

Initial Application Date 6-16-11

Application # 11 500 26 930

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 jbmgum@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 # 111 Lot Size 20959 sq 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 30 x 40) # 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		
Front	Minimum <u>35</u>	Actual <u>35</u>
Rear	<u>25</u>	<u>27</u>
Closest Side	<u>10</u>	<u>10</u>
Sidestreet/corner lot	<u>20</u>	
Nearest Building on same lot	<u>6</u>	

Comments _____

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

Neil Owen
Signature of Owner or Owner's Agent

6-15-11
Date

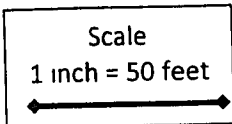
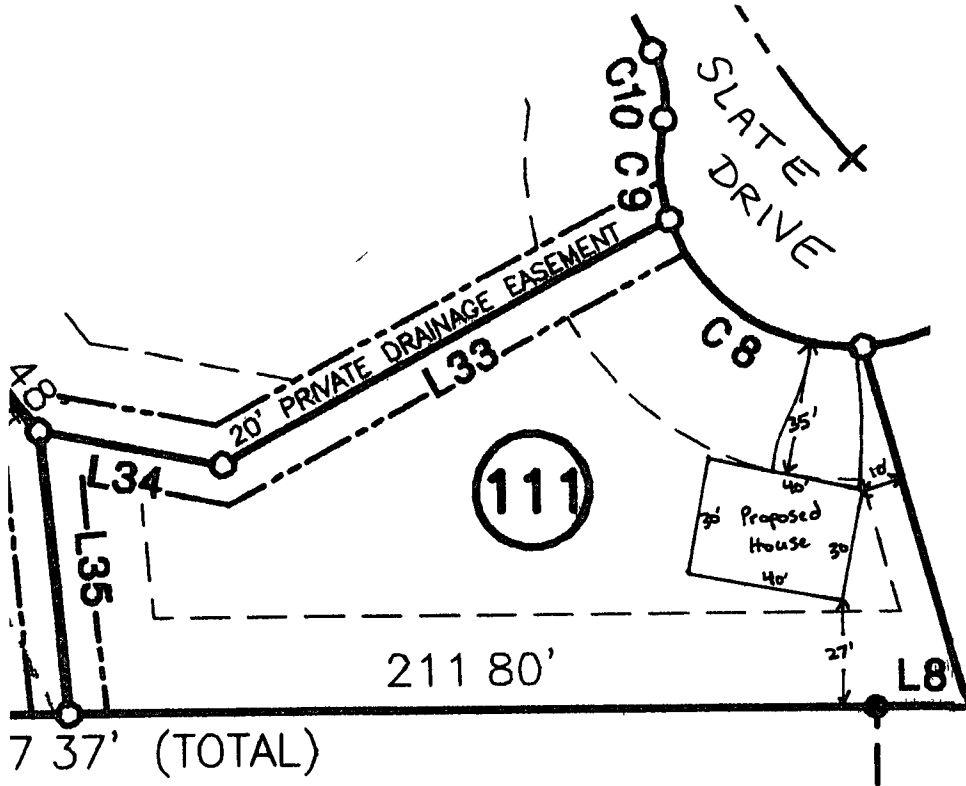
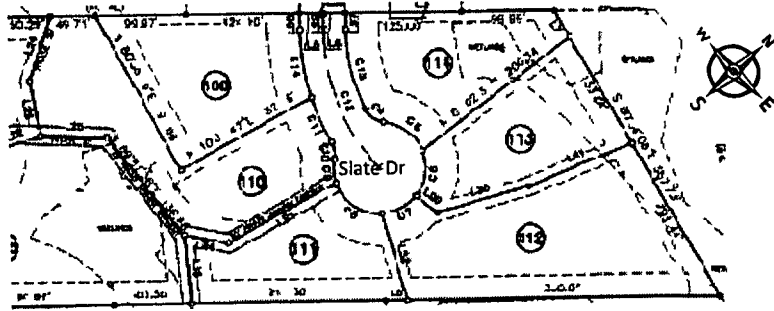
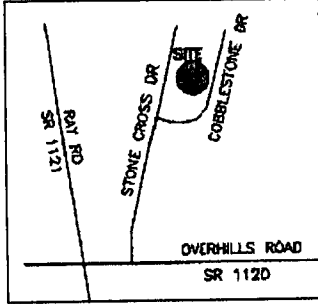
***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property including but not limited
to boundary information house location underground or overhead easements etc The county or its employees are not responsible for any
incorrect or missing 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 # 111

