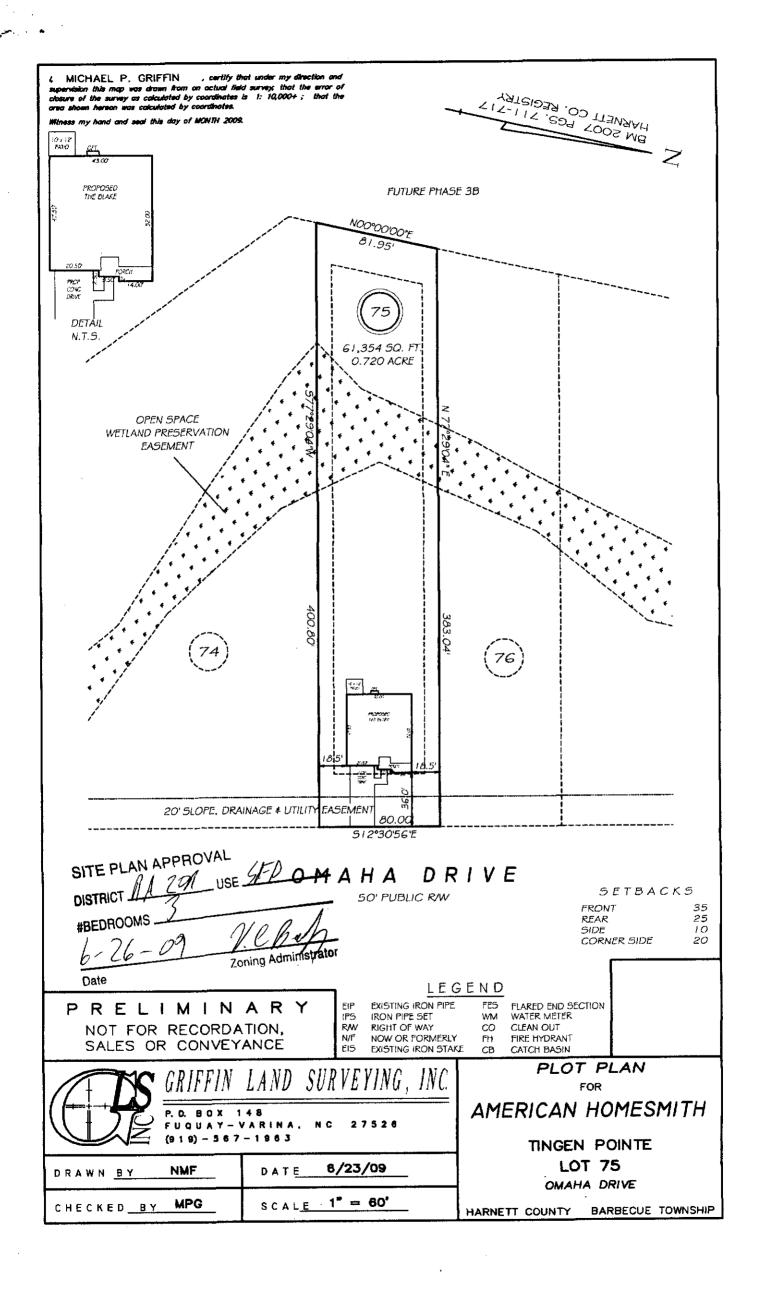
Initial Application Date: 6-26-01	Application # 0950022362
COUNTY OF HARNETT RESIDENTIAL LANG Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-75	CU# D USE APPLICATION 25 Fax: (910) 893-2793 www.hamett.org/permits
LANDOWNER: HARNETT LAND GROVE Mailing Address:  City: MAMGRS State: NCZip: 27552 Home #:	POBOX 591
City: State: VZIp: Home #:	PORDY 97365
APPLICANT: AMERICAN HOMES MITH Mailing Address:	919 (20 898)
City: Package State: NC Zip: 27624 Home #:	Contact #: 171 500 0100
*Diagon till dist grysicent interminikin il billibigini pigni gnovarno.	919 Phone #:
CONTACT NAME APPLYING IN OFFICE: TIME POINT	Lot #: 15 Lot Acreage: , 72
PROPERTY LOCATION: Subdivision w/phase or section: INGEN POINT	2 7 11
State Road #: State Road Name: 1107 2 7	
	7-34-3477.600
Zoning: PA-20 R Flood Zone: Watershed: WA Deed Book&Page:	Power Company*: UK
*New homes with Progress Energy as service provider need to supply premise number	from Progress Energy.
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 17	W. TAKE 12 MIGS.
TURN (DON OMAHADR.	·
TOPIC CONTRACTOR	
PROPOSED USE:  SFD (Size 43 x 53 # Bedrooms 2 # Baths 2 Basement (w/wo bath) (Is the bonus room finished? w/ a closet if so add in with # bedroom Mod (Size x ) # Bedrooms # Baths Basement (w/wo bath) (Is the second floor finished? Any other site built additions? )  Manufactured Home: SW DW TW (Size x ) # Bedrooms Duplex (Size x ) No. Buildings No. Bedrooms/Unit Home Occupation # Rooms Use	ms) Garage Site Built Deck ON Frame / OFF Garage (site built?) Deck (site built?)
Home Occupation # Hooms Use     Addition/Accessory/Other (Size x ) Use	Closets in addition()yes ()no
	Carolina regulating such work and the specifications of plans submitted
TUR	6/24/09 Date
Signature of Owner or Owner's Agent	and the bound board logues and the

