

10/28/09

Application # 0950023153

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: Jose Zakalovica
Address: 230 Mathis Rd
Clinton NC 28328
Phone: 910-336-7430

Applicant Information:

Name: Jose Zakalovica
Address: 230 Mathis Rd
Clinton NC 28328
Phone: 910-336-7430

Property Location:

E911 Address: 170 Pop Rd Dunn N.C.
PIN or Parcel Number: 1515-89-8353
Subdivision: Monte Alto LLC Lot Number: 1
Lot Size: .81 Zoning: Dunn Power Co: _____

Specific Directions to Job from Lillington: 421 to Dunn to I95-S
take ex. to Pope Rd. on right access from
NHD

Proposed Use:

- Single Family Dwelling (Size: 28 x 56) # of Bedrooms: 3
Basement: _____ Basement w/ Plumbing: _____ Deck: _____ Slab or Crawl Space
- Multi Family Dwelling # of Units: _____ # of Bedrooms/Units: _____
- Manufactured Home (Size: 28 x 56) # of Bedrooms: 3
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: 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: 10-28-09

NAME: Jose Sevilla

APPLICATION #: 23 153

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.


PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

12-18-08
DATE

State of North Carolina
County of Harnett

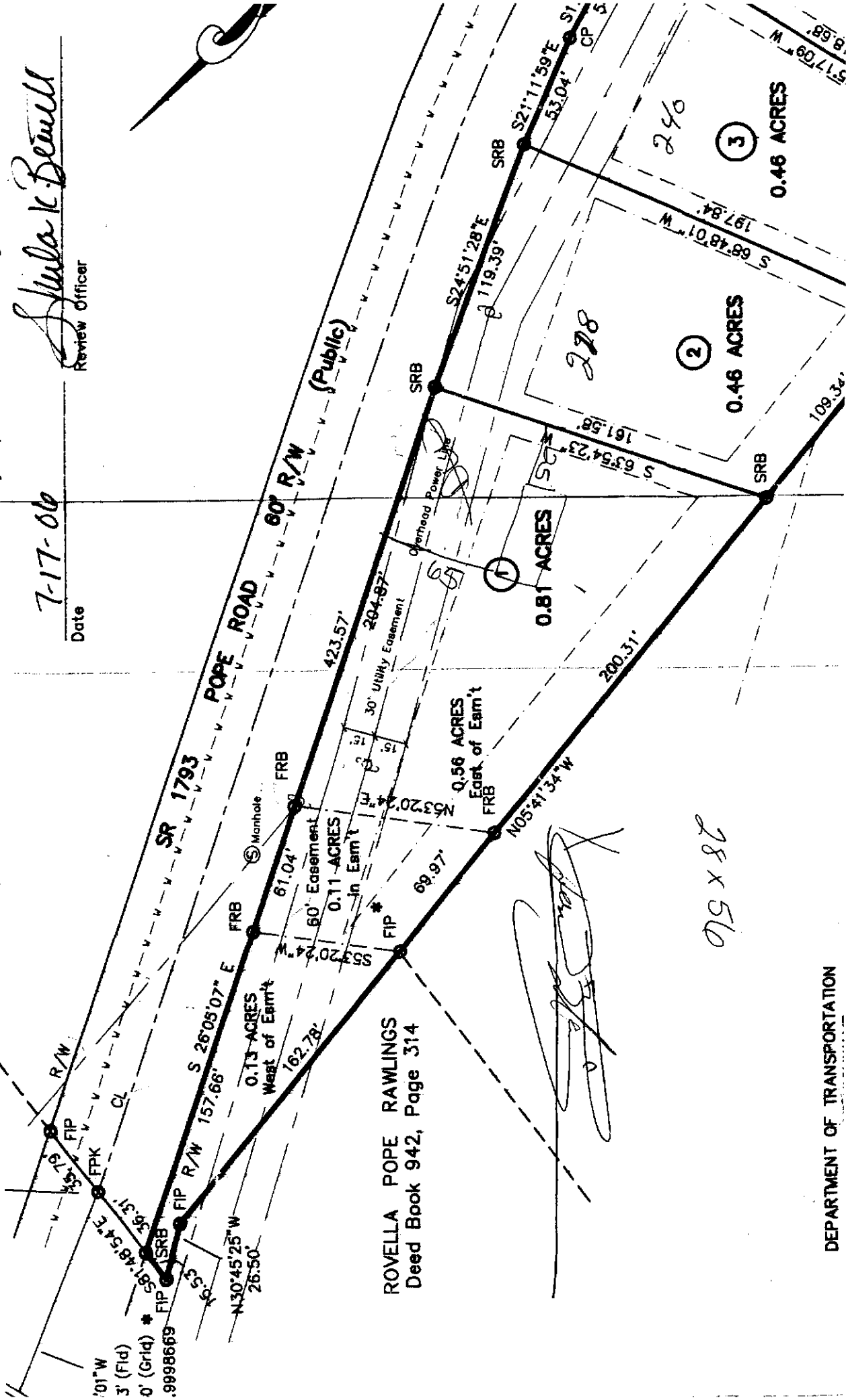
E. F. GODWIN SUBDIVISION

IS "POPE"
PKS = 561341.386
N(Y) = 559725.476
E(X) = 2117957.427

Shilak Bennett

Review Officer of Harnett
County, certify that the map or plat to which this certification is affixed
meets all statutory requirements for recording.

Date 7-17-06
Shilak Bennett
Review Officer



ROVELLA POPE RAWLINGS
Deed Book 942, Page 314

DEPARTMENT OF TRANSPORTATION

079 x 82

CITY OF DUNN
Development Permit

Please attach a plot plan showing lot lines and dimensions, the location and size of all existing and proposed buildings, the distance from each building to property lines, all driveway entrances, parking and loading areas, all existing landscaping (generally).

OWNER TO COMPLETE

Property Identification Information:

Property Address: 170 Popper Rd County PIN: 1515-81-8353

Dimensions of Property:

Width: _____

Subdivision _____ Phase _____ Lot # 1

Property Owner Name: Rose & Laverne S Owner Daytime Telephone: (910) 576-7452

Depth: _____

Property Owner Address: 33 North Rd Owner Fax Number: _____

Square Feet: _____

City/State/Zip Code: Clinton NC 28337 Owner Cell Telephone: _____

Acreage: _____

Current Use of the Property:

Residential

- Single Family Residence (Site built or modular)
- Single Family Residence (Manufactured)
