

Initial Application Date 6-16-11

Application # 11500 26 928

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 108 E Front Street Lillington NC 27546 Phone (910) 893 7525 ext 2 Fax (910) 893 2793 www.harnett.org/permits

**\*\*A RECORDED SURVEY MAP RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\***

LANDOWNER Stone Cross LLC Mailing Address 125 Whispering Pines Drive  
City Spring Lake State NC Zip 28390 Contact No 910-814-2633 Email jbmangum@andersoncreekclub.com

APPLICANT\* \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact No \_\_\_\_\_ Email \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE Hal Owen Hal Owen & Associates Phone # 910-893-8743

PROPERTY LOCATION Subdivision Stone Cross Lot # 109 Lot Size 25494sq ft  
State Road # 1120 State Road Name Overhills Map Book & Page 2011 / 347  
Parcel 010535 0100 92 PIN 0515 30-4536 000  
Zoning RA-20R Flood Zone None Watershed N/A Deed Book & Page 01435/0493 Power Company\* \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy

**PROPOSED USE**

- SFD (Size 40' x 50') # Bedrooms 3 # Baths \_\_\_\_\_ Basement(w/wo bath) \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_ Slab \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)
- Mod (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage \_\_\_\_\_ Site Built Deck \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no
- Manufactured Home \_\_\_\_\_SW \_\_\_\_\_DW \_\_\_\_\_TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_(site built? ) Deck \_\_\_\_\_(site built? )
- Duplex (Size \_\_\_\_\_ x \_\_\_\_\_) No Buildings \_\_\_\_\_ No Bedrooms Per Unit \_\_\_\_\_
- Home Occupation # Rooms \_\_\_\_\_ Use \_\_\_\_\_ Hours of Operation \_\_\_\_\_ #Employees \_\_\_\_\_
- Addition/Accessory/Other (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_ Closets in addition? ( ) yes ( ) no

Water Supply  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply  New Septic Tank (Complete Checklist) \_\_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land own land that contains a manufactured home within five hundred feet (500) of tract listed above? ( ) yes (  ) no

Does the property contain any easements whether underground or overhead ( ) yes (  ) no

Structures (existing or proposed) Single family dwellings 1 proposed Manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks		Comments
Front	Minimum <u>35</u> Actual <u>85'</u>	_____
Rear	<u>25</u> <u>28'</u>	_____
Closest Side	<u>10</u> <u>23'</u>	_____
Sidestreet/corner lot	<u>20</u>	_____
Nearest Building on same lot	<u>6</u>	_____

**SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON** From Lillington take NC 210 south toward Spring Lake Turn right on  
Overhills Road and go about 4 miles Turn right onto Stone Cross Drive Turn right onto Slate Drive

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted  
I hereby state that foregoing statements are accurate and correct to the best of my knowledge Permit subject to revocation if false information is provided