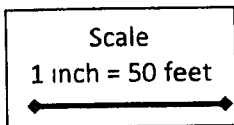
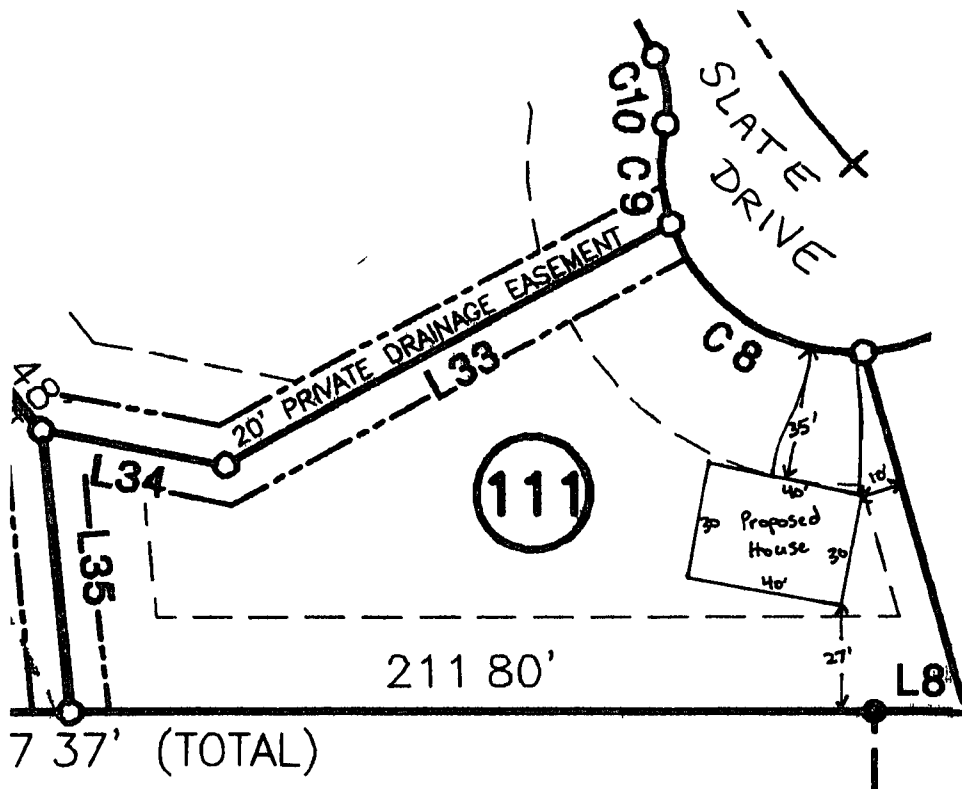
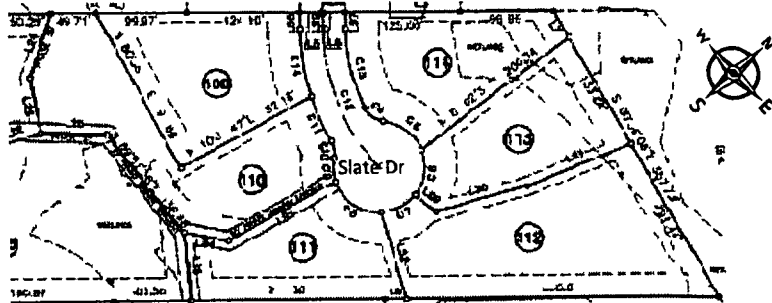
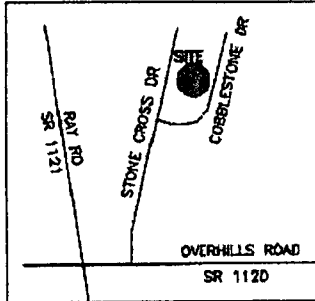


