

Initial Application Date: 7-13-12 Application # 12500 29370
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 LISE APPLICATION
LANDOWNER: David Burton Mailing Address: 74 Pauline Circle
City: 5an lord State: NC Zip: 27332 Contact No: 714-237-1402 Email:
APPLICANT*: Richard Ward Mailing Address: 304 Hemlack Drive
City: State: NC Zip: 27330Contact No: 419-499-8761 Email: Mc Chardward 6 billsouthnet *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Sichard Ward Phone # 919-499-8761
PROPERTY LOCATION: Subdivision: Donny Thomas 5/6 Lot Size: 1.25 + Pc
State Road # State Road Name: Pauline Circle Map Book & Page: PUT- 632
Parcel: 46 (m) 76 (m) 100 PIN: 45 (8 - 30, 44 31. 000
Zoning: 1 Flood Zone: Watershed: W T Deed Book & Page: 2499 / 0017 Power Company*: Progress Engy
*New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.
PROPOSED USE:
Monolithic Slab: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
William
Mod: (Sizex) # Bedrooms # Baths 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
□ Addition/Accessory/Other: (Sizex) 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? (<u>\(\mu\)</u>) yes () no
Does the property contain any easements whether underground or overhead () yes () no Structures (overtime or proposed): Simple for the distribution of the distri
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): detached work
Required Residential Property Line Setbacks: Comments: This is far a three bedroom 2 buth
Front Minimum Actual 70's home that is being moved to this lot. The
Rear 87' existing bouse is 27' x 45' and is 1215 e+2

Residential Land Use Application

70'=

Closest Side

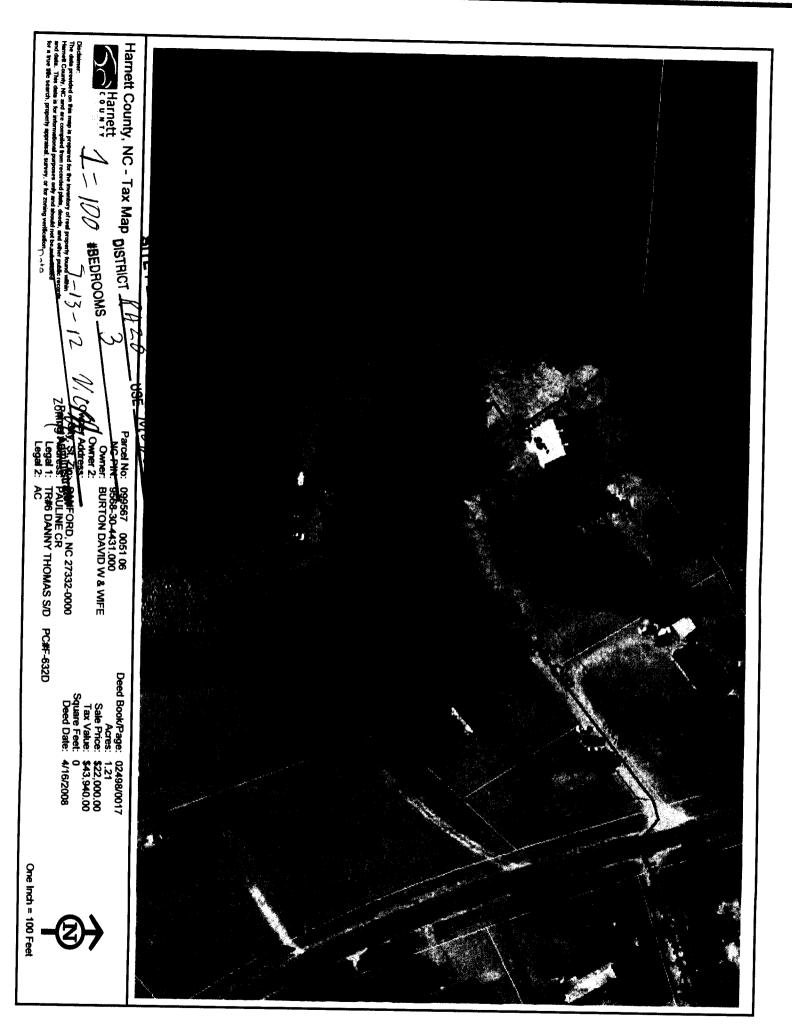
Sidestreet/corner lot Nearest Building on same lot

