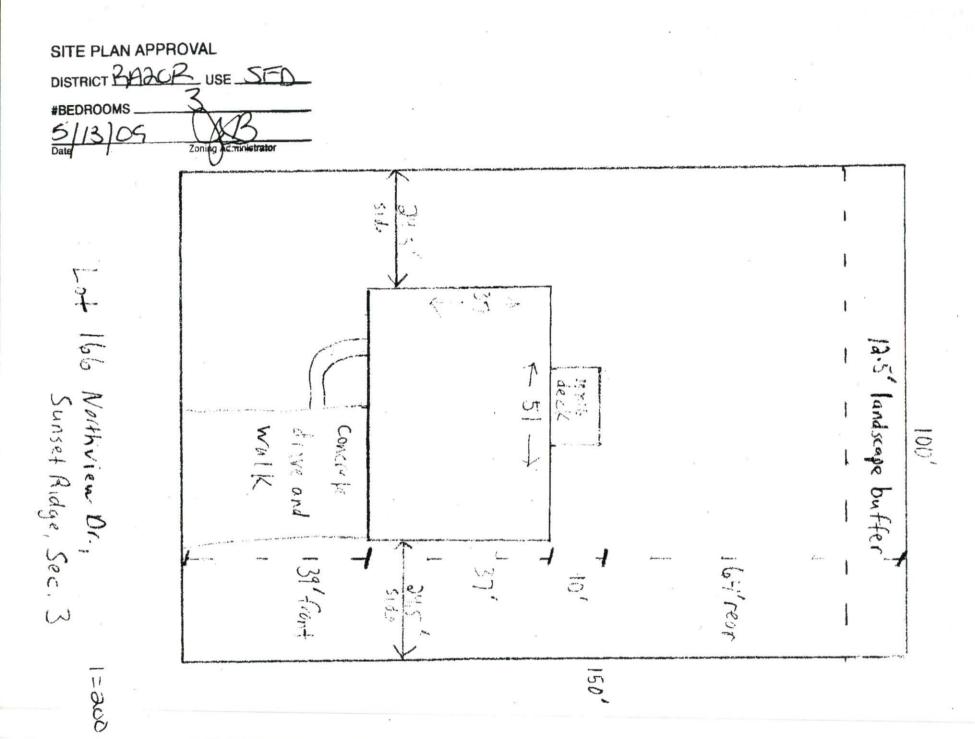
Initial Application Date: 5/13/09	Application # 0950022042
	RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits
CHY Sanford State: NC zip. 273	30 Home #: 919 776 1071 Contact #: 919-170 090 2
PROPERTY LOCATION: Subdivision: Sunce + Audas State Boad #: 1141 State Boad Name: North Vi	130 Home #: 919 176 1011 Contact #: 919-110-090 2 130 Home #: 919 170-090 2 150 3 Lot #: 166 Lot Size: -35 EW DO 14 DO 2 RC Map Book& Page 2002 1509
Parcel: 03958 10900 2091 Zoning: RA 20 R Flood Zone: Watershed: N/A SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	PIN: 9586976320000 Deed Book&Page 2469, 720 Power Company: CEMC Myst to Tingen My Aight
☐ Mod (Sizex) # Bedrooms # Baths Basis☐ Manufactured Home:SWDWTW (SizexNo_Bedro	ement (w/wo bath) Garage LS Deck LS Crawl Space / Slab ement (w/wo bath) Garage Site Built Deck ON Frame / OFF
Structures (existing or proposed): Single tamily dwellings	cklist) (_) Existing Septic Fank () County Sewer ctured home w/in five hundred feet (500') of tract listed above? (_)YES (_)NO
Rear Sidestreet/corner lot Sets Side Nearest Building on same lot	
If permits are granted I agree to conform to all ordinances and laws I hereby state that foregoing statements are accurate and correct to Signature of Owner or Owner's Agent	of the State of North Carolina regulating such work and the specifications of plans submitted. the best of my knowledge. Permit subject to revocation if false information is provided. 5/14/09 Date S

"This application expires 6 months from the initial date if no permits have been issued A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
Please use Blue or Black Ink ONLY



12.5' LANDSCAPE & BUFFER ESM'T.	N 57 100,00	50.00° *45 · 48" 50.00°	100,00	
SCAPF & B	100.00	50.00°	100.00	-
UFFER ESM	100,001	50.00'	¥ 100.00'	/
7	100,00	150.00	100,001	
_	3 100.00 ·	150 00'	100.00	יינייל
	W 83	7 45 15 161	100.00	N.L.

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	Traval	1	1
OWNER NAME:	1.31 UEI	Lucus	corst.

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)

	months or without expiration)	ration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without
DE	VELOPMENT INFO	RMATION
1	New single family res	idence
<u> </u>	Expansion of existing	system
	Repair to malfunction	ing sewage disposal system
0	Non-residential type of	of structure
WA	ATER SUPPLY	•
	New well	
0	Existing well	
	Community well	
TO.	Public water	
Q	Spring	
	180	ls, springs, or existing waterlines on this property?
{_	_} yes {\(\) no {\(_\)}	unknown
SE	PTIC	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
	} Accepted	{ } Innovative
`-	} Alternative	{ } Other
	1 Conventional	{ } Any
Th	e applicant shall notify	the 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 {} 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?
10,000	50000000	
1000	√YES {_}NO	Is the site subject to approval by any other Public Agency? Are there any easements or Right of Ways on this property? 12.5' landscape buffer (ear of Does the site contain any existing water, cable, phone or underground electric lines?
{	}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.
1 1	lave Read This Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
		Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
		olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
Th	e Site Accessible So Tha	t A Complete Site Evaluation Can Be Performed.
	. (Vernel Luca 5/13/09
DI	OBERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE