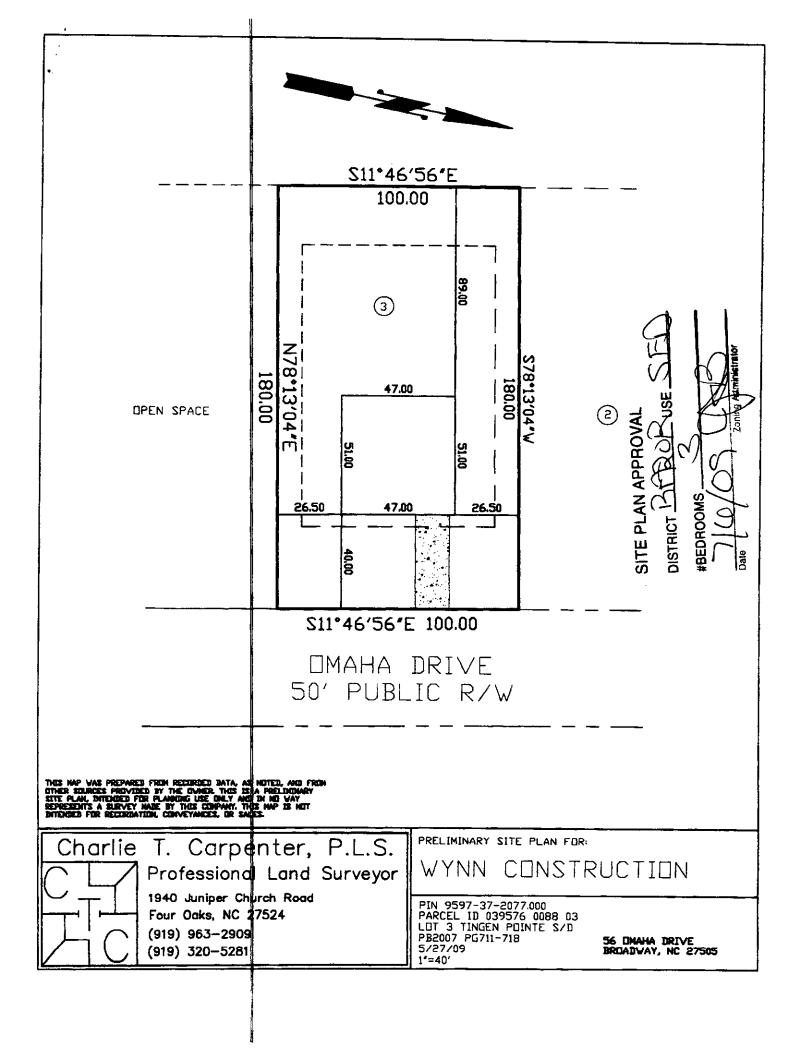
| Initial Application Date: 10009  | Application # 0950022409  |
|--|---|
|  | CU#   |
| COUNTY OF HARNETT RESIDENTIAL LAI Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7  | 7525 Fax: (910) 893-2793 www.harnett.org/permits                        |
| LANDOWNER: WYNN CONSTRUCTION Mailing Address:  | 2550 CAPITALDR SUITE 105  |
|  | Contact #: 9/94346741   |
| APPLICANT*: WYWW GONST. Mailing Address:   | 2550 CAPITAL DR SUITE 105   |
| City: Creed moor State: NCZip: 27522 Home #:   | Contact #: 9/9 434 674(   |
| *Please fill out applicant information if different than landowner  CONTACT NAME APPLYING IN OFFICE: SAMES WIDDS   | Phone #: 919 434-6741   |
| PROPERTY LOCATION: Subdivision w/phase or section: +ingw Point   | Lot #: 3 Lot Acreage: .41 AC  |
| State Road #: 127 State Road Name: Hyy 37  |   |
| Parcel: 039576 008803 PIN: 959   | Map Book&Page: <u>2007</u> , <u>711</u> –718                            |
|  |   |
| Zoning: A Deed Book&Page   |   |
| 'New homes with Progress Energy as service provider need to supply premise number $\underline{\mathscr{I}}$  | from Progress Energy.   |
| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:   | 27 WST 30 3 miles SUDIDIVI. ON lest!                                    |
|  |   |
|  |   |
|  |   |
| inat/  |   |
| PROPOSED USE: 1387   | 420 Circle:   |
| SFD (Size 50 x 47) # Bedrooms 3 # Baths 2 Basement (w/wo bath) N   |   |
| (Is the bonus room finished?   |   |
| ☐ Mod (Size x ) # Bedrooms # Baths Basement (w/wo bath)  | Garage Site Built Deck ON Frame / OFF                                   |
| (Is the second floor finished? Any other site built additions?)  |   |
| Manufactured Home:SWDWTW (Sizex) # Bedrooms  | <u> </u>  |
| Duplex (Size x ) No. Buildings No. Bedrooms/Unit   |   |
| ☐ Home Occupation # Rooms Use Use ☐ Addition/Accessory/Other (Size x ) Use   |   |
| Addition/Accessory/Other (Size x ) Use   | Closets in addition()yes ()no   |
| Water Supply: ( County ( ) Well (No. dwellings) MUST have operation  | able water before final   |
|  | ptic Tank (Complete Checklist) ()County Sewer                           |
| Property owner of this tract of land own land that contains a manufactured home w/in five h  | · · · · · · · · · · · · · · · · · · ·                                   |
| Structures (existing & proposed): Stick Built/Modular 1000 Manufactured Homes  | Other (specify)   |
|  |   |
| Front Minimum 35 Actual 40   |   |
| Rear <u>25</u> <u><b>89</b></u>  |   |
| Closest Side 76 26.5   |   |
| Sidestreet/corner lotN/A   |   |
| Nearest Building   |   |
| on same lot  If permits are granted, agree to conform to all ordinances and laws of the State of North Ca  | arolina regulating such work and the engelifications of plane submitted |
| I hereby state that foregoing statements are accurate and correct to the best of my knowled  |   |
| Color of the state |   |
|  | 1-6-09  |
| Signature of Owner or Owner's Agent  | Date  |

\*\*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



| APPLICATION #: | 22409 |
|----------------|-------|
|                |       |

\*This application to be filled out when applying for a septic system inspection.\*

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)

910-893-7525 option 1 CONFIRMATION #

Environmental Health New Septic System Code 800

- Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded. Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

| CERTIC                             |  |  |
|------------------------------------|--|--|
| SEPTIC If applying for authorizati | ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  |  |
| () Accepted                        | [_] Innovative { Conventional [_] Any  |  |
| {}} Alternative                    | [] Other   |  |
|                                    | the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant must attach supporting documentation. |  |
| _ YES  _ NO                        | Does the site contain any Jurisdictional Wetlands?   |  |
| _ YES  _NO                         | Do you plan to have an irrigation system now or in the future?   |  |
| 1_YES  _  NO                       | O Does or will the building contain any drains? Please explain. Positive For Crawl Sace  |  |
| I_IYES I_INO                       | Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  |  |
| _ 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?  |  |
| I_YES I_INO                        | 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 Applicat          | ion 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 Se          | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making  |  |
| The Site Accessible So Tha         | t A Complete Site Evaluation Can Be Performed.   |  |
| In                                 | 7-6-09   |  |
| PROPERTY ØWNERS                    | OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE   |  |