heated

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ermits are granted	I agree to conform to all ord	infances and laws of the	State of North C	arolina regulating	such work and the sp	ecifications of plans submit
ermits are granted reby state that fore	I agree to conform to all ord agoing statements are accur	rate and correct to the be	State of North C est of my knowle	arolina regulating dge. Permit subje	such work and the spect to revocation if false	ecifications of plans submit a information is provided.
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^{***}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:	APPLICATION #:
*This application to be filled a	wit when applying
County Health Department Application for	r Improvement Permit and/or Authorization to Construct
PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL I depending upon documentation submitted. (Complete site plan 910-893-7525 option 1	BECOME INVALID. The permit is valid for either 60 months or without expiration = 60 months; Complete plat = without expiration)
☐ Environmental Health New Sentic SystemCo.	CONFIRMATION #
All property frons must be made visible	Place "nink many to the time
lines must be clearly flagged approximately a	every 50 feet between corners.
out buildings, swimming pools, etc. Place fla	orner of the proposed structure. Also flag driveways, garages, decks,
 Place orange Environmental Health card in Identification 	ostion that is a silver of the contract Permitting.
If property is thickly wooded, Environmental evaluation to be performed. In an extension to be performed.	Health requires that you clean out the <u>undergrowth</u> to allow the soil
All lots to be addressed within 10 husings	to dove of the name of the state of the stat
for fallure to uncover outlet lid, mark hous	e corners and property lines, etc. once lot confirmed ready.
After preparing proposed site call the voice p 800 (after selecting position possitif and the selecting position possition pos	ermitting system at 910-893-7525 option 1 to schedule and use code
confirmation number given at end of recording	for proof of the Environmental Health inspection. Please note
OSO Click2GUV or IVR to Verity results. Once	approved proceed to Control D
Follow above instructions for placing flags and Prepare for inspection by removing soil over	Author and at a company of the compa
possible) and then put lid back in place. (Un	ess inspection is for a septic tank in a mobile home park)
DO NOT LEAVE LIDS OFF OF SEPTIC TANK After uncovering putlet and call the vision page.	and the second s
if multiple permits, then use code 800 for E	mitting system at 910-893-7525 option 1 & select notification permit nvironmental Health inspection. Please note confirmation number
given at end of recording for proof of request. Use Click?Gov or IVP to bear require.	Please note confirmation number
SEPTIC	proved, proceed to Central Permitting for remaining permits.
If applying for authorization to construct please indicate desire	d system type(s): can be ranked in order of preference, must choose one.
{} Accepted {} Innovative {} (Conventional { } Any
{}} Alternative {} Other	
The applicant shall notify the local health department upon s question. If the answer is "yes", applicant MUST ATTACE	1. to 1. a.s.
{}}YES {}NO Does the site contain any Jurisdict	ional Wetlands?
{_}}YES {_V} NO Do you plan to have an irrigation	
	ny drains? Please explain. French drains around toundation
YES {} NO Are there any existing wells, sprin	gs, waterlines or Wastewater Systems on this property?
Is any wastewater going to be generally	rated on the site other than domestic sewage?
$\{\bot\}$ NO Is the site subject to approval by an	y other Public Agency?
{_}}YES {_✓} NO Are there any Easements or Right of	
	vater, cable, phone or underground electric lines?
If yes please call No Cuts at 800-6	32-4949 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 Authority I C.
State Officials Are Granted Right Of Entry To Conduct Necessar	y Inspections To Determine Compliance With Applicable V
Tonderstand That I Am Solely Responsible For The Proper Iden	iffication And Labeling Of All Property Lines And Corners And Note:
The Site Accessible So I may A Complete Site Evaluation Can Be I	erformed.
PROPERTY OWNERS OF OWNERS	7-9-12
PROPERTY OWNERS OR OWNERS LEGAL REPRESE	NTATIVE SIGNATURE (REQUIRED) DATE