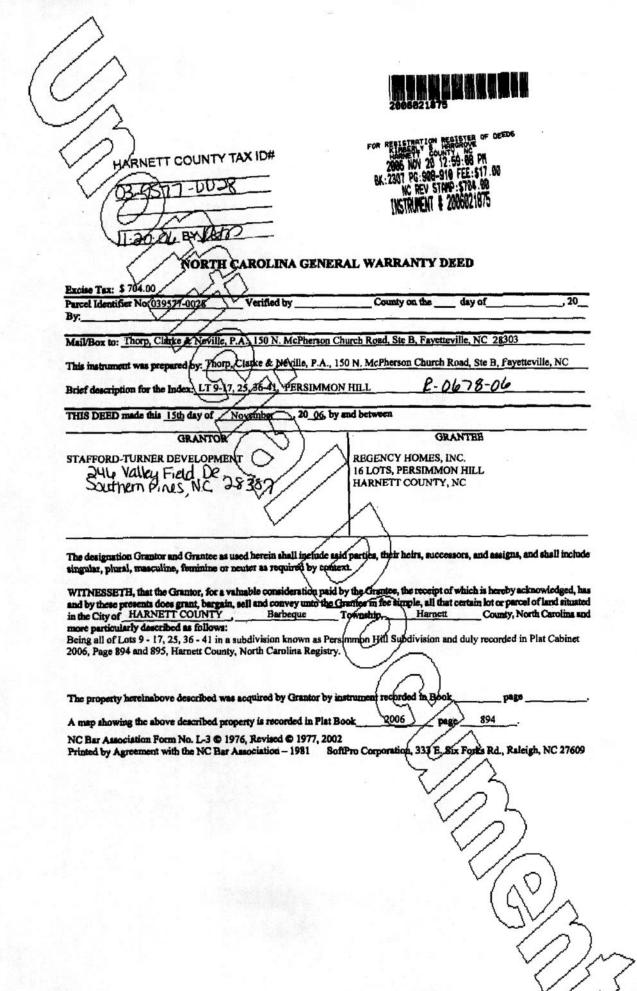
	Initial Application Date:	4/29/11		9CANNED 4/29/11	Application #	11-500-269	566
	Central Permitting	108 E. Front Street, Lilling	UNTY OF HARNE	TT RESIDENTIAL L. Phone: (910) 893	AND USE APPLICA	011	
8	City: FAUCHE City: FAUCHE Please fill out pplicant in	State	MES INC	Mailing Address 314Home #91 Mailing Address 314Home #91	5: 6500 0-424-0 5: 6500	Dental 455 mact #:_ Dental	www.harnett.org/permi
•.a	PROPERTY LOCATION State Road #: SR 12 Parcel: D395 Zoning: RA-20R	N: Subdivision: PG 10 State Road Name: 77 0028 Flood Zone: NO W	Hoover 25	PIN: 95	Lot #:_	25_Lot A Map Book&Pag	124-0455 creage: 1.52 ge: 2006/1022 000 mpany: Proyerss Frey 4
1	OF ECITIO DIRECTION	orth from F on Honre	Spring 1 7 And 27 Road	Jake Abor	ut 10mi	les to H over Ra umately	TG YOU
1	Manufactured Hom		Baths Base Baths ABASE Baths Base TW (Size x	droom if it has a closement (w/wo bath) ement (w/wo bath)) # Bedrooms	Garage Garage		
	Home Occupation	# Rooms	Use		_Hours of Operatio	n:#	Employees
S F	Sewage Supply: (太) No Property owner of this tra	nergy as service provider inty () Well (No. of the service) Well (No. of the service) Tank (Complete act of land own land that composed): Single family dw	dwellings) New Tank Check entains a manufactu	MUST have oper dist) () Existing ared home w/in five h	able water before fi ng Septic Tank nundred feet (500') (nal () County So of tract listed above	ewer a? (_)YES (X)NO
		operty Line Setbacks:	Commen	Manufactured Ho	mes	Other (specify)	Character and a series of
	rent Minimum_3			is:	** **		2-12-
6.07R	tear 2	5 96.0		1	(C)(Q)(O)	. 7	10.00 K
r n = 0	losest Side	35.90					
S	idestreet/corner lot2	0 0	7				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	earest Building	0 Ø					
11 1	permits are granted I ag	ree to conform to all ordinary	ances and laws of t	he State of North Ca	ge. Permit subject	to revocation if fals	pecifications of plans submitte se information is provided.
01	anature of C				_4/2	7/11_	Carr Gray
31	gnature of Owner or O		aynires & month-		Date	•	THE THE PERSON OF THE PERSON O
1.0	A RECORDED SURV	EY MAP, RECORDED DEED	(OR OFFER TO PU	from the Initial date RCHASE) AND PLAT A e Blue or Black Ink	ARE REQUIRED WHE	e been issued** EN APPLYING FOR	LAND USE APPLICATION

