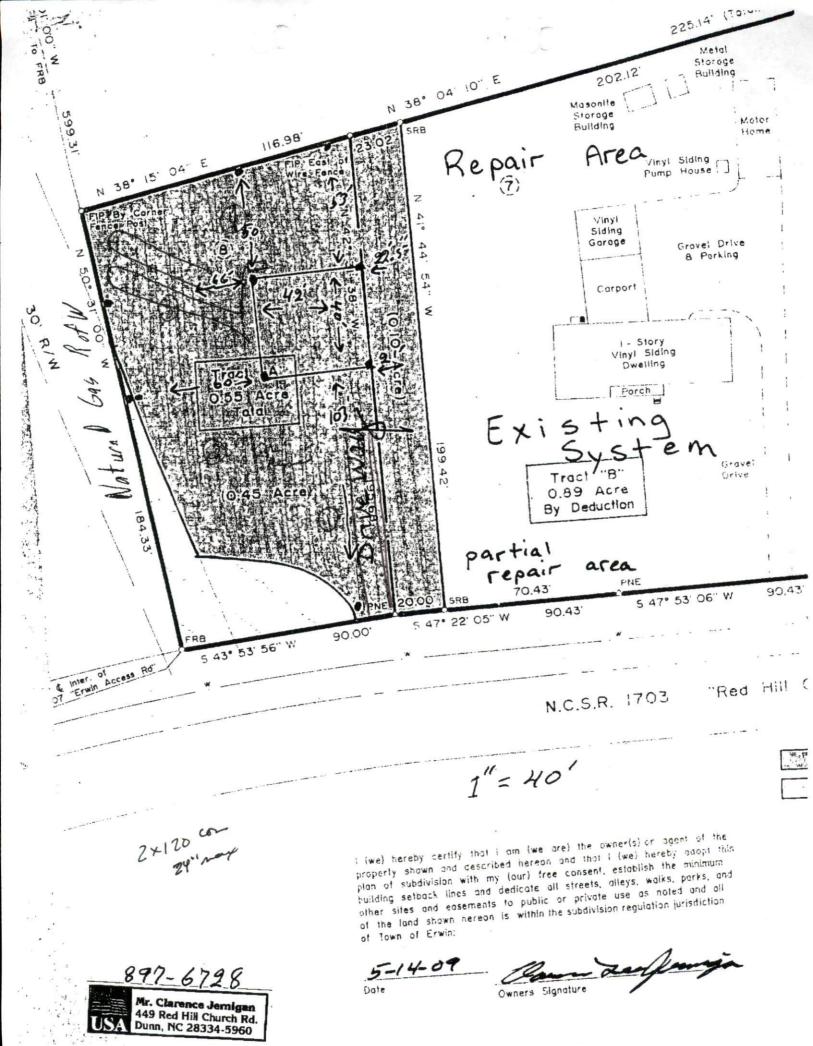
Application # 0950022152

Application # _______ 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: Address: Address: Phone: Property Location: E911 Address: PIN or Parcel Number: 1507 - 26 - 6435, 000	
	Subdivision: Lot Size: 0,55 Zoning: Exam	Lot Number: 2
	Specific Directions to Job from Lillington: Hwy L THURIH RD AND TURN LEFT WILL BE ON LEFT NEXT TO H	121 EAST TO RED HILL
	Proposed Use:	
J	Single Family Dwelling (Size: 40 x 4 Basement: Basement w/ Plumbing:	2) # of Bedrooms: 2 Deck: Slab or Crawl Space
() Multi Family Dwelling # of Units:	# of Bedrooms/Units:
() Manufactured Home (Size:x Garage: Deck:	_) # of Bedrooms:
() Business Square Footage Retail Space:	,
(
(Use:
() Addition to Existing Building Size:	Use:
() Other:	
910	ater Supply: County () Well () Other wage: (New Septic Tank (Complete new tank check ere is a \$250.00 charge for new tanks, \$100 for exist vocation if the intended use of the septic system chovided on this application. Your signature below certain plicant Signature:	iting tanks. This approval is subject to sanges or if false information is tifies all information above is correct.
P	private Signature: Jacon Les genne	Date: 5-99- 09





TOWN OF ERWIN

ZONING APPLICATION & PERMIT

100 west F Street, Erwin, NC 28339 (910) 897-5648 FAX (910) 897-5543

Attach a plot plan with the proposed use showing lot shape, existing & proposed buildings, parking & loading areas, access drives and front, rear and side yard dimensions.

