

3/11/08

Env. Rec'd 3/12/08

Application # 0850019021

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Environmental Health Permit in Towns/Areas Zoned by Municipalities

Land Owner Information:

Name: Jeff + Heidi Cecil  
Address: 7040 Trystone Dr.  
Highway 7000, Yarnall, NC 27524  
Phone: 919.552.1899

Applicant Information:

Name: Rose Howard  
Address:  
Phone: 291.9214

Property Location:

E911 Address: Gardner Rd. Dengir, NC  
PIN or Parcel Number: 040673 0210 / 0673-51-1299.000  
Subdivision: Lot Number:  
Lot Size: 2.19 AC Zoning: Angier Power Co:

Specific Directions to Job from Lillington: 210 N. to 55 (R) on 55 (L) onto  
Old Buies Creek Rd. (R) onto Gardner rd.  
Property is on (L)

Proposed Use:

- Single Family Dwelling (Size: 48 x 52) # of Bedrooms: 3  
Basement: Basement w/ Plumbing: Deck: yes Slab or Crawl Space included
- Multi Family Dwelling # of Units: # of Bedrooms/Units:
- Manufactured Home (Size: x ) # of Bedrooms:  
Garage: Deck:
- Business Square Footage Retail Space: Type:
- Industry Square Footage: Type:
- Home Occupation # of Rooms: Use:
- Addition to Existing Building Size: Use:
- Other:

Water Supply: (X) County ( ) Well ( ) Other  
Sewage: (X) New Septic Tank (Complete new tank checklist) ( ) Existing Septic Tank ( ) Sewer  
There is a \$250.00 charge for new tanks, \$100 for existing tanks. This approval is subject to revocation if the intended use of the septic system changes or if false information is provided on this application. Your signature below certifies all information above is correct.

Applicant Signature: Heidi Cecil Date: 3/11/08

3/11/08 N

SCALE:  
1" = 80'

DATE:  
08 MARCH 2008

FILE NAME:  
howard.dwg

TOWNSHIP:  
BLACK RIVER

LOT ---- SECTION ---- BLOCK ---- PHASE ----

SUBDIVISION GORDON STUART STOVALL AS

RECORDED IN PLAT BOOK C SLIDE 118 D

HARNETT COUNTY REGISTRY.

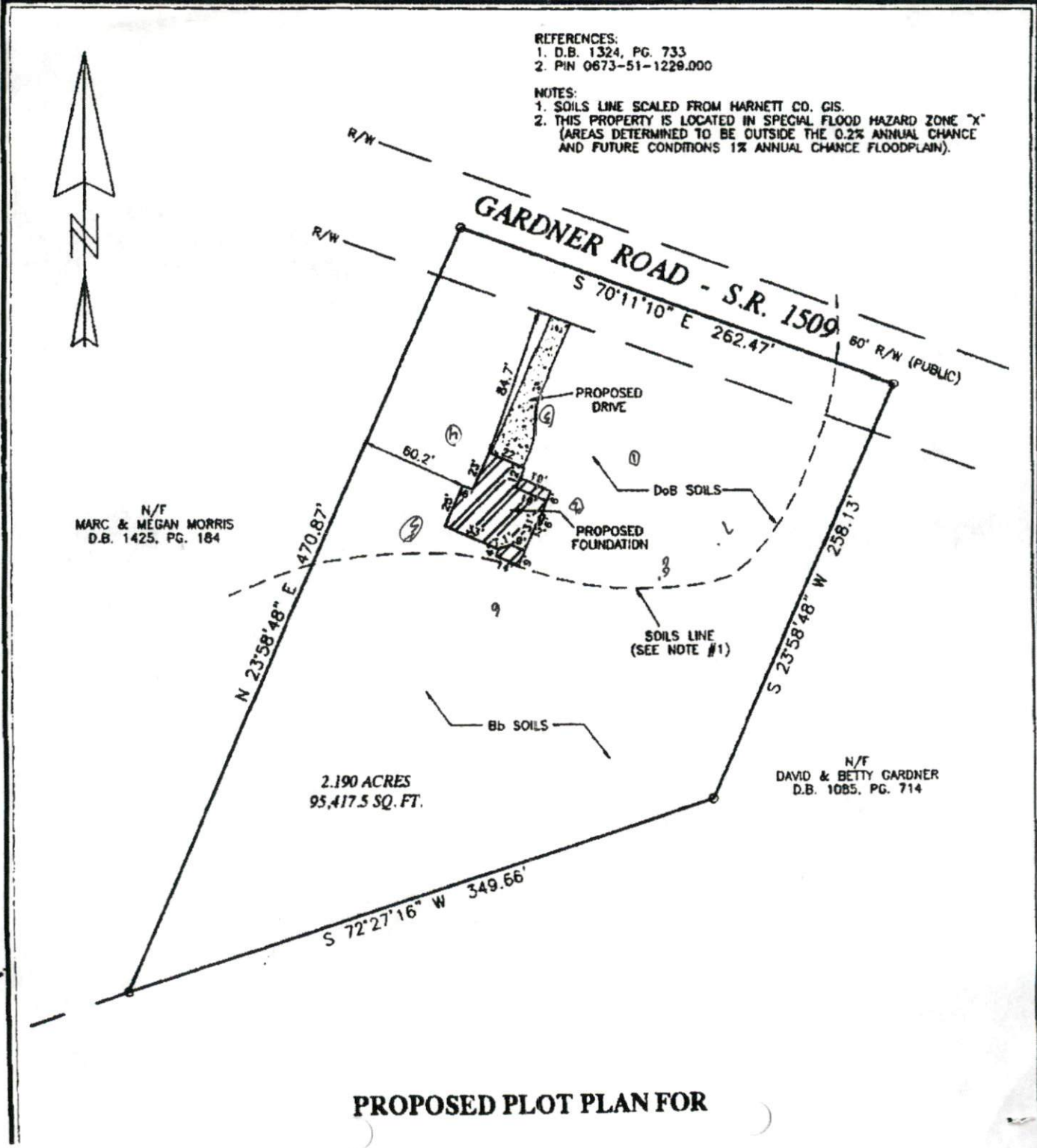
NOTES:  
1. ALL AREAS ARE BY COORDINATE GEOMETRY.  
2. ALL DISTANCES ARE HORIZONTAL GROUND UNLESS OTHERWISE NOTED.  
3. NORTH ARROW IS PER RECORDED MAP OR DEED LISTED ABOVE UNLESS OTHERWISE NOTED.