35 96-07

35 | 35 96-07 355 96.07



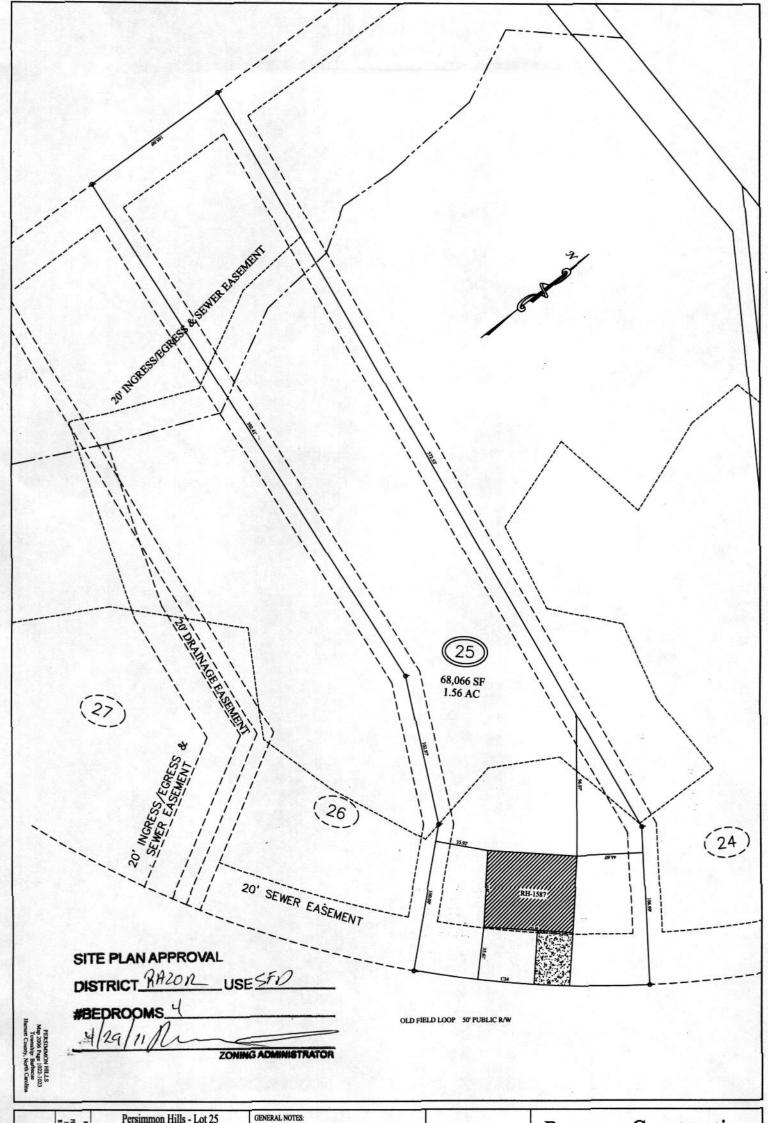
NAME: 1st 25 Persimmon Hill

APPLICATION #:_	11-500-	26566
THE A MACCIALITY III		

Coun	ty Health I	Department Applic	ation for Improvemen	for a septic system inspection.* t Permit and/or Authorization to Construct			
PERMIT O	R AUTHORIZ	IN THIS APPLICATION I	IS FALSIFIED, CHANGED, O	OR THE SITE IS ALTERED, THEN THE IMPROVEMENT The permit is valid for either 60 months or without expiration			
depending t	ipon document	ation submitted. (complete	e site plan = 60 months; comple	te plat = without expiration)			
V 9	10-893-7525	option 1		CONFIRMATION #			
Envir	onmental He	ealth New Septic Syste	om Code 800				
6	very 50 teet	between corners.		property lines must be clearly flagged approximately			
0	agnibliud 14	swimming pools, etc.	Place flags per site plan	oosed structure. Also flag driveways, garages, decks, developed at/for Central Permitting.			
• P	ace orange	Environmental Health	card in location that is ea	asily viewed from road to assist in locating property.			
6,	/aluation to	be performed. Inspec	onmental Health requires tors should be able to wal	that you clean out the undergrowth to allow the soil lk freely around site. Do not grade property .			
• <u>C</u>	all No Cuts i	to locate utility lines pr	rior to scheduling inspection	on. 800-632-4949 (This is a free service)			
• A	ter preparin	g proposed site call th	ne voice permitting system	n at 910-893-7525 option 1 to schedule and use code at) for Environmental Health inspection. Please note			
C	onfirmation	number given at end	d of recording for proof	of request.			
• U	se Click2Go	v or IVR to verify resu	ilts. Once approved, proc	eed to Central Permitting for permits.			
□ Enviro	onmental He	alth Existing Tank Ins	pections Code 800 g flags and card on prope				
• P	repare for i	nspection by removir	g nags and card on prope	rty. agram indicates. Loosen trap door cover. (Unless			
in	spection is f	or a septic tank in a m	lobile home park)				
m	ultiple perm	its, then use code 80	00 for Environmental Hea	910-893-7525 option 1 & select notification permit if alth inspection. Please note confirmation number			
