

① 2/26/09

Application # 0950021639

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 Fax 910-893-2793

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

Land Owner Information:

Name: MARTIN & SAMANTHA COX  
Address: 3009 OLD HOELY SPRINGS RD.  
APEX NC 27539  
Phone: 919 650-9510

Applicant Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Property Location:

E911 Address: 7937 HWY 210 N  
PIN or Parcel Number: 0673-26-2400,000 / 04 0672 0104 01  
Subdivision: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Lot Size: 18.337 AC Zoning: Ag/ICR

Specific Directions to Job from Lillington: 210 NORTH PROPERTY ON LEFT  
AFTER TIPPIT RD.

Proposed Use:

- Single Family Dwelling (Size: 84 x 61.2) # of Bedrooms: 4  
Basement: N/A Basement w/ Plumbing: N/A Deck: N/A Slab of Crawl Space
- 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: 100% 30 Det Garage

Water Supply:  County  Well  Other  
Sewage:  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: [Signature] Date: 11-20-08

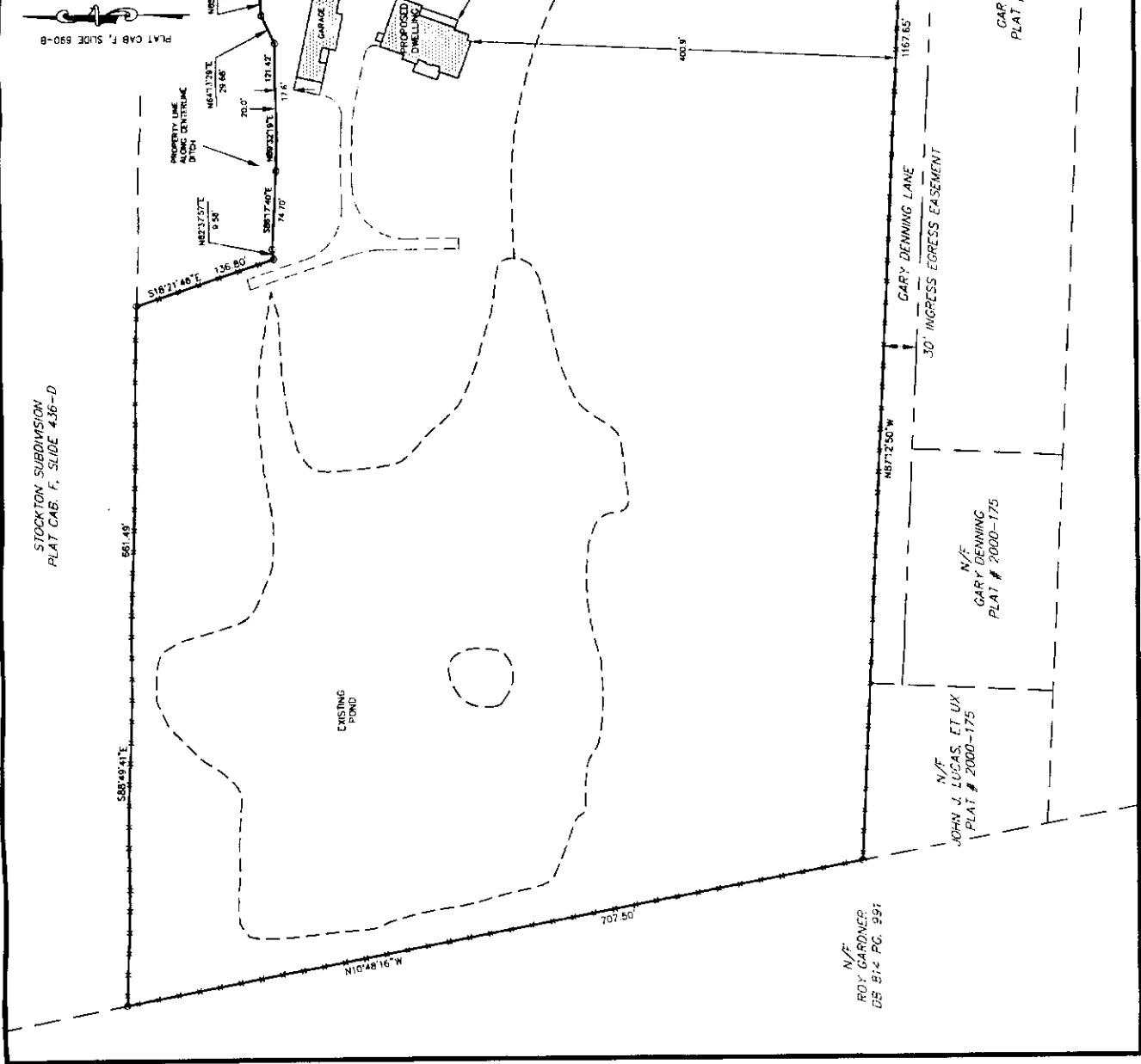
098094

MARTIN COX and wife SAMANTHA COX  
 TRACT B, PLAT CAB F, SLIDE 690-B  
 BLACK RIVER TOWNSHIP HARNETT COUNTY  
 SCALE: 1" = 100' PIN # 0673-26-2

PRELIMINARY PLAT

N/F  
 WILEY MAX ALTMAN, SR  
 TRACT A  
 PLAT CAB. F, SLIDE 690-B

- LEGEND:  
 EIP - EXISTING IRON  
 IPS - IRON PIPE SE  
 NIF - NO IRON FOUT  
 PK - PK NAIL  
 RRS - RAILROAD SP



STOCKTON SUBDIVISION  
 PLAT CAB. F, SLIDE 436-D

N/F  
 ROY GARDNER  
 DB 814 PC 991

N/F  
 JOHN J. LUCAS, ET UX  
 PLAT # 2000-175

N/F  
 GARY DENNING  
 PLAT # 2000-175

N/F  
 GARY DENNING  
 PLAT # 2000-175

ASHWORTH  
 LAND SURVEY

PC 805 399, FLOUNCE, WARENA, N.C. 27225

NAME: MARTIN COX

APPLICATION #: 21639

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

**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)

910-893-7525 option 1

CONFIRMATION # \_\_\_\_\_

