing water, cable, phone or underground electric lines? _}YES

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.

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

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 & Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OF OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

DISTRICT PLAN APPROVAL

BEDROOMS 3 Toping Administrator UZIEN my 3 bedroom 09 X BC FLONT Fristing Iniversal proposed drive way

HARNETT COUNTY CASH RECEIPTS
*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1 Date: 12/11/17 53 Receipt no: 181457

Year Number Amount 2017 50042356 94790 *UNASSIGNED FUQUAY-VARINA, NC 27526 84 BP - ENV HEALTH FEES \$25.00

REVISION

JAMIE PATTERSON

Tender detail
CP CREDIT CARD \$25.00
Total tendered \$25.00
Total payment \$25.00

** THANK YOU FOR YOUR PAYMENT **