Initial Application Date:	1	12	П	7
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Application #	75004	<b>USSY</b>
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#### **COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

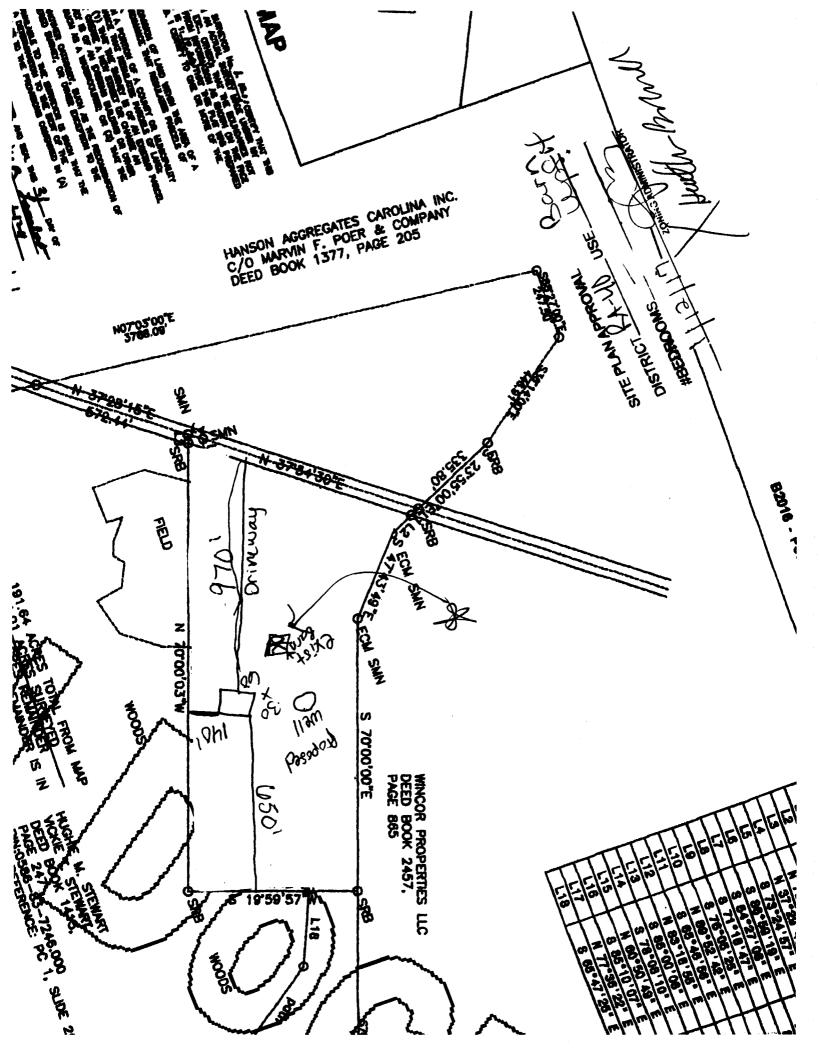
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: Michael Stephen Broadwell Jr. Mailing Address: 3491 NC Hay 217 State: N.C Zip: 2853 9 Contact No: (9/0) 591-0054 Email: ranch solutions 16 0 gm. 1. com APPLICANT\*: \_ Mailing Address:\_ Contact No: City: State: \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Broadwell State Road Name: NC Hery 217 Deed Book & Page: 3362 125 Power Company\*: \*New structures with Progress Energy as service provider need to supply premise number **PROPOSED USE:** Monolithic SFD: (Size x ) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (Is the bonus room finished? (\_\_\_) yes (\_\_\_) no w/ a closet? (\_\_\_) yes (\_\_\_) no (if yes add in with # bedrooms) Mod: (Size \_\_\_\_x \_\_\_) # Bedrooms \_\_\_ # Baths \_\_\_ Basement (w/wo bath) \_\_\_ Garage: \_\_\_ Site Built Deck: \_\_\_ On Frame \_\_\_ Off Frame \_\_ (Is the second floor finished? (\_\_\_) yes (\_\_\_) no Any other site built additions? (\_\_\_) yes (\_\_\_) no Manufactured Home: SW DW \_\_TW (Size \_\_\_x \_\_\_) # Bedrooms: \_\_\_\_Garage:\_\_\_(site built?\_\_\_) Deck:\_\_\_(site built?\_\_\_) Duplex: (Size \_\_\_\_x\_\_) No. Buildings:\_\_\_\_\_ No. Bedrooms Per Unit:\_ Use: Home Occupation: # Rooms:\_\_ Water Supply: County \_\_\_\_ Existing Well \_\_\_ New Well (# of dwellings using well ) \*Must have operable water before final Sewage Supply: \_\_\_\_ New Septic Tank (Complete Checklist) \_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_ County Sewer Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (\_\_) yes ( $\underline{\checkmark}$ ) no Does the property contain any easements whether underground or overhead ( ) yes Structures (existing or proposed): Single family dwellings: Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/corner lot\_ **Nearest Building** 

on same lot

CIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
rmits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted eby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
eby state that foregoing state prints are accurate and portect to the jest of my knowledge. Permit subject to revocation in laise information is provided.
Signature of Owner or Owner's Agent Date

<sup>\*\*\*</sup>It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*



NAME:	APPLICATION #:
	*This application to be filled out when applying for a septic system inspection.*
<b>County Health</b>	Department Application for Improvement Permit and/or Authorization to Construct
IF THE INFORMATION PERMIT OR AUTHORIZ depending upon document	IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT CATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration aution submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-752	•
	dealth New Septic System Code 800
lines must be	<b>irons must be made visible.</b> Place "pink property flags" on each corner iron of lot. All property clearly flagged approximately every 50 feet between corners.
	e 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.
	Environmental Health card in location that is easily viewed from road to assist in locating property.
evaluation to	thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soi be performed. Inspectors should be able to walk freely around site. <b>Do not grade property</b> .
All lots to be	e addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
<u>for failure to</u>	uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
800 (after sel	ng proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code ecting notification permit if multiple permits exist) for Environmental Health inspection. Please note number given at end of recording for proof of request.
	ov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
☐ Environmental F	dealth Existing Tank Inspections Code 800
	instructions for placing flags and card on property.
possible) and	nspection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up ( <i>i</i> then <b>put lid back in place</b> . (Unless inspection is for a septic tank in a mobile home park) <b>/E LIDS OFF OF SEPTIC TANK</b>
	ing outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permi
	rmits, then use code 800 for Environmental Health inspection. Please note confirmation number
	of recording for proof of request.  ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC SEPTIC	or twit to hear results. Once approved, proceed to definiting for remaining permits.
	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{} Innovative {\nu_} Conventional {} Any
{}} Alternative	{}} Other
	fy the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES { <b>_X</b> } NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {_ <b>X</b> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {\$\mathcal{L}}\$ NO	Does or will the building contain any drains? Please explain.
{ X }YES { } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES { <b>¼</b> } 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 { <b>½</b> } NO	Are there any Easements or Right of Ways on this property?
$\{X\}$ 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 Applic	ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Grant	ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So TI	nat A Complete Site Evaluation Can Be Performed.
PROPERTY OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE
	DATE