**Environmental Health New Septic System Code 800**

- 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. **Do not grade property.**
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- 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.

**Environmental Health Existing Tank Inspections Code 800**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor 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.

**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      {  } Conventional      { } Any  
 { } 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 question. If the answer is "yes", applicant must attach supporting documentation.

- { } YES    {  } NO    Does the site contain any Jurisdictional Wetlands?  
 { } YES    {  } NO    Do you plan to have an irrigation system 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 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.**

[Signature]  
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11-20-08  
 DATE



Town of Angier, NC  
Land Use and Property Description

Fees: \$35.00

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
- Other

APPLICANT:

Name: MARTIN COX  
Address: 3009 OLD APEX RD.  
APEX, NC 27539  
Phone: 650-9510

OWNER:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

PRESENT USE OF PROPERTY VACANT LOT

LOCATION OF PROPERTY 7937 HWY 210 N ANGIER NC 27501

PARCEL NUMBER OF PROPERTY TRACT B, PLAT CABE, SLIDE 690-B  
040672 0104 01

PROPOSED USE OF PROPERTY

- Single Family Dwelling: # Rooms: 12 # Bedrooms: 4 Square Feet: \_\_\_\_\_
- 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	_____	<input checked="" type="checkbox"/>
Public	<input checked="" type="checkbox"/>	_____
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: [Signature]

ZONING ADMINISTRATOR USE ONLY

The above property is located in RA30 zoning district and will be used as single family dwelling

NOTES: (detached garage)

(septic tank approval)

PERMIT # 2009-30

ZONING ADMINISTRATOR Betty S. Pearson DATE 2/26/09