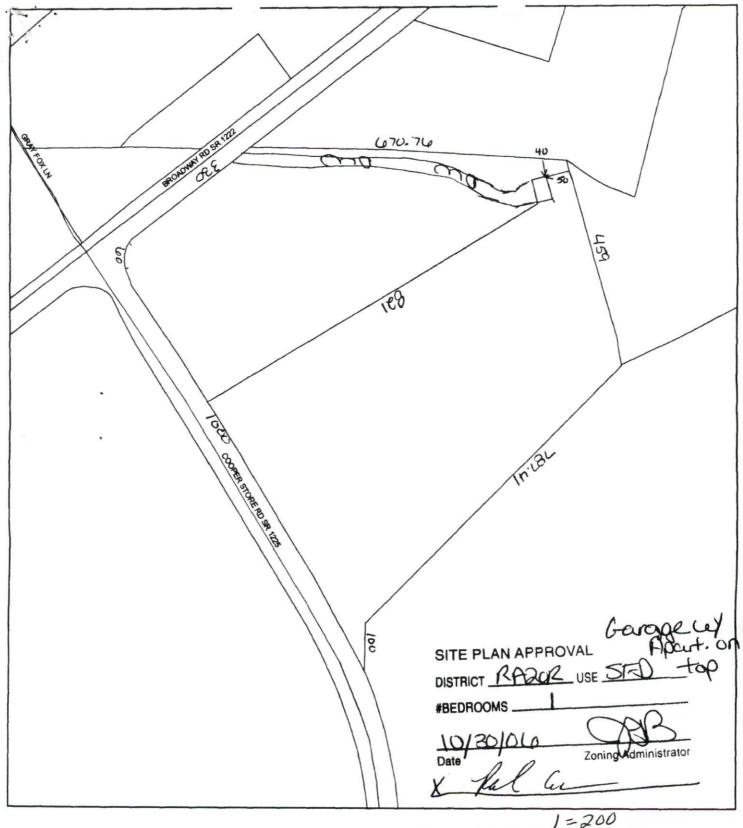
Initial Application Date: 15 - 2 & C Y	Application # 005007(0072)			
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525	130 2735 TON Fax: (910) 893-2793 www.hamett.org			
LANDOWNER: Robert + Melanie House Mailing Address: 1403	LEE treine			
City: State: NL ZIp: 27350 Home #: (914) 718	5136 Contact # (919) 353-0370			
APPLICANT*:				
City:State:Zip:Home #:	Contact #:			
*Please fill out applicant information if different than landowner	1.			
PROPERTY LOCATION: State Road #: 1224 State Road Name: Course State fired any Pd				
Parcel: 03, 9597, 0121 PIN: 9589-09-5956-000				
Zoning: 14-202 Subdivision: NA				
Flood Plain: NA Panel: 75 Watershed: NA Deed Book/Page 0221	1/cic Plat Book/Page: 575			
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 121 N	to Brandway Pd. turn			
left intersection of Browning + Coper Store Rd. property				
Liv let 7				
PROPOSED USE:	Circle:			
SFD (Size 10 x 10 ) # Bedrooms 1 # Baths 1 Basement (w/wo bath) Garage				
☐ Modular:On frameOff frame (Sizex) # Bedrooms # Baths Garage				
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit				
Manufactured Home:SWDWTW (Size x) # Bedrooms Garage (site built?) Deck (site built?)				
Business Sq. Ft. Retail Space	oyees: Hours of Operation:			
☐ Industry Sq. Ft# Empl				
☐ Church Seating Capacity # Bathrooms Kitchen				
☐ Home Occupation (Size x ) #Rooms Use				
□ Accessory/Other (Sizex) Use				
Addition to Existing Building (Size x ) Use				
Water Supply: (_) County (_) Well (No. dwellings) (_) Other				
Sewage Supply: (L) 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 with five hundred feet (500') of tract listed above? ()YES ()NO				
Structures on this tract of land: Single family dwellings Of O Manufactured Homes Other (specify)				
Required Residential Property Line Setbacks: Comments:				
Front Minimum 35 Actual 821 Crevage w/	Another an			
Ed dia	The tree of the			
Rear 25 50 TOO.				
Side 10 40	t 110			
Corner/Sidestreet 20 101 100 01	of hat water As			
Nearest Building 10 0 10 10 10 10 10 10 10 10 10 10 10 1	ed P. f. Als.			
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 form.				
m 1 al				
Telone Home	24-6			
Signature of Owner or Owner's Agent Date				
**This application expires 6 months from the initial date if no perm	nits have been issued**			

Please use Blue or Black Ink ONLY





Harnett

0 70 140 280 420 560

Users of this data are heby notified that the public primary information sources should be consulted for verification of the information. All information contained herein was created for the County's internal use. Harnett County, its agents and employees make no warranty as to the correctness or accuracy of the information set forth on this map, whether express or implied, in fact or in law, including without limitation the implied warranties or merchantability and fitness for a particular use. Harnett County recommends that every property owner or stakeholder have their property surveyed by a professional for use in obtaining permits and other development relations.

OWNER NAME: Robert = Melanie House APPLICATION #: 0650016072

## \*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)

	90.0098800.000#		
DE	VELOPMENT INFO	DRMATION	
	New single family re	sidence	
	Expansion of existing	g system	
	Repair to malfunction	ning sewage disposal system	
	Non-residential type	of structure	
WA	TER SUPPLY	_	
	New well		
	Existing well		
	Community well		
	Public water		
	Spring.		
Are	there any existing we	lls, springs, or existing waterlines on this property? {_}} yes {_/} no {} unknown	vn
SEF	TIC		
		on to construct please indicate desired system type(s): can be ranked in order of preference	, must choose one.
	Accepted Alternative	{} Innovative {} Other	
22.000	} Conventional	{}} Other {}} Any	
1_	3 Conventional		
The ques	applicant shall notify tion. If the answer is	the local health department upon submittal of this application if any of the following a "yes", applicant must attach supporting documentation.	apply to the property in
{}}	YES (V) NO	Does The Site Contain Any Jurisdictional Wetlands?	
{_}	YES ( NO	Does The Site Contain Any Existing Wastewater Systems?	
{}}	YES ( NO	Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewaş	ge?
{}}	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?	
l Ha	ve Read This Applic	ation And Certify That The Information Provided Herein Is True, Complete And	Correct.
Auti	horized County And	State Officials Are Granted Right Of Entry To Conduct Necessary Inspections T	o Determine
Com	pliance With Applic	able Laws And Rules. I Understand That I Am Solely Responsible For The Prop	er Identification
And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can			
Be Performed.			
	1/1	ae_	10-20-01
PRO	PERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	10-30-06 DATE

hH 11040 ,00 Divis T 加 14 & H (1) 0 CH \* Or of

(h2) h