Project Name (To Be Determined	Rv Staffi	T. C		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	by otally	County PIN #	5,000 : 1507-24-753	7 m
Project Address or Location		100100 040	b, cu ? 1501-30 135	1. W
Applicant Name	Church Rd.	tTHO LOIS)		
1	Applicant Address		Applicant Telephone	
Property Owner	WIGAN 449 BED HIL	C CHRD DUN	897-6728 Applicant FAX#	
1	. roberty Owner Addit	ess ·	Applicant FAX #	-
Previous Use	SAME	. 1		
5 0 000 550	_	Proposed Use		
Existing Building Square Footage	7	Existing Height,		
NIA		Existing Height	Estimated Project Cost	
Description of Proposed Improvements		14//1	\$ 100,000.00	<u> </u>
To Builo 40	X 42 House			
1 *1. (080 ca. 11. h	DILSO,			
Upon issuance of this permi	t. I/we saree to conform to all	applicable town ordina	nces, zoning regulations, and the	
of the State of North Carolin	a regulating such work and to	the specifications of p	nces, zoning regulations, and the lans submitted. I/we hereby guara	laws
Signature of Applicant	accurate and correct to the be	ser of mylonic knowledge	le.	ntee
Signature of Applicant	7	Date of Application		
then offe	myo	4-24-0 E USE ONLY	7	
Use Classification	FOR OFFIC	E USE ONLY		
Ose Classification		1		-
Zoning District		1927		
() R-15 () R-10 () P	6 (200 (100 (100			
()(()()	-0 (-) K-D () B-1 () B-2	() C-B () B-1 ()	B-2 ()CON ()M-1 ()MH	IP
Non-Conforming Use ()			•	
Comments	1. 1. 110' Side	Non-Conforming Fi	eature () Yes (4) No	
setbacks: front	yard = 90 Side	- gard - id		1
Setbacks: Front Rear C	jard=40' Duile	ding height=3	5'	
Other Permits Required:		Zoning Permit Status		
() Conditional Use Perm	it (イBuilding Permit	() Approved		
(Water/Sewer Availabi	lity	() Denied		
Comments				\neg
Signature - Town Representati				
orginating Town Representati	ve	Date Approved/Denie	d	
		5/5/09		
Fee Paid ~				
500	Date Paid Flouing	Staff Initials	Zoning Permit #	
	2101109	4111	2009-017	



	00	1	00	1	2	11
APPLICATION #:_	01	<u>フ</u>	00	(6	19

NAME:_		APPLICATION #:	_
		This application to be filled out when applying for a septic system inspection.	
Envi	FORMATION IN AUTHORIZ upon documents of 10-893-7525 ronmental Herolace "pink provery 50 feet of 10-893 per property is the property is the property is the property is the property in the property in the property in the property is the property in the pro	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ation submitted. (complete site plan = 60 months; complete plat = without expiration) CONFIRMATION # alth New Septic System Code 800 roperty flags" on each corner iron of lot. All property lines must be clearly flagged approximal between corners. house corner flags at each corner of the proposed structure. Also flag driveways, garages, decisions swimming pools, etc. Place flags per site plan developed at/for Central Permitting. Environmental Health card in location that is easily viewed from road to assist in locating property thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the seption of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use content of the proposed site call the voice permitting system at 910-893-7525 option 1 to schedule	on tely cks
• L Envir • F • F • ir • A • U	Jse Click2Goronmental Her collow above in prepare for in aspection is for fifter preparing multiple permitiven at end of	v or IVR to verify results. Once approved, proceed to Central Permitting for permits. alth Existing Tank Inspections	t if
SEPTIC If applying	for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
1_1 Acc		[_] Innovative [_] Conventional [_] Any	
{_}} Alte	mative	{}} Other	
		the local health department upon submittal of this application if any of the following apply to the property "yes", applicant must attach supporting documentation.	in
(_}YES	DN (X	Does the site contain any Jurisdictional Wetlands?	
_ YES	NO K	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	IXI NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
YES	DN IXI	Is any wastewater going to be generated on the site other than domestic sewage?	
X) YES	[] NO	Is the site subject to approval by any other Public Agency?	
X YES	NO	Are there any easements or Right of Ways on this property?	
YES	(X) 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.	
Have Read	This Application	on And Certify That The Information Provided Herein Is True, Complete And Correct, Authorized County An	d

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5-99-09 DATE