Initial Application Date: 211609	Application # 09500 21 000
COUNTY OF HARNETT RESIDENTIAL LA Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-	7525 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: Rundull Mc Neill Mailing Address	139 C. P. STEWART AD
City: 11/1015 for State: 10C Zip: 27566 Home #: 910	891-4485 Contact #: 910 890 - 3918
APPLICANT: Kunnett Cumungs Mailing Address	
City: 1 / / / / Home #: 5/2 *Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE: CFB (0 Cors 7.	Phone #: 9/0 984-6765
PROPERTY LOCATION: Subdivision: Privat	Lot #: 9.47 Lot Size: 9.47
State Road #: 135 State Road Name: CPS Tewart	
Parcel: 1/3-0 620 0002 - 02 PIN: 0620	
Zoning: A35 Flood Zone: X Watershed: A Deed Book&Page	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: # WY	old 421 North T.L.
CP STEWART RD LOT Let	C+
PROPOSED USE: (Include Bonus room as a bedroom if it has a closs SFD (Size 1/40 x 1/5) # Bedrooms 3 # Baths Basement (w/wo bath) 1/4	et) Circle:
☐ Mod (Size x) # Bedrooms # Baths Basement (w/wo bath)	
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms	·
□ Duplex (Sizex) No. Buildings No. Bedrooms/Unit	
☐ Home Occupation # Rooms Use	_Hours of Operation:#Employees
□ Addition/Accessory/Other (Sizex) Use	Closets in addition()yes ()no
Water Supply: (County () Well (No. dwellings) MUST have open	
Sewage Supply: (New Septic Tank (Complete New Tank Checklist) (_) Existing S	
Property owner of this tract of land own land that contains a manufactured home w/in five h	nundred feet (500°) of tract listed above?YES ()NO simes Other (specify)
Comments:	
Required Residential Property Line Setbacks:	i,
Front Minimum 35 Actual 140	
Rear <u>25</u> <u>740</u>	
Closest Side	
Sidestreet/corner lot <u>26</u> _ 9 <u>0</u>	
Nearest Building 100 on same lot	
If permits are granted I agree to conform to all ordinances and laws of the State of North C I hereby state that foregoing statements are accurate and correct to the best of my knowledge.	
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This application expires 6 months from the initial date if no permits have been issued

Signature of Owner or Owner's Agent

OWNER NAME: Rapitale M. Hell

APPLICATION #: 21000

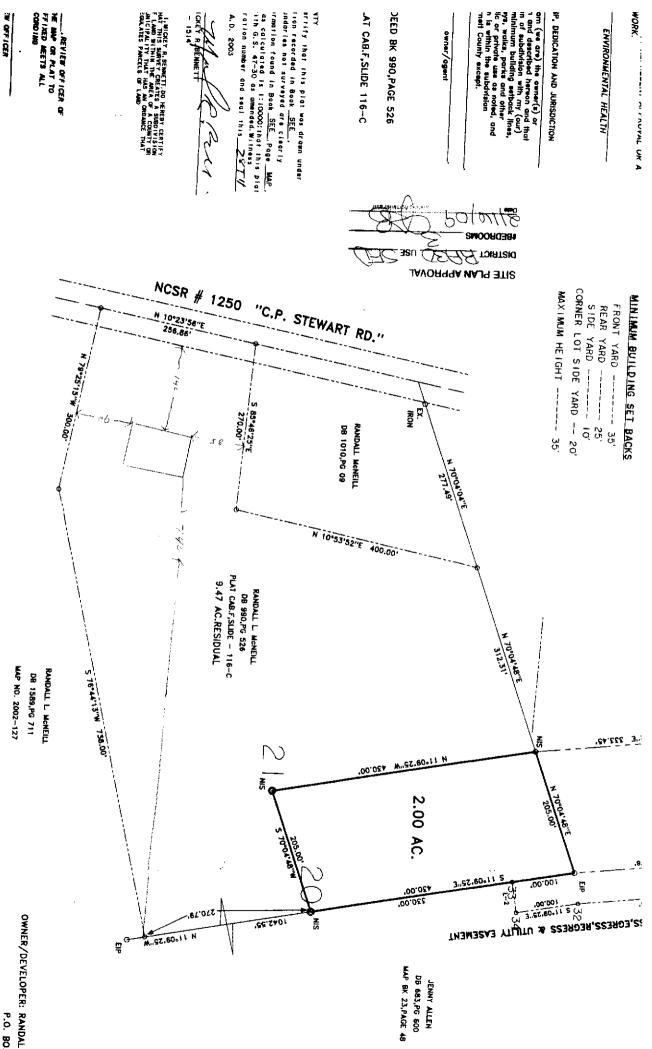
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This application to be filled out only when applying for a new septic system.

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)

60 months or without expire expiration)	ration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without
DEVELOPMENT INFO	RMATION
New single family resi	dence
☐ Expansion of existing	system
 Repair to malfunctioni 	ng sewage disposal system
□ Non-residential type o	f structure
WATER SUPPLY	
□ New well	
 Existing well 	
☐ Community well	
Public water	
□ Spring	
Are there any existing well	s, springs, or existing waterlines on this property?
{_} yes {no {_}}	unknown
SEPTIC If applying for authorization	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{}} Innovative
{}} Alternative	{}} Other
{ Conventional	{}} Any
	he local health department upon submittal of this application if any of the following apply to the property in 'yes", applicant must attach supporting documentation.
{_}}YES {NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {_4/NO	Does the site contain any existing Wastewater Systems?
{_}}YES {_ _ JNO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	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	on 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 Sol	lely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
Randall M	A Complete Site Evaluation Can Be Performed. Audi 21009 OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE



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