g	ven at end	of recording for proc	of of request.				
• 0	se Click2Go	v or IVR to hear result	is. Once approved, proceed	ed to Central Permitting for remaining permits.			
SEPTIC							
If applying	for authorizat			can be ranked in order of preference, must choose one.			
{_}} Acc	epted	{}} Innovative	(X) Conventional	() Any			
{_}} Alte	rnative	{}} Other					
The application. I	ant shall notif f the answer i	y the local health depart is "yes", applicant must	ment upon submittal of this attach supporting documents	application if any of the following apply to the property in ation.			
(_)YES	(Y) NO	Does the site contain	any Jurisdictional Wetlands	7			
(_)YES	DN (T)	Do you plan to have an <u>irrigation system</u> now or in the future?					
{_}}YES	ON (K)						
()YES	NO	Are there any existing	g wells, springs, waterlines o	or Wastewater Systems on this property?			
{_}}YES	{★} NO	Is any wastewater goi	ing to be generated on the si	te other than domestic sewage?			
{_}}YES	DN (K)						
{_}}YES	DN (T)	Are there any easements or Right of Ways on this property?					
{_}}YES	(7) NO	Does the site contain	any existing water, cable, pl	hone or underground electric lines?			
		If yes please call No	Cuts at 800-632-4949 to loc	cate the lines. This is a free service.			
I Have Rea	This Applica	tion And Certify That Tl	he Information Provided Her	ein Is True, Complete And Correct. Authorized County And			
				To Determine Compliance With Applicable Laws And Rules.			
I Understar	d That I Am	Solely Responsible For Ti	ne Proper Identification And	Labeling Of All Property Lines And Corners And Making			
The Site Ac	cessible So Th	at A Complete Site Evalu	uation Can Be Performed.				

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5/08



DOC PERMITT EXPRES REGENCE SHE	Persi	Persimmon Hills - Lot 25		GENERAL NOTES:			Regency Construction		
PP-1	DRAWN BY:		REVISION	DATE	DESCRIPTION		regulary combination		
■ Zesos	ONO	DATE: 3-82011					6506 Dental Lane - Suite 201 - Fayetteville, NC 28314		
T BETTO	CHECKED BY:	SCALE:1/50"= 1'-0"					Ph: 910-424-0455 Fax: 910-826-9022		
278		FILE:		SA HIST YOUR			FII: 910-424-0433 Fax. 910-620-9022		