Initial Application Date	b -	16	_	[]

Application #	19	00	26	929
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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

Nearest Building on same lot

Residential Land Use Application

108 E Front Street Lillington NC 27546 Phone (910) 893 7525 ext 2 Fax (910) 893 2793

A RECORDED SURVEY MAP RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION ___ Mailing Address _____ 125 Whispering Pines Drive LANDOWNER Stone Cross LLC City Spring Lake State NC Zip 28390 Contact No 910-814 2633 Email jbmangum@andersoncreekclub com ____ Mailing Address ____ APPLICANT City _____ State __ Zip ___ Contact No ____ Email __ *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE Hall Owen & Associates Phone # 910-893-8743 Lot # 110 Lot Size 32 807 se ft PROPERTY LOCATION Subdivision Stone Cross
 State Road # 1120
 State Road Name
 Overhills
 Map Book & Page
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 Parcel
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 PIN
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 0515 30-4536 000 _____ Map Book & Page 2011 / 347 *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 (\(\frac{\sqrt}{}\)) 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) _____ Comments ____ Required Residential Property Line Setbacks Minimum_35 Front 25 Rear 10 Closest Side 20 Sidestreet/corner lot

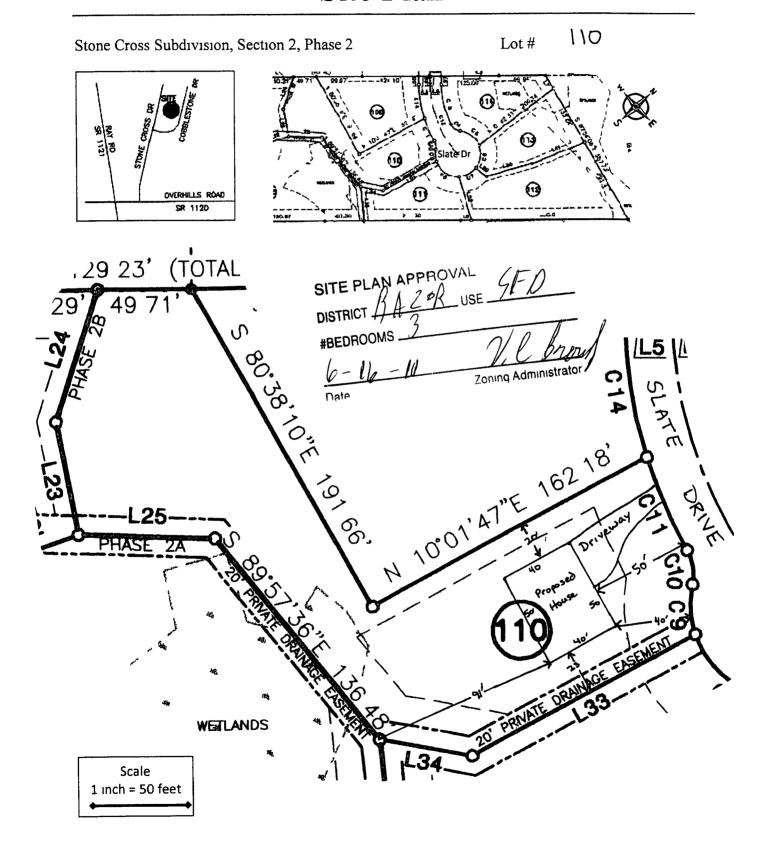
SPECIFIC DIRECTIONS TO THE PROPE	RTY FROM LILLINGTON					Turn right on
Overhills Road and go about 4 miles	Turn right onto Stone Cross Drive	Turn	right	onto	Slate	Drive
						T-1701

If permits are granted I agree to ponform to	a all ardinances and laws of the State of	North Caro	lına requiatin	a such wor	k and the sner	rifications of plans submitted
If permits are granted ragree to conform to I hereby state that foregoing statements as	re accurate and correct to the best of my	knowledge	Permit sub	ject to revo	cation if false i	nformation is provided
Hell F	Juean		6.	15-1	1	
Signatur	e of Owner or Owner s Agent			Date		