\*\*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



NAME	: AMER.	Homesmint	APPLICATION #:
	*	This application to be filled o	ut when applying for a septic system inspection.*  r Improvement Permit and/or Authorization to Construct
IF THE	INFORMATION IN	THIS APPLICATION IS FALSIFTION TO CONSTRUCT SHALL I on submitted. (complete site plan	IED, CHANGED, OR THE SITE IS ALTERED. THEN THE IMPROVEMENT BECOME INVALID. The permit is valid for either 60 months or without expiration = 60 months; complete plat = without expiration)  CONFIRMATION #
U <u>Er</u> •	vironmental Hea Place "pink pro	hth New Septic System Coperty flags" on each corner	de 800 iron of lot. All property lines must be clearly flagged approximately corner of the proposed structure. Also flag driveways, garages, decks,
•	out buildings, s Place orange E	wimming pools, etc. Place to invironmental Health card in	location that is easily viewed from road to assist in locating property.  It health requires that you clean out the undergrowth to allow the soil
•	evaluation to be <u>Call No Cuts to</u> After preparing <b>800</b> (after selection	e performed. Inspectors sho  Inspectors sho Inspectors sho Inspectors of the second state of the second st	permitting system at 910-893-7525 option 1 to schedule and use code altiple permits exist) for Environmental Health inspection. Please note ording for proof of request.
• ⊔ <u>€</u>	Use Click2Gov nvironmental Hea	or IVR to verify results. One of IVR to verify results. One of IVR to Verify the IVR	ce approved, proceed to Central Permitting for permits.  S Code 800
•	inspection is for After preparing multiple permi	r a septic tank in a mobile ho trapdoor call the voice per ts, then use code <b>800</b> for the	ome park) mitting system at 910-893-7525 option 1 & select notification permit if Environmental Health inspection. <u>Please note confirmation number</u>
SEPT If app	<u>IC</u> llying for authorizati	on to construct please indicate de	esired system type(s): can be ranked in order of preference, must choose one.
()	Accepted	Innovative (_	_) Conventional () Any
{_}}	Alternative	{} Other	the following apply to the preparity in
The a	pplicant shall notify on. If the answer i	y the local health department up s "yes", applicant must attach s	on submittal of this application if any of the following apply to the property in apporting documentation.

The applica question. I	int shall notify f the answer is	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	Do you plan to have an <u>irrigation system</u> now or in the future?
()YES	I <b>≤</b> NO	Does or will the building contain any drains? Please explain.
()YES	NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
()YES	.—, MO M≥	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	I NO	Are there any easements or Right of Ways on this property? UTILITY
\_}YES	NO E	Does the site contain any existing water, cable, phone or underground electric lines?
1_1155		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
State Offici	ials Are Grante	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And Id Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
		at A Complete Site Evaluation Can Be Performed.
J	21	<u> </u>
PROPER	TY OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE