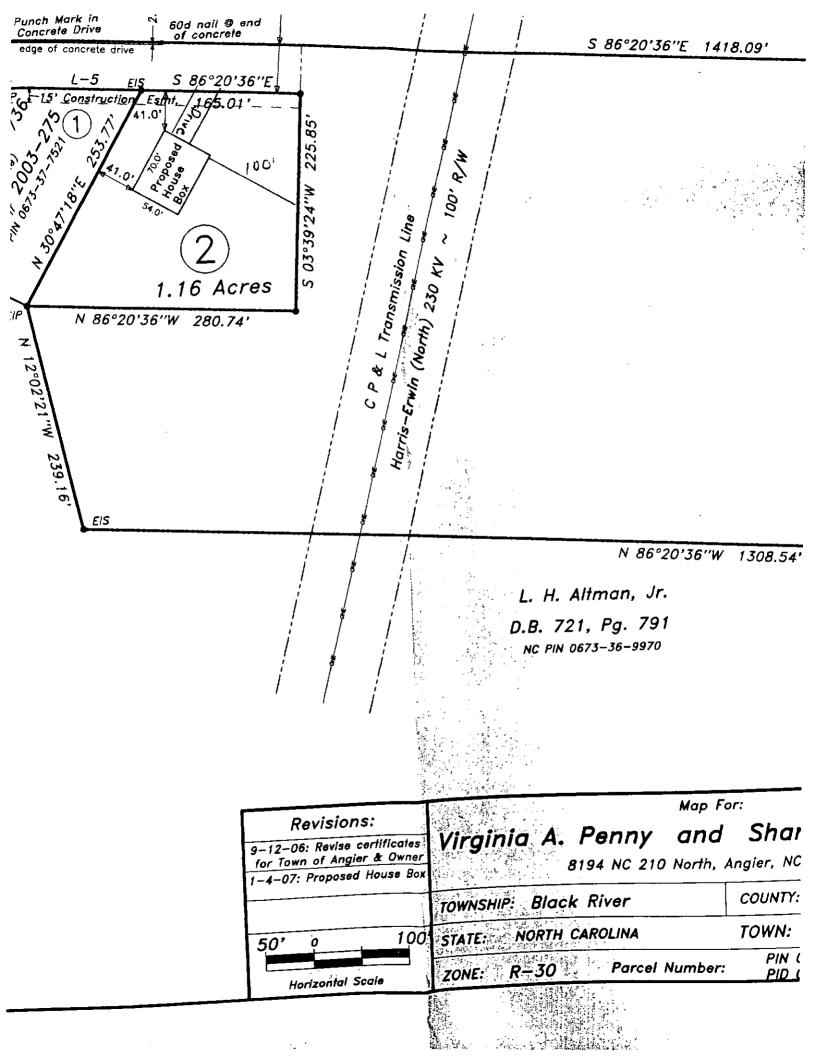
Application # 07-500 Las Las

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

## Application for Environmental Health Improvement Permit in Areas Zoned by Municipalities

Name Addre	Owner Information:  Sharon Fenny  Pess: \$194 NC 210  Address: 635 Chisenhalled  Angier NC 27501  Phone: 919 427 2976		
E911 PIN o Subdi State	Address:  Parcel Number: 0073 37 9417 000  vision: Virginia P. Denny Lot Number: 110  Road Number: 10 210 Lot Size: 110		
Speci	fic Directions to Job from Lillington: From Lillington go to Angier  Hwy 210 Just before City limits 10+  will be an Right		
Propo	sed Use:		
( <del>1)</del>	Single Family Dwelling (Size: 70 x 54) # of Bedrooms: 00 3  Basement: N/A Deck: NA		
( )	Multi Family Dwelling # of Units: # of Bedrooms/Units:		
( )	Manufactured Home         (Size: x) # of Bedrooms:           Garage:         Deck:		
$\phi$	Number of Persons per Household		
( )	Business Square Footage Retail Space: Type:		
( )	Industry Square Footage: Type:		
( )	Home Occupation # of Rooms: Use:		
( )	Addition to Existing Building Size: Use:		
( )	Other:		
Water	Supply: (√) County ( ) Well ( ) Other		
Sewer	: (X) New Septic Tank ( ) Existing Septic Tank ( ) Revision ( ) Sewer		
Applicant Signature:Date:Date:			



	$\Omega$	<del>-</del> 1
OWNER NAME:	'DCAN	10 hn40 n
•		

APPLICATION #: 07-50010509

## \*This application to be filled out only when applying for a new septic system.\* County Health Department Application for Improvement Permit and/or Authorization to Construct

IM 60	THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE PROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without piration)
<u>DE</u>	VELOPMENT INFORMATION
×	New single family residence
, D	Expansion of existing system
۵	Repair to malfunctioning sewage disposal system
	Non-residential type of structure
	P
<u>W</u>	ATER SUPPLY
	New well
a	Existing well
o	Community well
¥į.	Public water
à	Spring
Are	there any existing wells, springs, or existing waterlines on this property? {} yes _ {}} no {} unknown
If :	PTIC applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  Accepted {X} Innovative  Alternative {} Other  Conventional {} Any
	e applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in estion. If the answer is "yes", applicant must attach supporting documentation.
{	YES {X} NO Does The Site Contain Any Jurisdictional Wetlands?
{	YES {\(\frac{1}{2}\)} NO Does The Site Contain Any Existing Wastewater Systems?
{	YES ( NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
{	YES {X} NO Is The Site Subject To Approval By Any Other Public Agency?
{	YES { Y NO Are There Any Easements Or Right Of Ways On This Property?
	ave Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct.
	thorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine
	mpliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification
	d Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can
Ве	Buy : 1/10/07

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



## Town of Angier, NC Land Use and Property Description

Fees:	\$25	B
r ees	$\Psi$	

APPLICATION FOR:  [/] Improvement Permit (Septic Tank)  [ ] Mobile Home lot  [ ] Conditional Use  [ ] Satellite Dish Antenna  [ ] Signs  [ ] Fences  [ ] Zoning of Property  [ ] Subdivision Approval	[ ] Mobile Home Park [ ] Grading Permit [ ] Temporary Permit [ ] Special Use
APPLICANT:  Name: Bigan Johnson Builde  Address: 435 Chisenhan Ro  Angicr nc 21501  Phone: 919 427 2976  PRESENT USE OF PROPERTY Farm	OWNER:  Sharon Penny  Address: \$194 nc 210 No/+h  Angrey nc 27501  Phone:  and vacant
LOCATION OF PROPERTY 854 AC 8	10
PARCEL NUMBER OF PROPERTY 040673	005602
PROPOSED USE OF PROPERTY  [X] Single Family Dwelling: # Rooms:# Bedroo  [ ] Multi Family Dwelling: # of Units:# Bedroo  [ ] Mobile Home (singel lot): single wide:double  [ ] Mobile Home Park: Section 16, Zoning Ordinance n  [ ] Business: Total # of employees per dayTy  [ ] Others (specify):Renovate:Addition:	wide: nust apply pe of business
Attach site plan showing property lines, location of propo- and any existing structure.	sed structures (including driveways, ratios, decks, etc.)
WATER & SEWER SUPPLY: WATER SE Private Public  Proposed Existing	EWER
APPLICANT: I certify that all of the statements made in the complete and correct to the best of my knowledge and beinformation may be grounds for rejection of this application are granted right of entry to make evaluations or inspection.  Signature:	lef and are made in good faith. I understand that false  . Authorized inspection Department Representatives
The above property is located in RA 30 used as 5FD	zoning district and Will be
NOTES: (Septic fank permit	
PERMIT # 07-006 Sette Pea	DATE 1-10-07

## **BUILDING PERMIT**

Town of Angier, N.C. 27501, Ph. 639-2071

07-006

DATE 2-20-07

LOCATION 8224 NC 21	ON		
OWNER Sharon Penny	8194 NC 210	Angier NC	275/1
Name	Address	Phone	License No.
CONTRACTOR Brian Johnson	Builders, Inc	LIC. NO	4348
ELECTRICAL <u>Nex Hustin Dea</u>	n Jr.	LIC NO A	5440-1
PLUMBING WYW Plumbing	a Co., Inc.	LICNO	4107
MECHANICAL IC'S Heating + Air	Conditioning Ser	Vice, Inclic. No. /	2655
INSULATION Insulating In	c		
TYPE OF OCCUPANCY			
Assembly		DIMENSION	<b>^</b> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Business		Sq. Ft. Floor Area 4	035 sq.ft. #1208.75
Educational		oq. 1 t. Dand Alta	———
Residential SFD Units		Parking Spaces	
Storage		WATER AND SEWAGE	
Remodel Construction		Public	
Addition		Well	
Industrial		Septic Tank	<del></del>
Mobile Home ☐ Double ☐ Sing	le	Health Dept. No.	<del></del>
Other	·		
H.O.R.F. \$ 10.00			
Total Cost of Improvement #350, 00	00.00	Building Permit Fee	218.75
INSPECTION FEES			
Electrical Fee	MechanicalF	ee r	lumbing Fee
Service <u>200</u> Amp Size	Building Fee	•	Vater Tap Size
[emp. Service Pole 35.00 Fee	InsulationFee	•	14p 5126
otal Permit Fee #1, 253. 75	Approved By	Betty Pec	areon