| Initial Application Date: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   |  |  |  |
|---|--|--|--|
| COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits  |  |  |  |
| LANDOWNER: David Taylor Mailing Address: 465 Lawronce Rd.   |  |  |  |
| City: Broadway State: N.C. Zip: 27505 Home #: Contact #:  |  |  |  |
| APPLICANT: Steve Thomas Mailing Address: P.O. Box 875   |  |  |  |
| City: Broadway State: N.C. Zip: 37505 Home #: Contact #: 9(9-906-4069   |  |  |  |
| CONTACT NAME APPLYING IN OFFICE: Barry Watkins Phone #: 919-883-6806  |  |  |  |
| PROPERTY LOCATION: Subdivision w/phase or section: C:NNAMON Hill Lot #: 9 Lot Acreage 170   |  |  |  |
| State Road #: 1272 State Road Name: Laurence Map Book&Page: 2008, 186   |  |  |  |
| Parcel: 13 9691 0128 12 PIN: 9691-48-8508,000   |  |  |  |
| Zoning: 1430 Flood Zone: Watershed: WA Deed Book&Page: 1232 342 Power Company*: UK  |  |  |  |
| *New homes with Progress Energy as service provider need to supply premise numberfrom Progress Energy.  |  |  |  |
| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 411 foward Sanford - Rt. on  |  |  |  |
| Holly Springs Rd Left on Lawrence   |  |  |  |
| 7   |  |  |  |
|   |  |  |  |
| PROPOSED USE: 1440 39'  SFD (Size 64 10 37'6) # Bedrooms 3 # Baths 2 Basement (w/wo bath) Garage Deck Crawl Space / Slab  |  |  |  |
| (Is the bonus room finished?w/ a closet if so add in with # bedrooms)  Mod (Sizex) # 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: SW DW TW (Size x ) # Bedrooms Garage (site built? ) Deck (site built? )  |  |  |  |
|   |  |  |  |
| Duplex (Sizex) No. BuildingsNo. Bedrooms/Unit   |  |  |  |
| □ Home Occupation #Rooms Use Hours of Operation: #Employees   |  |  |  |
|   |  |  |  |
| □ Home Occupation # Rooms Use Hours of Operation: #Employees  |  |  |  |
| □ Home Occupation # Rooms Use Hours of Operation: #Employees Closets in addition(_)yes (_)no  Water Supply: (✓) County (_) Well (No. dwellings) MUST have operable water before final   |  |  |  |
| □ Home Occupation # Rooms Use Hours of Operation: #Employees Closets in addition(_)yes (_)no  Water Supply: (✓) County (_) Well (No. dwellings) MUST have operable water before final  Sewage Supply: (✓) New Septic Tank (Complete Checklist) (_) Existing Septic Tank (Complete Checklist) (_) County Sewer   |  |  |  |
| Home Occupation # Rooms Use Hours of Operation: #Employees Closets in addition(_)yes (_)no  Water Supply: (_V) County (_) Well (No. dwellings) MUST have operable water before final  Sewage Supply: (_V) New Septic Tank (Complete Checklist) (_) Existing Septic Tank (Complete Checklist) (_) County Sewer  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 (_V)NO   |  |  |  |
| Home Occupation # RoomsUse  |  |  |  |
| Home Occupation # RoomsUse  |  |  |  |
| Home Occupation # RoomsUse  |  |  |  |
| Home Occupation # Rooms Use Hours of Operation: #Employees Closets in addition(_)yes (_)no  Water Supply: (_) County (_) Well (No. dwellings) MUST have operable water before final  Sewage Supply: (_) New Septic Tank (Complete Checklist) (_) Existing Septic Tank (Complete Checklist) (_) County Sewer  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 (existing & proposed): Stick Built/Modular |  |  |  |
| □ Home Occupation # Rooms Use Hours of Operation: #Employees Closets in addition(_)yes (_)no  Water Supply: (_) County (_) Well (No. dwellings) MUST have operable water before final  Sewage Supply: (_) New Septic Tank (Complete Checklist) (_) Existing Septic Tank (Complete Checklist) (_) County Sewer  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 (existing & proposed): Stick Built/Modular St. Cl. Built/Modu  |  |  |  |
| Home Occupation # Rooms Use Hours of Operation: #Employees Closets in addition(_)yes (_)no  Water Supply: (_/) County (_) Well (No. dwellings) Must have operable water before final  Sewage Supply: (_/) New Septic Tank (Complete Checklist) (_) Existing Septic Tank (Complete Checklist) (_) County Sewer  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 (existing & proposed): Stick Built/Modular Stick Built/Modu |  |  |  |

\*\*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

Date

Signature of Owner of Owner's Agent

MAP NO. 2008-986

MAP REFERENCE: MAP NO. 2008-986

"ELSIE BUCHANAN LANE" 50' R/W

FROM TAPO ----- 30
FRANT TAPO ----- 30
FRANT TAPO ----- 30
FRANT TAPO ------ 10
CORNER LOT SIDE TAPO -- 20
MAXIMA REGAL --- 30

DRAWING N FIELD BOO

|   | 095002715  |  |
|---|--|--|
| NAME  | : APPLICATION #: 095002265   |  |
|   | *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 |  |  |
| DEDME   | NFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT   |  |
| dependir  | OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration   |  |
| 17  | g upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration) 910-893-7525 option 1  CONFIRMATION # 12 136  |  |
| / En  | vironmental Health New Septic System Code 800  |  |
| <i>y</i> -  | Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately   |  |
| $\land$   | 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.  |  |
| U <u>Env</u>  | ironmental 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.

| SEPTIC If applying for authorizat   | 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 applicant shall notify question. If the answer is   | y 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. |  |  |
| $\{\bot\}$ YES $\{\checkmark\}$ NO  | Does the site contain any Jurisdictional Wetlands?   |  |  |
| (_)YES {\(\frac{1}{2}\)} NO   | Do you plan to have an irrigation system now or in the future?   |  |  |
| (_)YES (_/) NO  | Does or will the building contain any drains? Please explain.  |  |  |
| I_IYES (VINO  | Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  |  |  |
| $\{\bot\}$ YES $\{\bot\}$ NO  | Is any wastewater going to be generated on the site other than domestic sewage?  |  |  |
| $ \bot $ YES $ \bot $ NO  | Is the site subject to approval by any other Public Agency?  |  |  |
| I_IYES 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.  |  |  |
| l Have Read This Applicati  | 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. |  |  |  |
| 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.  |  |  |  |
|   | Bay Watty 8-13-09  |  |  |
| 'ROPERTY OWNERS (   | OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE   |  |  |