LANDOWNER: Michael Stophen Broadwell Je
$a_{ij} = a_{ij} a_{ij$
MAILING ADDRESS: 3497 10.C 1000 ZIP: 28339 PHONE: [910] 591-0050
APPLICATION DATE: 1-10-17 APPLICATION #
and the state of t
APPLICANT: Michael Stephen Breadwell Je
MAILING ADDRESS: 3491 A)( Hay 2/) CITY: <u>Frwl</u> STATE: <u>N.C</u> ZIP: 28334PHONE: (9/0) 591.6054
CHY: From SIAID.
PROPERTY LOCATION: SR# 2/7 SR NAME: Hwy 2/7  PARCEL# 120 585 0042 01 PIN# 0586 - 83 - 0974.000  ACREAGE: 21.0/ FARM NUMBER: 16537
PARCEL # 120585 0042 01 PIN # 0586 - 85 - 0974.000
ACREAGE: 21.01 FARM NUMBER: 76337
VERIFICATION OF LAND USE PROGRAM BY TAX OFFICE:
SIGNATURE / CENTRAL PERMITTING TECHNICIAN DATE
V
I (we) have read and understand the requirements to qualify for a farm exemption. I (we) hereby claim such exemption because I (we) operate a bona fide farm which has a valid farm serial number and is currently enrolled in Harnett County's Land Use Program. Within the Land Use Program I (we) participate in:  Agriculture ( ); Horticulture ( ); Forestry ( )  NOTE: Check each category that applies.
AFFIRMATION: I (we) the undersigned declare under penalties of law that the information contained in this application has been examined by me (us) and to the best of my (our) knowledge and belief is (are) true and correct. Additionally, I (we) fully understand that falsification of information supplied by me (us) herein shall cause any permit issued relying on such information, to be automatically revoked and all work shall immediately cease.
G: - towar(s) of Owener(s): 1/10/17
Signature(s) of Owner(s):  Date: 1/10/17
FOR OFFICE USE ONLY
~ 0
APPROVED BY: DATE: 112/17 PERMIT#
DENIED BY:DATE:
REASON FOR DENIAL:

# VERIFICATION OF FARM EXEMPTION COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting, 102 E. Front Street, Lillington, NC 27546 Phone (910) 893-4759Fax (910) 893-2793

#### INTRODUCTION

It is the spirit and intent of these regulations that only bona fide farms benefit from any exemptions granted hereby. Three requirements must be met in order to qualify. First, the land must meet the definition of a bona-fide farm if the site is within an area under the jurisdiction of the Harnett County Zoning Ordinance. Second, the Harnett County Farm Services Office, United States Department of Agriculture, must issue a valid farm serial number. Third, the land in question must be enrolled in the "Land Use Program" offered by the Harnett County Tax Department which allows for reduced taxes based on meeting the requirements of N.C.G.S. 105.277.3(a) (1) or (2); N.C.G.S. 105.277.2 (b) and N.C.G.S. 105.282.1 (a). Three categories, agriculture, horticulture and forestry, are allowed. Those categories are descried below. To qualify, the land in question must meet one of those categories.

### **AGRICULTURE**

Agriculture land consisting of one or more tracts, one of which consist of at least ten (10) acres that are in actual production and that for the three years preceding January 1 of the year for which benefit is claimed, have produced an average gross income of at least \$1,000.

#### HORTICULTURE

Horticulture land consisting of one (1) or more tracts, one (1) of which consists of at least five (5) acres that are in actual production and that for the three (3) years preceding January 1 of the year for which benefit is claimed have produced an average gross income of at least \$1,000.

#### **FORESTRY**

Forestry land consists of one or more tracts, one of which consists of at least twenty (20) acres that is in actual production and is under a sound management program. For purposes of this category, a sound management program means a program of production designed to obtain the greatest net return from the land consistent with its conservation and long-term improvement.

## ADDITIONAL QUALIFICATION CRITERIA

Rent received shall not be considered as income for purposes of this exemption. Gross income must be from the sale of agricultural products produced from the land and any payments received from a governmental soil conservation or land retirement program. Any use of farm property for non-farm purposes is subject to all applicable ordinances of Harnett County.

Common Land Unit Cropland

Farm 16537

Tract **4959** 

Non-cropland ( CRP

**Wetland Determination Identifiers** 

Restricted Use

**Limited Restrictions** 

Exempt from Conservation Compliance Provisions

2017 Crop Year



Tract Page: 1 of 1

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).