SITE PLAN APPROVAL
 DISTRICT RA 20B USE SFD
 #BEDROOMS 3
6-16-11
 Date V. E. [Signature]
 Zoning Administrator

Site Plan

Stone Cross Subdivision, Section 2, Phase 2

Lot # 111



SEPTIC SYSTEM LAYOUT DESIGN

Subdivision Stone Cross Lot # 111
 # Bedrooms 3 Daily Flow 360 gallons
 House Footprint 30ft x 40ft Setbacks 25ft Rear, 35ft Front

Proposed System

Initial System

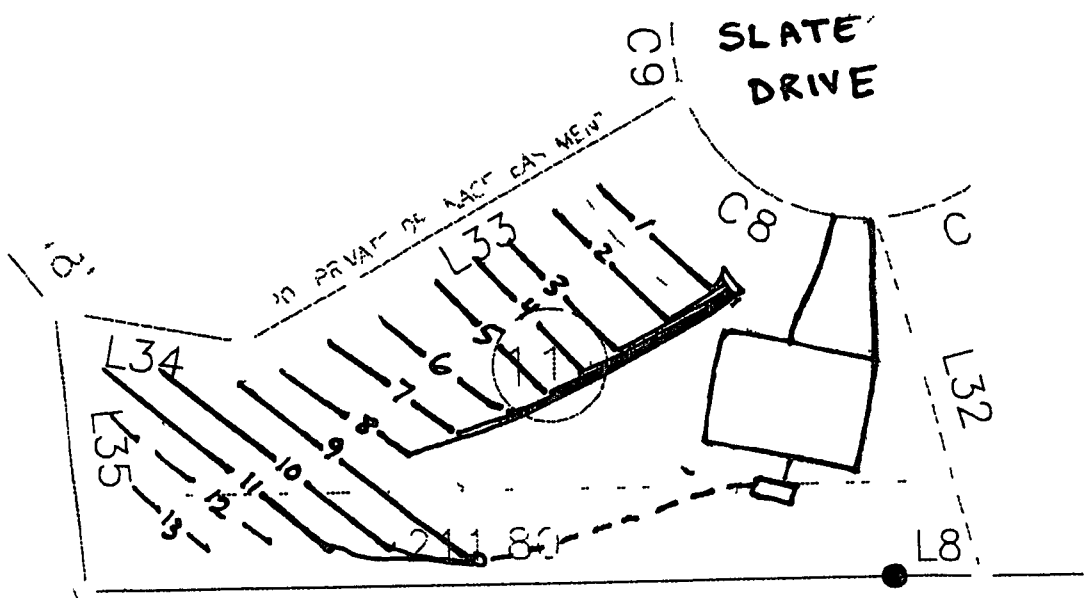
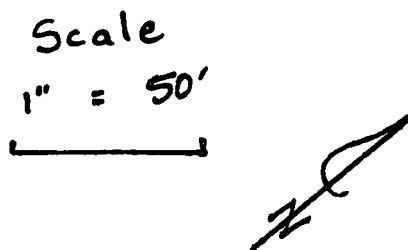
Gravity to 25% reduction drainlines 3 X 75 ft (X3ft wide), LTAR 0.4 gal/day/sqft
 Install on-contour at 18 inches below surface

Repair System

Pressure Manifold to 25% reduction drainlines 8 X 40 ft (X3ft wide), 1/2" SCH 80 taps
 LTAR 0.3 gal/day/sqft, Install on-contour at 12 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	B	Repair	40	40	100.00
2	W	Repair	40	40	99.14
3	R	Repair	40	40	98.38
4	Y	Repair	40	40	97.61
5	B	Repair	40	42	96.71
6	W	Repair	40	44	95.75
7	R	Repair	40	45	94.92
8	Y	Repair	40	60	93.76
9	B	Initial	75	75	92.88
10	W	Initial	75	76	92.04
11	R	Initial	75	79	91.21
12	Y			60	90.31
13	B			25	89.51



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