*Gal Owen*

Signature of Owner or Owner's Agent

6-15-11

Date

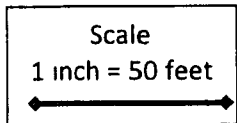
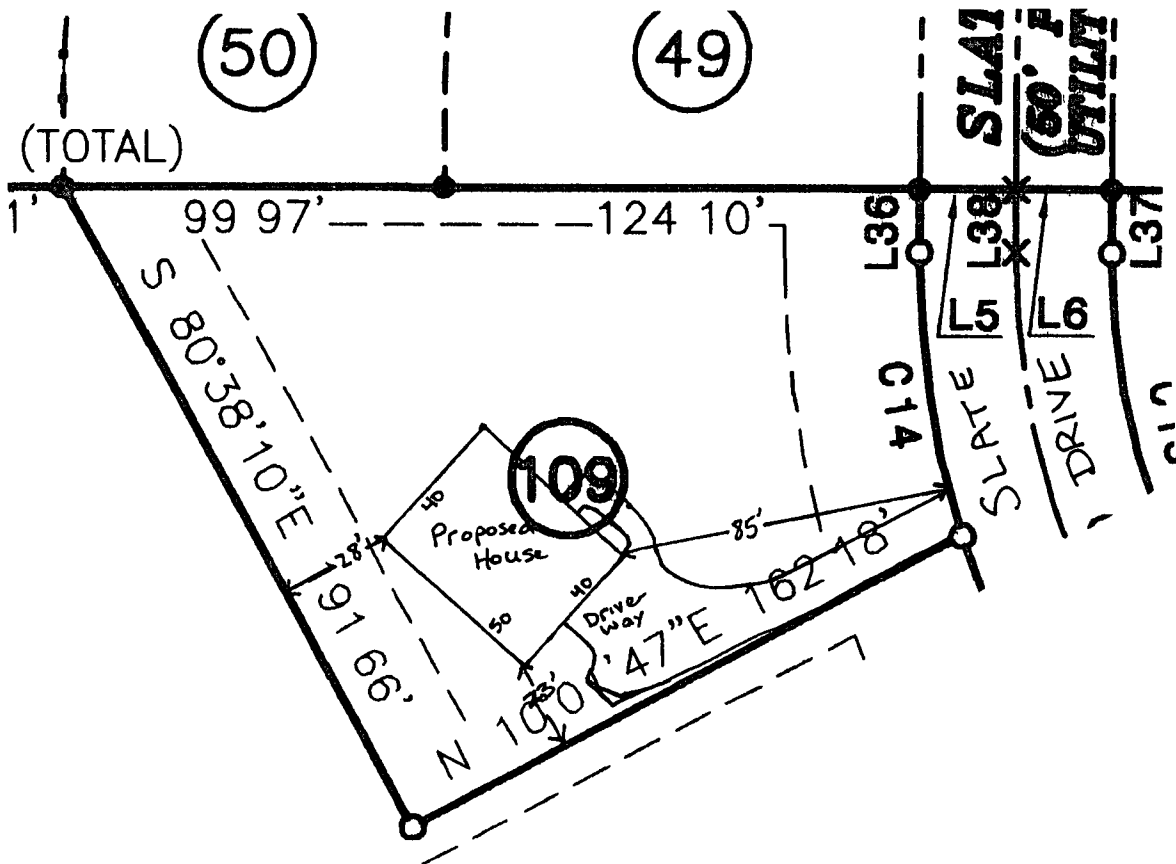
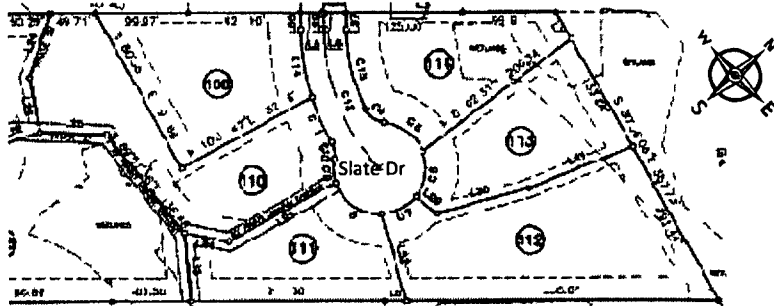
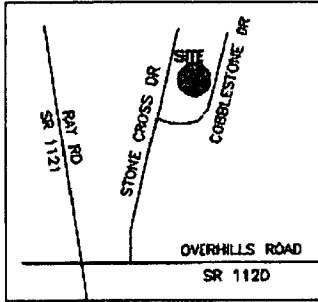
\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property including but not limited  
to boundary information house location underground or overhead easements etc The county or its employees are not responsible for any  
incorrect or missing information that is contained within these applications \*\*\*

\*\*This application expires 6 months from the initial date if permits have not been issued \*

# Site Plan

Stone Cross Subdivision, Section 2, Phase 2

Lot # 109



SITE PLAN APPROVAL  
 DISTRICT RA 204 USE SFD  
 #BEDROOMS 3  
6-16-11  
 Date V.E. [Signature]  
 Zoning Administrator



**SEPTIC SYSTEM LAYOUT DESIGN**

Subdivision Stone Cross Lot # 109  
 # Bedrooms 3 Daily Flow 360 gallons  
 House Footprint 40ft x 50ft Setbacks 25ft Rear, 10ft Left Side

**Proposed System**

**Initial System**

Pump to 25% reduction drainlines 1 X 225 ft (X3ft wide), LTAR 0.4 gal/day/sqft  
 Install on-contour at 18 inches below surface

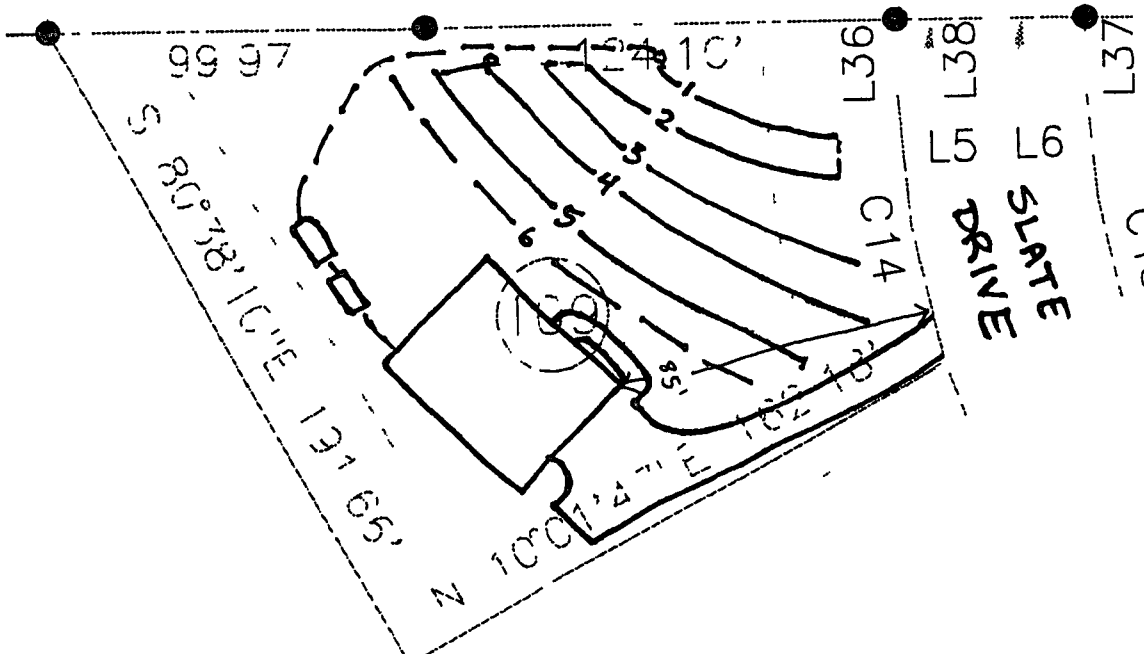
**Repair System**

Pump to 25% reduction drainlines 2 X 125 ft (X3ft wide), LTAR 0.36 gal/day/sqft  
 Install on-contour at 18 inches below surface

Lines flagged at site on 9 ft centers

Line #	Line color	Initial or Repair	Drainline Length(ft)	Measured Field Line Length(ft)	Relative Elevation(ft)
1	Y	Initial	50	53	100.1
2	B	Initial	70	70	99.47
3	W	Initial	105	105	97.87
4	R	Repair	125	125	97.04
5	Y	Repair	125	155	96.05
6	B				95.26
					EIP=100.00

Scale  
 1" = 50'



NAME \_\_\_\_\_

APPLICATION # \_\_\_\_\_

**\*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
  - **All property irons must be made visible** 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**
  - **All lots to be addressed within 10 business days after confirmation \$25 00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc once lot confirmed ready**
  - 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 outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place (Unless inspection is for a septic tank in a mobile home park)
  - **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
  - After uncovering outlet end 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 authorization 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 the local health department upon submittal of this application if any of the following apply to the property in question If the answer is 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?
- YES  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  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?
- YES  NO 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 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)

6-15-11  
DATE

