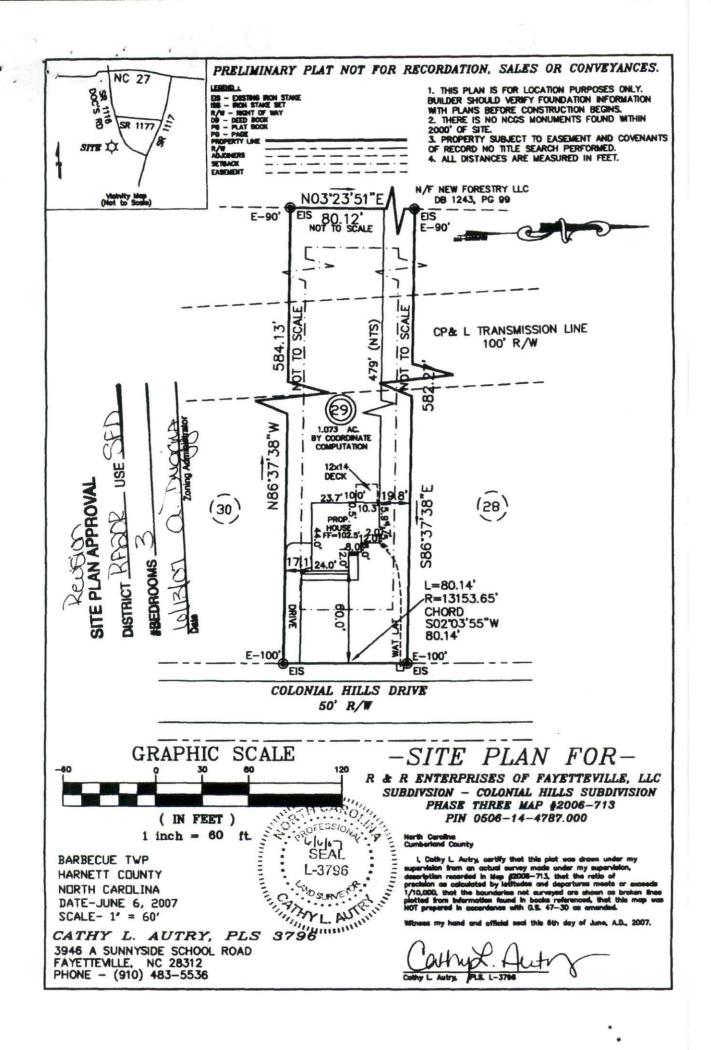
The with coper rate - soll in the state of the site of
LIE , KSK ENTERPROSE , POVETEVINE, LLC PIS
Section 5431 Rodinell Rd
Initial Application Date: 1011100 Foyethville NC 5831 Application # 00 500159478
6 307 COUNTY OF HARNETT I AND USE APPLICATION 391-2049 CT 977-206
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org
LANDOWNER: Add Controls Mailing Address: VO DOX 5508
Oity: 1 no No Tick State 2 Zip: 28-2-7 4 Home #: Contact #:
APPLICANT*:
City: State: Zip: Home #: Contact #:
*Please fill out applicant information if different than landowner
PROPERTY LOCATION: State Road #: //// State Road Name: Doc 5 Road
Parcel: 0.30 507-0226-47 PIN: 00 0500-14-8380 000
Flood Plain: X Panel: Old Watershed: NA Deed Book/Page: 1893 650 Plat Book/Page: 1/2
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 20 han hay had
higher on Norsera Rd. Lott on Docks Rd.
1-mile on Post
I Thite on Letti
Today Lind Had
PROPOSED USE: LILX 44 included 6X14 not included
SFD (Size 1/2) # Bedrooms # Baths Basement (w/wo bath) A Garage Deck Crawi Space Slab
Modular:On frameOff frame (Sizex) # Bedrooms # Baths Garage(site built?) Deck (site built?)
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit
Manufactured Home:SWDWTW (Size x) # Bedrooms Garage (site built?) Deck (site built?)
□ Business Sq. Ft. Retail SpaceType# Employees: Hours of Operation: □ Industry Sq. FtType# Employees: Hours of Operation:
Industry Sq. Ft
☐ Home Occupation (Size x) # Rooms UseHours of Operation:
□ Accessory/Other (Size x) Use
Addition to Existing Building (Size x Use Closets in addition(_)yes (_)no
Water Supply: County () Well (No. dwellings) () Other
Sewage Supply: (New Septic Tank (Need to fill out New Tank Checklist) () Existing Septic Tank () County Sewer () Other
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above?
Structures on this tract of land: Single family dwellings Oscopy Manufactured Homes Other (specify)
Required Residential Property Line Setbacks: Comments:
Front Minimum_35 Actual_36 00 0113. New dones new St Dan.
Rear 25 2000 Sto 479 Daid by env health, note all
side 10 Latt 17.11' Der austaner. The 3 chainer met
Comer/Sidestreet 20 NA CO SHC
Nearest Building 10 VIA
on same lot
If permits are greated I come to confirm to all collections
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans
submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this ferm.
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Please use Blue or Black Ink ONLY

6/19/07



APPLICATION .

This application to be filled out only when applying for a new septic system. 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)

DE	ELOPMENT INFORMATION
6/	New single family residence
0	Expansion of existing system
	Amair to malfunctioning servers discoul and a
	Non-residential type of structure
	Non-residential type of structure
WA	TER SUPPLY
Q	New well
	Existing well
0	Community well
0	Public water
	pring
Are	nere any existing wells, springs, or existing waterlines on this property?
{_}}	yes {_} no {\sqrt{\sqrt{\sqrt{\sqrt{\text{unknown}}}}}
SEP	
	olying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
	Accepted [_] Innovative
	Alternative () Other
	Conventional () Any
	pplicant shall notify the local health department upon submittal of this application if any of the following apply to the property in on. If the answer is "yes", applicant must attach supporting documentation.
{_}}	TES { NO Does The Site Contain Any Jurisdictional Wetlands?
(_)	ES (VNO Does The Site Contain Any Existing Wastewater Systems?
(_)	ES { NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
لميد}	ES {} NO Is The Site Subject To Approval By Any Other Public Agency?
(LX	ES (_) NO Are There Any Easements Or Right Of Ways On This Property?—C.PL
I Ha	e Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct.
Auth	rized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine
Com	liance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification
And	abeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can
Be P	rformed.
	ERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)
PRO	ERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)