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nitial Application	Date:	1)	0 /-

Application #	250028839
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Central Permitting

108 E. Front Street, Lillington, NC 27546

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 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" Mailing Address: 502 Mailing Address: 129 W STEELE STREET State: NC Zin 27330 Contact No: 919-708-3351 Email: Sedwards at CCHT. b. Z. CONTACT NAME APPLYING IN OFFICE: Lot #: Lot Size: 28-37 Acres PROPERTY LOCATION: Subdivision: Parkusy Map Book & Page: 1218 10819 494 State Road Name: 9576-88-2089 000 Watershed: MT Deed Book & Page 208 *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: SFD: (Size 49x 69) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (Is the bonus room finished? (Lyes (_) 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: Addition/Accessory/Other: (Size ____x___) Use:_______Closets in addition? (__) yes (__) no 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 Manufactured Homes: Structures (existing or proposed): Single family dwellings:_ Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/corner lot_ Nearest Building on same lot 03/11

Page 1 of 2

APPLICATION CONTINUES ON BACK

Residential Land Use Application

DIRECTIONS TO THE PROPERTY	the Levt B	eture Huy	of Livington	To Lett
who Asset Lone	CO ADD. 1	12 mile 1	Lot is on	the
Right	1 10			
				2.7
are granted I agree to conform to all	ordinances and laws of the S	tate of North Carolina red	ulating such work and th	e specifications of plans
state that foregoing-statements are ac	curate and correct to the bes	t of my knowledge. Perm	it subject to revocation if	false information is provi

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

NAME:	APPLICATION #: \2500 28839
	This application to be filled out when applying for a septic system inspection.
IF THE INFORMATION IN PERMIT OR AUTHORIZA	epartment Application for Improvement Permit and/or Authorization to Construct THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT TION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ion submitted. (complete site plan = 60 months; complete plat = without expiration) contion 1 CONFIRMATION #
□ Environmental Hea	Ith New Septic System Code 8 00
lines must be continued in the second in the	learly flagged approximately every 50 feet between corners. Thouse corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, wimming pools, etc. Place flags per site plan developed at / for Central Permitting. Environmental Health card in location that is easily viewed from road to assist in locating property. Inickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil as performed. Inspectors should be able to walk freely around site. Do not grade property. Inductor outlet lid, mark house corners and property lines, etc. once lot confirmed ready. Inproposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code confirmed relation. The property is results. Once approved, proceed to Central Permitting for permits. In Inspections Cod e 800 Instructions for placing flags and card on property. In proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code confirmed relations. The property is results. Once approved, proceed to Central Permitting for permits. In Inspections Cod e 800 Instructions for placing flags and card on property. In proposed site call the voice permitting system at 910-893-7525 option 1 & select notification permit if the notions back down. (Unless inspection is for a septic tank in a mobile home park) and outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if the outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if the outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if the outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if the outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if the outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit if the outlet end call t
multiple permit	ts, then u se code 800 for Environmental Health ins pection. Please note confirmation number
given at end o	of recording for proof of request. or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC If applying for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{} Innovative {} Conventional {} Any
The applicant shall notify question If the answer is	the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant must attach supporting documentation.
{}}YES\	Does the site contain any Jurisdictional Wetlands?
{_}}YES \ {} NO	Do you plan to have an <u>irrigation system</u> 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?
() VES () NO	Are there any Fasements or Right of Ways on this property?

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

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.

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

4-30-12 DATE

DATE

NO {

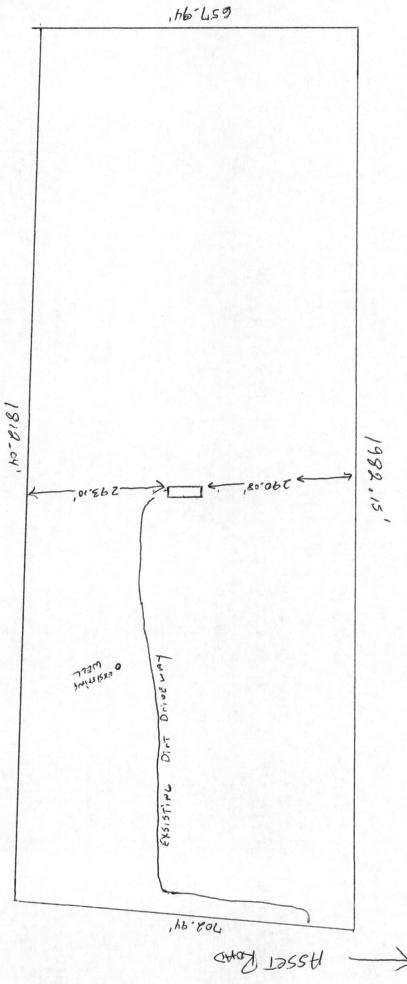
{ }YES

SITE PLAN APPROVAL

DISTRICT RAZOR USE SED

#BEDROOMS

January April 18 - 1 and 1 an



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