LEGEND:

- = EXISTING IRON PIPE
- = NEW IRON PIPE
- ⊕ = COMPUTED POINT
- = CONCRETE MONUMENT
- D = DECK
- P = PORCH
- = ELECTRIC TRANSFORMER
- MH = MANHOLE
- CP = COVERED PORCH
- LP = POWER POLE
- OB- = OVERHEAD ELECTRIC LINE
- - - = FENCE
- SH = SHED
- S = STOOP

REFERENCES:  
1. D.B. 1324, PG. 733  
2. PIN 0673-51-1229.000

NOTES:  
1. SOILS LINE SCALED FROM HARNETT CO. GIS.  
2. THIS PROPERTY IS LOCATED IN SPECIAL FLOOD HAZARD ZONE "X" (AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE AND FUTURE CONDITIONS 1% ANNUAL CHANCE FLOODPLAIN).



PROPOSED PLOT PLAN FOR



OWNER NAME: Jeff + Heidi Cecil

APPLICATION #: 19621

**\*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**

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)

**DEVELOPMENT INFORMATION**

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

**WATER SUPPLY**

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes  no  unknown

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted  Innovative
- Alternative  Other \_\_\_\_\_
- Conventional  Any

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.

- YES  NO Does the site contain any Jurisdictional Wetlands?
- YES  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  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 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.**

Heidi Cecil  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-11-08  
DATE



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

Fees: \$35.00

**APPLICATION FOR:**

- Improvement permit
- Mobile Home lot
- Conditional Use
- Satellite Dish Antenna
- Signs
- Fences
- Zoning of Property
- Subdivision Approval
- Mobile Home Park
- Grading Permit
- Temporary Permit
- Special Use \_\_\_\_\_
- Other \_\_\_\_\_

**APPLICANT:**

Name: JEFFREY & HEIDI CECIL  
 Address: 7640 TRYSTONE DR.  
FWAY - VARINA, NC 27524  
 Phone: 919-524-8127

**OWNER:**

Name: ROSE HOWARD  
 Address: \_\_\_\_\_  
 Phone: 919-291-9214

**PRESENT USE OF PROPERTY** 2.19 AC. WOODED LOT (UNDEVELOPED)

**LOCATION OF PROPERTY** GARDNER RD., ANGIER, NC.  
**PARCEL NUMBER OF PROPERTY** 040673 0260 PIN: 0673-51-1229.000

**PROPOSED USE OF PROPERTY**

- Single Family Dwelling: # Rooms: 12 # Bedrooms: 3 Square Feet: 1815
- Multi Family Dwelling: # of Units: \_\_\_\_\_ #Bedrooms (per unit): \_\_\_\_\_ Square Feet (per unit) \_\_\_\_\_
- Mobile Home (single lot): single wide: \_\_\_\_\_ double wide: \_\_\_\_\_
- Mobile Home Park: Section 16, Zoning Ordinance must apply
- Business: Total # of employees per day \_\_\_\_\_ Type of business \_\_\_\_\_
- Others (specify): \_\_\_\_\_
- Existing structure: \_\_\_\_\_ Renovate: \_\_\_\_\_ Addition: \_\_\_\_\_ Demolish: \_\_\_\_\_

Attach site plan showing property lines, location of proposed structures (including driveways, ratios, decks, etc.) and any existing structure.

**WATER & SEWER SUPPLY:**

	WATER	SEWER
Private	_____	_____
Public	_____	_____
Proposed	_____	_____
Existing	_____	_____

**APPLICANT:** I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature: [Handwritten Signature]

**ZONING ADMINISTRATOR USE ONLY**

The above property is located in RA-30 zoning district and will be used as single family dwelling

NOTES: septic tank approval only

PERMIT # 08-046

ZONING ADMINISTRATOR Betty Pearson by U Rothe DATE 3-11-08