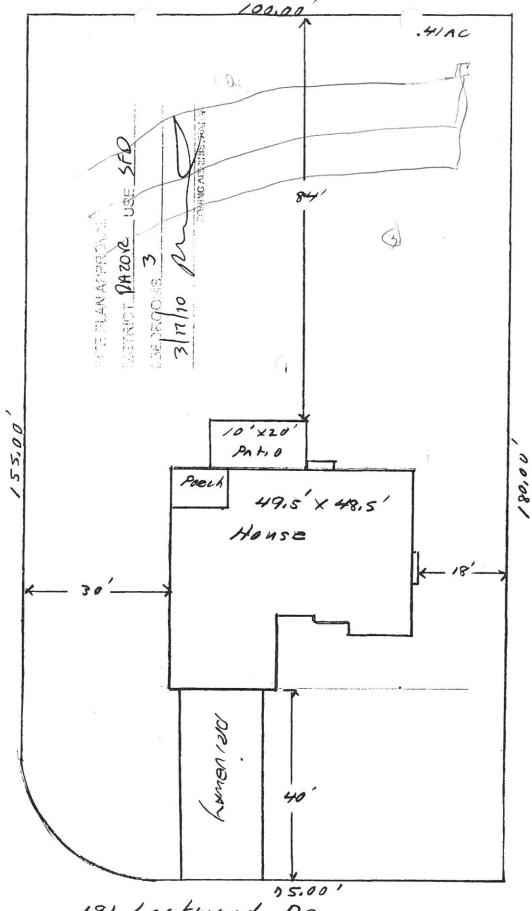


Initial Appli	cation Date: 3	12/10	,	Application # 17-500 - 239	192
Central Pen	mitting 108 E. F	COUNTY OF HA	RNETT RESIDENTIAL LANG Phone: (910) 893-75	CUMP DUSE APPLICATION 26 Fax: (910) 893-2793	
LANDOWN	ER: Wm.	ant Prais-	Mailing Address:	() () () ()	www.harnett.org/p
City: Za	ETTRVILLE	Stater Zip:	28309 Home #: 47	4-55/6 Contact it:	2535
APPLICANT	r:		Mailing Address:	Contact #:	91-0194
City: Please fill out	applicant information if	State: 7le:	Home #:	Contact #:	
CONTACT N	iame applying in	OFFICE: Wm-KE	T PARIS	Phone #: 9/ 7	201101
PROPERTY L	LOCATION: Subdi	vision w/phase or section:	Acheford		77 7799
State Road #:	Stat	e Road Name:	& Road	Ma- 8 1 1 2 2	Lot Acreage: 4/
Parcel:	995750	5 018524	_ PIN: _ 950	Map Book&Page:	
Zonang:	ZOA Flood Zone	Watershed:X	Deed Book&Page: 22	534 03 13 Pour Com	
*New homes w	ith Progress Energy	ns service provider need to supp	ply premise number	from Progress En	Britan
SPECIFIC DIRI	ECTIONS TO THE P	ROPERTY FROM LILLINGTON	so san tali New tar o	Luna anto	ergy.
Person	1 - +	unn /BH	Into As		- June
righ	1 out	D Jack in	and Du-	-lot on	13/
O Mod (Size(le the s	uonus room Itnished?	oma 3 # Baths 2 1 Base VS W a closet 1 0 If eo oma # Baths Baser Any other site built addi DW TW (Size x uildings Ns. Bedroon	add in with # bedrooms) nent (w/wo bath) Garations?)) # Bedrooms Garations	rage Site Built Deck	Circles Craff Spa Slab, ON Frame / OFF (site built?)
4 Home Occup:	allon # Rooms	Use	Hours of (Demilos	
Addition/Acce	escry/Other (Size	_!) Uso			ion(_)yes (_)no
Property owner of th Structures (existing & Required Residents	New Septie Tank in tract of land own to be proposed): Stick &	Complete Checkist) Indithat contains a manufactured Ill/Modular para Manufactured Commenter	MUST have operable water b () Existing Septle Tank (Cl I home win five hundred feet (factured Homes		County Sewer
		84			
		4.0			
Sidestreet/corner lot		30			
Nearest Building on same lot		10			
I hereby state that force	agree le conform to a	I ordinances and laws of the Sta	te of North Carolina regulating	such work and the specifications (of plans submitted.
		curate and correct to the best of	if my knowledge. Permit subje	such work and the specifications of the second to revocation if false information	is provided.
1/2	& Sin	-	3/	22/10	
Rinnelsson ad Passacs on t	*********				

3/17/10 rec'd 3/18/10 S 1= 20



181 Lockwood Dr. Lot # 125 Asheford S/D Wm. Kent PLECE, Inc.



NAME: Wm. Kout Places In.

APPLICATION #:	10-500-23997
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27	100 / 100	20 7 14.	APPLICATION #: 10-500-23997				
	*This application to	o be filled out when apply	ring for a sentic system inspection \$				
County He	alth Department Appl	ication for Improven	tent Permit and/or Authorization to Constant				
HE INFORMA	TION IN THIS APPLICATION	N IS FALSIFIED, CHANGE	D. OR THE SITE IS ALTERED. THEN THE IMPROVEMENT				
nding upon doc	umentation submitted (Comp	LT SHALL BECOME INVA	LID. The permit is valid for either 60 months or without expiration				
910-893	-7525 option 1		without expiration)				
Environmen	ital Health New Septic S	Vstem Code 800	CONFIRMATION #				
 All prop 	erty irons must be mad	e visible. Place "nink	Droperty flage" on and				
lines mu	st be clearly flagged appro	oximately every 50 feet t	property riags on each comer iron of lot. All propert				
Place on	ngs, swimming pools, etc	. Place flags per site pla	an developed attfor Central Permitting				
if propert	v is thickly wooded Environmental Healt	h card in location that is	easily viewed from road to assist in locating property				
evaluation	to be performed. Insper	tors should be able to	s that you clean out the undergrowth to allow the soil				
All lots to	be addressed within 4	A hundress de la la	and freely around site. Do not grade property.				
for failur	to uncover outlet lid. n	nark house comers and	d property lines of a constant fee may be incurred				
After prep	aring proposed site call the	ne voice permitting syste	m at 910-893-7525 option 1 to separate and the separate a				
confirmation number of the series of the ser							
Use Click	Gov or IVR to verify recui	recording for proof of re	equest.				
L OHOM, SIDE	IVM INSTRUCTIONS for nisolas	o flower mand and	4 P				
riopare lu	T III BOOCTION OV MAMOVINA	and aller author and a	• • • • • • • • • • • • • • • • • • • •				
possible) a	nd then close back down.	(Unless inspection is for	a septic tank in a mobile home park)				
multiple pe	rmits then use code see	oice permitting system a	it 910-893-7525 option 1 & select notification permit if				
at end of re	cording for proof of reque	at at	" "Spection. Please note confirmation number given				
Use Click20	Gov or IVR to hear results	. Once approved, proces	ad to Central Romitting for				
r			to calliar Parmitting for remaining permits.				
ing for authori:	ration to construct please indi-	rate decimal automatical to					
ccepted	/ Impovetive	cate desired system type(s):	can be ranked in order of preference, must choose one.				
		(Conventional	(_) Any				
If the answer	if "vee" applicant MILET	nt upon submittal of this a	pplication if any of the following apply to the property in				
/	-) ! whitems tale 21 /	ATTACH SUPPORTING	DOCUMENTATION:				
	Does the site contain any	Jurisdictional Wetlands?					
	Do you plan to have an injection system now or in the future?						
	Does or will the building contain any drains? Please explain.						
	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?						
	is any wastewater going to be generated on the site other than domestic sewage?						
	Is the site subject to approval by any other Public Agency?						
	Are there any easements or Right of Ways on this property?						
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 ti	he lines. This is a fore				
This Applicati	on And Certify That The Info	rmation Provided Herein Is	True Complete And Comment And to the				
	County He. HE INFORMA MIT OR AUTI- Inding upon doo 910-893 Environmer All prop lines mus Place "or out buildi Place ora if propert evaluation All lots to for fallum After prep 800 (after confirmati Use Clicka nvironments Follow abo Prepare fo possible) a After uncoun multiple pe at end of re Use Clicka cocepted Iternative licant shall not if the answer icant shall not	*This application to County Health Department Appl He INFORMATION IN THIS APPLICATION MIT OR AUTHORIZATION TO CONSTRUCTION upon documentation submitted. (Comp 910-893-7525 option 1 Servironmental Health New Septic Sealth property Irons must be madines must be clearly flagged appropriate out buildings, swimming pools, etc. Place "orange house corner flags" out buildings, swimming pools, etc. Place orange Environmental Health if property is thickly wooded, Environmental Health of the property is thickly wooded, Environmental Inspectable of the property is thickly wooded, Environmental Health in the property is thickly wooded, Environmental Inspectable of the property is the selecting notification per confirmation number given at end of Use Click2Gov or IVR to verify resuntylonmental Health Existing Tank if Follow above instructions for placing possible) and then close back down. After uncovering outlet end call the vinultiple permits, then use code 800 at end of recording for proof of reque Use Click2Gov or IVR to hear results. If the answer is "yes", applicant MUST is the answer is "yes", applicant MUST. If the answer is "yes", applicant MUST is the site contain any elementary in the subject to approve the site contain any elementary is the site contain any elementary in the site contain any elementar	*This application to be filled out when apply County Health Department Application for Improvem HE INFORMATION IN THIS APPLICATION IS PALSIFIED, CHANGE! MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVA. Inding upon documentation submitted. (Complete site plan = 60 months; Co 910-893-7525 option ! Environmental Health New Septic System Code 800 All property irons must be made visible. Place "pink lines must be clearly flagged approximately every 50 feet it." Place "orange house corner flags" at each corner of the prout buildings, swimming pools, etc. Place flags per site plan Place orange Environmental Health card in location that is if property is thickly wooded, Environmental Health require evaluation to be performed. Inspectors should be able to we had lots to be addressed within 10 business days after of for failure to uncover outlet lid. mark house corners and After preparing proposed site call the voice permitting system and the property is thickly wooded. The property is the confirmation number given at end of recording for proof of recording number given at end of recording for proof of provionmental Health Existing Tank Inspections. Code 800 Follow above instructions for placing flags and card on prope Prepare for inspection by removing soil over outlet end of possible) and then close back down. (Unless inspection is for After uncovering outlet end call the voice permitting system at end of recording for proof of request. Use Click2Gov or IVR to hear results. Once approved, proceeding for authorization to construct please indicate desired system type(s): at end of recording for proof of request. Use Click2Gov or IVR to hear results. Once approved, proceeding for authorization to construct please indicate desired system type(s): at end of recording for proof of request. If the answer is "yes", applicant MUST ATTACH SUPPORTING in the answer is "yes", applicant MUST ATTACH SUPPORTING in the same is "yes", applicant MUST ATTACH Supporting Please No Proceeding for proof of the proof of the proof of				

I Have Read This Application 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 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)