- Duplex Residence
- Multiple Family Dwelling (Apartments)

Commercial Business

Type: _____
Name of Business: _____
of Square Feet: _____

Office

Type: _____
Name of Business: _____
of Square Feet: _____

Manufacturing

Type: _____
Name of Business: _____
of Square Feet: _____

Other

Type: _____
Name of Business: _____

Proposed Use of the Property

Residential

- Single Family Residence (Site built or modular)
- Single Family Residence (Manufactured)
- Duplex Residence
- Multiple Family Dwelling (Apartments)

Commercial Business

Type: _____
Name of Business: _____
of Square Feet: _____

Office

Type: _____
Name of Business: _____
of Square Feet: _____

Manufacturing

Type: _____
Name of Business: _____
of Square Feet: _____

Other

Type: _____
Name of Business: _____

CITY OF DUNN
Development Permit

Existing Building(s):

Vacant Land

Building One

Width: _____

Depth: _____

Current Use: _____

Building Two

Width: _____

Depth: _____

Current Use: _____

Building Three

Width: _____

Depth: _____

Current Use: _____

Parking Spaces

Number spaces provided _____

Proposed Project:

New Construction

Use of Existing Structure _____

Modification of Existing Structure _____

Addition to Existing Structure _____

Additional Building _____

Dimensions of new construction 1568 Square feet of new construction

Owner Certification:

I hereby certify that I am the owner of the above identified property, that the information shown above and shown on the attached plot plan is correct and complete to the best of my knowledge. I understand that all decisions rendered will be based on and enforced according to this information. I understand that this permit, if granted, is issued on the basis of the information supplied by the owner and that this permit may be revoked in the event of any breach of representation or conditions.

Property Owner Signature: 

ZONING OFFICIAL TO COMPLETE

R20 Zoning Classification

20,000 Required Lot Size
30 Required Front Yard Set Back
35 Required Rear Yard Set Back
10 Required Side Yard Set Back

Floodplain Determination:

Property is not located in a floodplain

Property is located in floodplain, but development is not
 Development is located in a designated flood hazard area.

Panel Number _____ Date of Panel _____

Parking Spaces

2 Required Provided

Special Conditions: Per Manufactured Home Requirements

Approved Reason: _____

Signature:  Zoning Administrator

Date: 7/10/09

Receipt Number: De 1/ Permit
 Amount: 50.00