

Initial Application Date: 07/07/2010

Application # 10.50024798

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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

LANDOWNER: Victor & Associates, Inc. Mailing Address: 138 S. Steele Street Suite #V.

City: Sanford, State: NC Zip: 27330 Contact # 919-718-4988 Email: spersad@victor-inc.com

APPLICANT*: Forest Hills Family Care Facility Mailing Address: 54 Ripley Road

City: Cameron, State: NC Zip: 28326 Contact # 919-718-4988 Email: spersad@victor-inc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Sonny S. Persad Phone # 919-718-4988

PROPERTY LOCATION: Subdivision: Seven Oaks Subdivision Lot #: 2 Lot Size: 0.50 AC

State Road # _____ State Road Name: Ripley Road Map Book&Page: # 98 - / 67

Parcel: 099575 0025 02 PIN: 9574-21-5851.000

Zoning: RA-20R Flood Zone: _____ Watershed: _____ Deed Book&Page: 1309 / 0354 Power Company*: C.E.M.C.

*New structures with Progress Energy as service provider need to supply premise number N/A from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 West towards Cameron, make left on 24/27 follow approximately 2.0 miles to Marks Road make right, follow approximately 2.5 miles to Ripley Road make right, second house (lot #2) on right.

PROPOSED USE:

- 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 27 x 68) # Bedrooms: 3 Garage: ____ (site built? ____) Deck: (site built?)
- Duplex: (Size ____x____) No. Buildings: _____ No. Bedrooms Per Unit: _____
- Home Occupation: # Rooms: 3 Use: Family Care Facility Hours of Operation: 24/7/365 #Employees: 1x3 s
- Addition/Accessory/Other: (Size ____x____) Use: _____ Closets in addition? () yes ()no

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 no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

existing
Comments: _____

	Minimum	Actual
Front		
Rear		
Closest Side		
Sidestreet/corner lot		
Nearest Building on same lot		

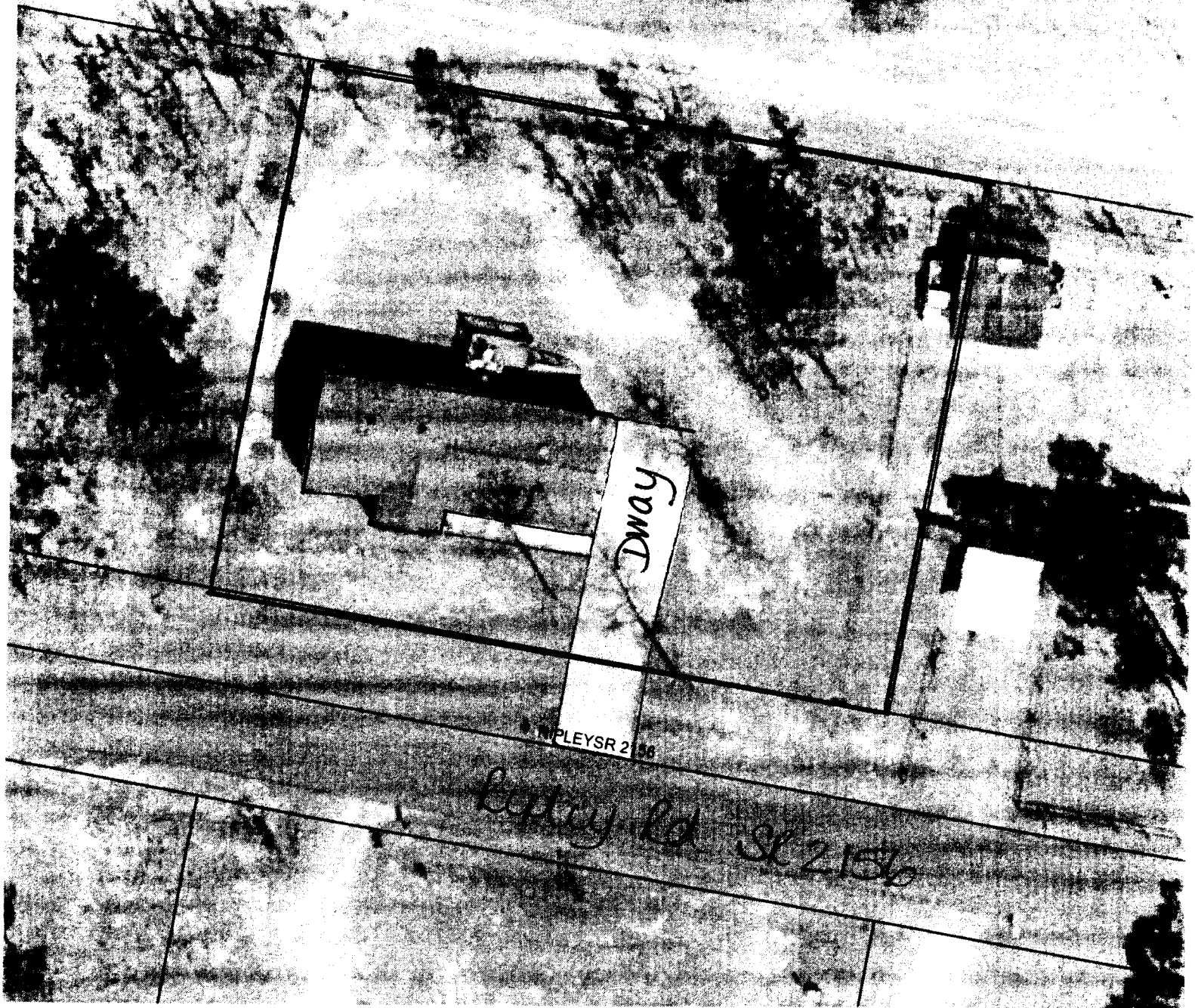
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent

07/07/2010
Date

****This application expires 6 months from the initial date if permits have not been issued****

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION



SITE PLAN APPROVAL

DISTRICT

RA20R

USE

Family Care Facility

#BEDROOMS

3

7.9.10

d.johnson

ZONING ADMINISTRATOR



Victor
& ASSOCIATES INC.

Provider of MH/DD/SA Services

DATE: July 7, 2010
TO: Donna M. Johnson, Senior Permit Technician
Harnett County Planning Services
FROM: Sonny S. Persad
RE: Forest Hills Family Care Facility

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- Hours of operation are: 24/7/365
 - Number of residents: 3
 - Number of employees: 1 per shift
 - Age of residents: 18 years and older

NAME: Forest Hills Family Care APPLICATION #: 10-50024798 ³

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 ⁵
 - 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.**

- Environmental Health Existing Tank Inspections Code 800 ⁴
 - 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.** ¹ ² ¹
 - 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)

07/09/2010
DATE