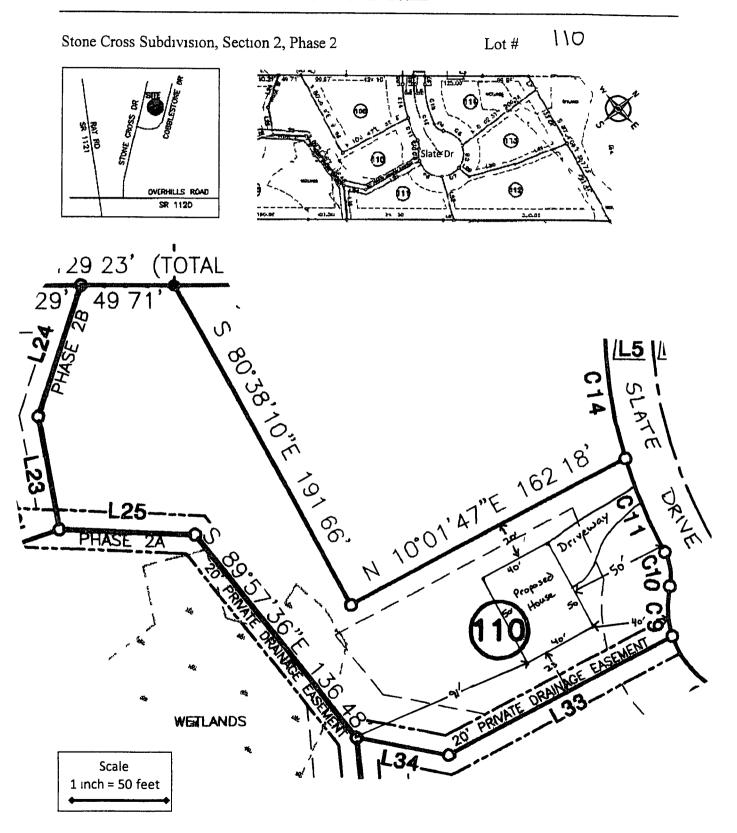
***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property including but not limited to boundary information house location underground or overhead easements etc. The county or its employees are not responsible for any incorrect or missing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

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

Site Plan



Site Plan



SEPTIC SYSTEM LAYOUT DESIGN

Subdivision_	Stone Cross		_ Lot # _	110	
# Bedrooms	3	Daily Flow _	360 gallons		
House Footpr	nt 40ft x 50ft	Setbacks			

Proposed System

Initial System

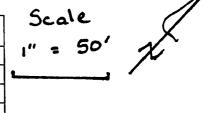
Pump to conventional drainlines 2 X 75 ft (X3ft wide), LTAR 0 8 gal/day/sqft Install on-contour at 18 inches below surface

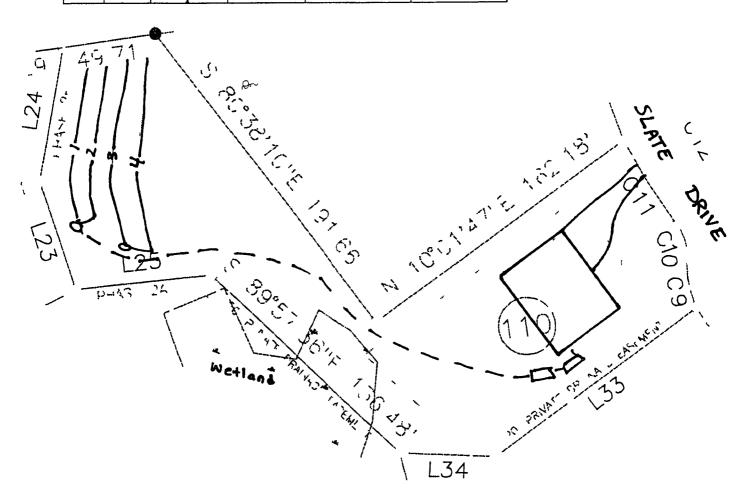
Repair System

Pump to conventional drainlines 2 X 100 ft (X3ft wide), LTAR 0 6 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	W	Initial	75	89	
2	R	Initial	75	93	
3	В	Repair	100	105	
4	Y	Repair	100	100	





