| nitial Application Date:_ | 5.28.1 | 2 |
|---------------------------|--------|---|
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| Application # _ | 13.50031389 |
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|---|-----------|----|----|------|------|---|
| | | Cl | J# | | | |
| COUNTY OF HARNETT RESIDENTIAL LAND USE AP | PLICATION | | _ | | | _ |

Central Permitting

Nearest Building on same lot

Residential Land Use Application

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" SMailing Address: 986 Wik BORN RD City: __ Contact No: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: **PROPERTY LOCATION: Subdivision:** State_Road Name: *New structures with Progress Energy as service provider need to supply premise number _ from Progress Energy. PROPOSED USE: __) # 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)) # 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: SW DW TW (Size x) # Bedrooms: Garage: (site built?) Deck: (site built?) Duplex: (Size x) No. Buildings: No. Bedrooms Per Unit: _____ Use:_ #Employees:_ Home Occupation: # Rooms:_ ___ Hours of Operation:_ Addition/Accessory/Other: (Size Existing Well New Well ## of dwellings using well *Must have operable water before final _ 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 Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Front Actual Rear Closest Side Sidestreet/corner lot

> Page 1 of 2 **APPLICATION CONTINUES ON BACK**

03/11

| SPECIFIC DIRECTIONS TO THE PROPERTY FROM I | LILLINGTON: HOLN TO LAST H | TO WILL | THE |
|---|--|--|---|
| RIGHT | | | |
| | | | |
| | | | · |
| If permits are granted agree to conform to all ordinance I hereby state that foregoing statements are accurate as Signature of Owner of | and correct to the best of my knowledge. | na regulating such work and the spe Permit subject to revocation if false Date | cifications of plans submitted. information is provided. |

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: LAWERENCE FREMING

APPLICATION#: 13 50031389

This application to be filled out when applying for a septic system inspection.

| Cour | <u>nty Health L</u> | Department Application for Improvement Permit and/or Authorization to Construct |
|---------------|---------------------|---|
| IF THE IN | FORMATION I | N THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT |
| PERMIT (| OR AUTHORIZA | ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration |
| | 910-893-7525 | tion submitted. (Complete site plan = 60 months; Complete plat = without expiration) option 1 CONFIRMATION # |
| | | option 1 ONTON Z ealth New Septic System Code 800 (L) CONFIRMATION # |
| • | All property | rons must be made visible. Place "pink property flags" on each corner iron of lot. All property |
| | ines 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 i | Environmental Health card in location that is easily viewed from road to assist in locating property. |
| • | evaluation to b | nickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soillie performed. Inspectors should be able to walk freely around site. Do not grade property . |
| • 4 | All lots to be | addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred |
| <u>1</u> | for failure to t | 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 |
| | sou (aπer sele | cting notification permit if multiple permits exist) for Environmental Health inspection. Please note |
| | | umber given at end of recording for proof of request. or IVR to verify results. Once approved, proceed to Central Permitting for permits. |
| | | ealth Existing Tank Inspections Code 800 (2) |
| | | nstructions for placing flags and card on property. |
| | | spection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (ii |
| | | hen put lid back in place . (Unless inspection is for a septic tank in a mobile home park) |
| • [| O NOT LEAVE | LIDS OFF OF SEPTIC TANK |
| • . / | After uncovering | ng outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit |
| | | mits, then use code 800 for Environmental Health inspection. Please note confirmation number |
| | | recording for proof of request. |
| <u>SEPTIC</u> | use Click2Gov | or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. |
| | g for authorizati | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. |
| {}} Acc | | {} Innovative {} Conventional {} Any |
| | • | ,, |
| {}} Alt | ernative | {}} Other |
| | | 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: |
| {}}YES | {_}} NO | Does the site contain any Jurisdictional Wetlands? |
| {}}YES | {}} NO | Do you plan to have an <u>irrigation system</u> now or in the future? |
| {}}YES | {}} NO | Does or will the building contain any drains? Please explain. |
| {}}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? |
| | | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. |
| I Have Rea | d This Applicati | 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. |
| | | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making |
| The Site A | \sim | A Complete Site Evaluation Can Be Performed. |
| DD () DEM | TV OWNEDS | OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE |
| LINUTER | 11 OWNERS | OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE |