Initial Application Date: 11/9/06 Application # DR-5000691 1320127

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: Home Co Mailing Address: PO Box 727

City: Dunn State: NC Zip:28335 Home #:910-892-4345 Contact #:

APPLICANT*: Danny Norris Mailing Address: Same

City: State: Zip: Home #: Contact #:

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: NC 27 State Road Name: NC 27

Parcel: 039589 1015 57 PIN: 9576-79-9681.000

Zoning: RA20R Subdivision: Laurel Valley Lot #: 59 Lot Size: .51 AC

Flood Plain: X Panel: 75 Watershed: N/A Deed Book/Page: 2244/796-798 Plat Book/Page: 2006-500

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 W (TL) on Appleton Way

PROPOSED USE:

- ☑ SFD (Size 55 x 34) # Bedrooms 3 # Baths 2½ Basement (w/wo bath) N/A Garage 24x24 included Deck 12x10 attached Circle: Crawl Space / Slab
- ☐ Modular: ___On frame ___Off frame (Size___x___) # Bedrooms ___ # Baths ___ Garage ___(site built?___) Deck___(site built?___)
- ☐ Multi-Family Dwelling No. Units ___ No. Bedrooms/Unit ___
- ☐ Manufactured Home: ___SW ___DW ___TW (Size___x___) # Bedrooms ___ Garage ___(site built?___) Deck___(site built?___)
- ☐ Business Sq. Ft. Retail Space ___ Type___ # Employees:___ Hours of Operation:___
- ☐ Industry Sq. Ft. ___ Type___ # Employees:___ Hours of Operation:___
- ☐ Church Seating Capacity ___ # Bathrooms___ Kitchen ___
- ☐ Home Occupation (Size___x___) # Rooms___ Use ___ Hours 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? (__)YES (☑)NO

Structures on this tract of land: Single family dwellings 1 SFD Manufactured Homes ___ Other (specify) ___

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	120
Rear	25	83
Side	10	16
Corner/Sidestreet	20	—
Nearest Building on same lot	10	

Comments:

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.

11/9/06

12/7 S

FILE #_____

COMMENTS:_____

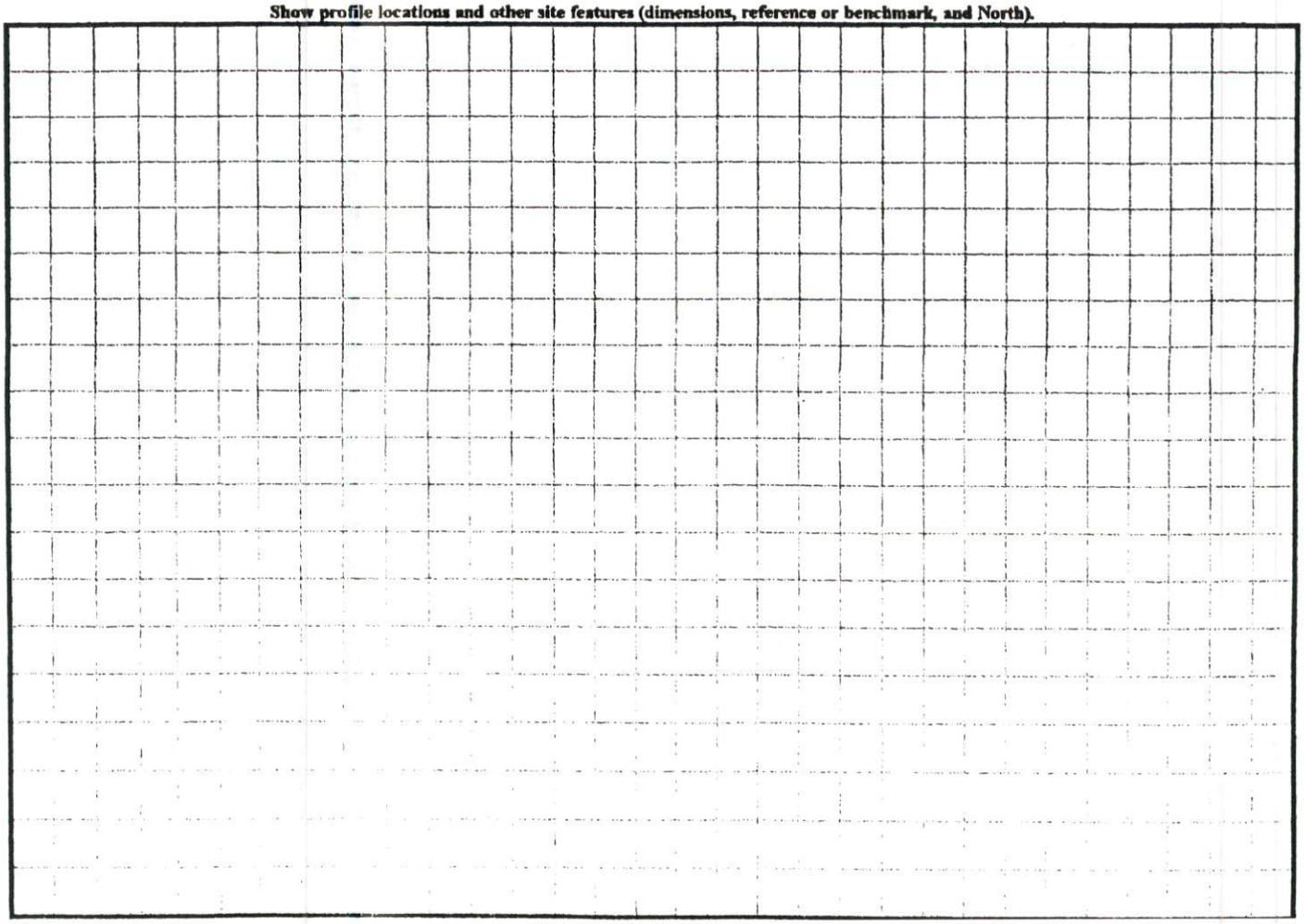
LANDSCAPE POSITIONS	GROUP	TEXTURES	.1955 LTAR	CONSISTENCE MOIST	WET
R-RIDGE	I	S-SAND	1.2 - 0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLY STICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8 – 0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT-	0.6 – 0.3		SP-SLIGHTLY STICKY
CV-CONVEX SLOPE		SIL-SILT LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAN		SCL-SANDY CLAY LOAM			
		SICL-SILTY CLAY LOAM			
	IV	SIC-SILTY CLAY	0.4 – 0.1		
		C-CLAY			
		SC-SANDY CLAY			

STRUCTURE
SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY
SLIGHTLY EXPANSIVE

EXPANSIVE

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet
Property ID
Lot #:
File #:
Code:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner:
Applicant:
Address:
Date Evaluated:
Proposed Facility:
Design Flow (.1949):
Property Size:
Location of Site:
Property Recorded:
Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

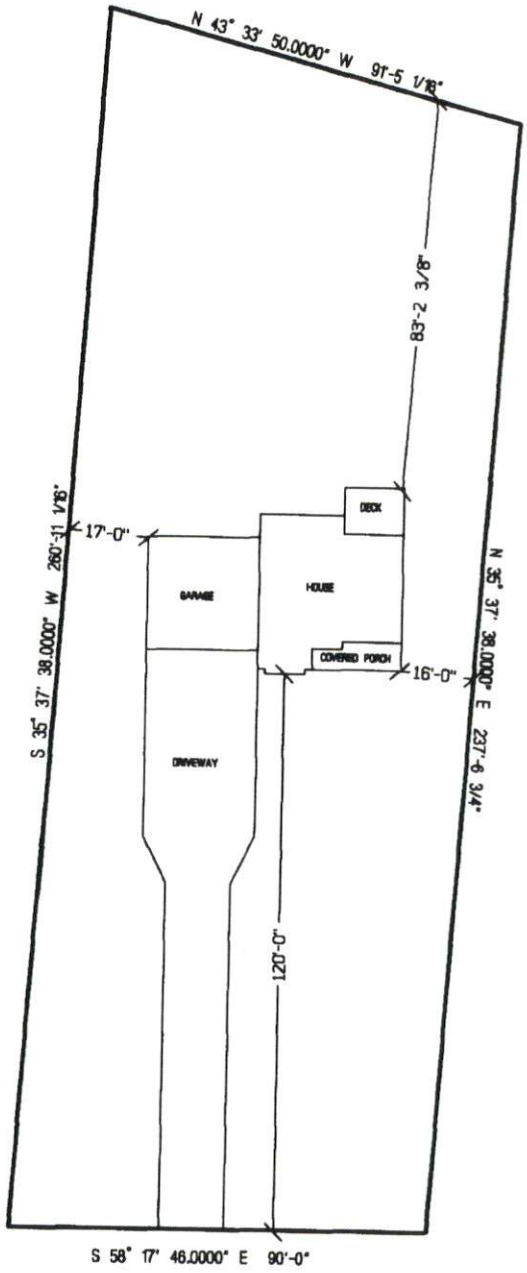
PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946): _____
Site Classification (.1948):
Evaluated By:
Others Present:

Permit Copy

SITE PLAN APPROVAL
DISTRICT RA302 USE SFD
ROOMS 3
11/15/22



APPLETON WAY

HOMECO
THE CAPE
LOT #59 LAUREL VALLEY
SCALE: 1"=40'

OWNER NAME: Howe Co 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)

DEVELOPMENT INFORMATION

- ☑ New single family residence
- ☐ Expansion of existing system
- ☐ Repair to malfunctioning sewage disposal system
- ☐ Non-residential type of structure

WATER SUPPLY

- ☐ New well
- ☐ Existing well
- ☐ Community well
- ☑ Public water
- ☐ Spring

Are there any existing wells, springs, or existing waterlines on this property? {__} yes {✓} no {__} unknown

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
{__} Alternative	{__} Other
{✓} Conventional	{__} Any

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	Does The Site Contain Any Existing Wastewater Systems?
{__}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?

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.

_____ 11/9/06

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) **DATE**