Soil Science Investigations • Wetland Delineations, Permitting, and Consulting

NAME		APPLICATION #	
		*This application to be filled out when applying for a septic system inspection *	
Cou	ntv Health I	Department Application for Improvement Permit and/or Authorization to Con	<u>istruct</u>
IF THE I PERMIT depending	NFORMATION I OR AUTHORIZ g upon documents	IN THIS APPLICATION IS FALSIFIED CHANGED OR THE SITE IS ALTERED THEN THE IMPROVE LATION TO CONSTRUCT SHALL BECOME INVALID The permit is valid for either 60 months or without lation submitted (Complete site plan = 60 months Complete plat = without expiration)	EMENT
\/ _	910-893-7525	5 option 1 CONFIRMATION #	
/\•	All property	<u>fealth New Septic System</u> Code 800 <u>Irons must be made visible</u> Place "pink property flags" on each corner iron of lot A clearly flagged approximately every 50 feet between corners	li propert
(•	Place "orange out buildings.	 house corner flags" at each corner of the proposed structure Also flag driveways, garage swimming pools, etc Place flags per site plan developed at/for Central Permitting 	
(•	If property is t	Environmental Health card in location that is easily viewed from road to assist in locating p thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allo be performed. Inspectors should be able to walk freely around site. Do not grade propert	w the soi
\ •	All lots to be	e addressed within 10 business days after confirmation \$25 00 return trip fee may be uncover outlet lid, mark house corners and property lines, etc. once lot confirmed re	incurred
•	After preparing	g proposed site call the voice permitting system at 910 893 7525 option 1 to schedule and ecting notification permit if multiple permits exist) for Environmental Health inspection Plants	use code
	Use Click2Gov	number given at end of recording for proof of request over IVR to verify results. Once approved, proceed to Central Permitting for permits lealth Existing Tank Inspections.	
□ <u>Env</u>	<i>ironmental rit</i> Follow above i	instructions for placing flags and card on property	
• 1	Prepare for in	ispection by removing soil over outlet end of tank as diagram indicates and lift lid straithen put lid back in place (Unless inspection is for a septic tank in a mobile home park) E LIDS OFF OF SEPTIC TANK	ght up (ii
• i	After uncoverii f multiple peri	ng outlet end call the voice permitting system at 910-893 7525 option 1 & select notification of the transfer of the confirmation of the confirmat	on permit 1 number
2	given at end of	<u>f recording for proof of request</u> v or IVR to hear results. Once approved, proceed to Central Permitting for remaining permit	ts
SEPTIC		ion to construct please indicate desired system type(s) can be ranked in order of preference must choose	
{2} Ac	cepted	[_] Innovative {\(\begin{array}{c} \begin{array}{c} \left\) Conventional () Any	
{3_} Alt	ernative	{} Other	
The applic	cant shall notify If the answer is	y the local health department upon submittal of this application if any of the following apply to the ps "yes" applicant MUST ATTACH SUPPORTING DOCUMENTATION	roperty in
{✓, YES	{}} NO	Does the site contain any Jurisdictional Wetlands?	
{_}}YES	(<u>√</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YES	(7) NO	Does or will the building contain any drains? Please explain	
{}}YES	{ <u>√</u> } NO	Are there any existing wells springs waterlines or Wastewater Systems on this property?	
(_)YES	(A) NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{_}}YES	(<u>√</u>) 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	(<u>√</u>) 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 Rea	d This Applicati	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized Co	unty And
		d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws A	
I Understa	nd That I Am So	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And N	Aaking
The Site Ac	cessible 60 That	t A Complete Site Evaluation Can Be Performed.	1/
PROPERT	TY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	

