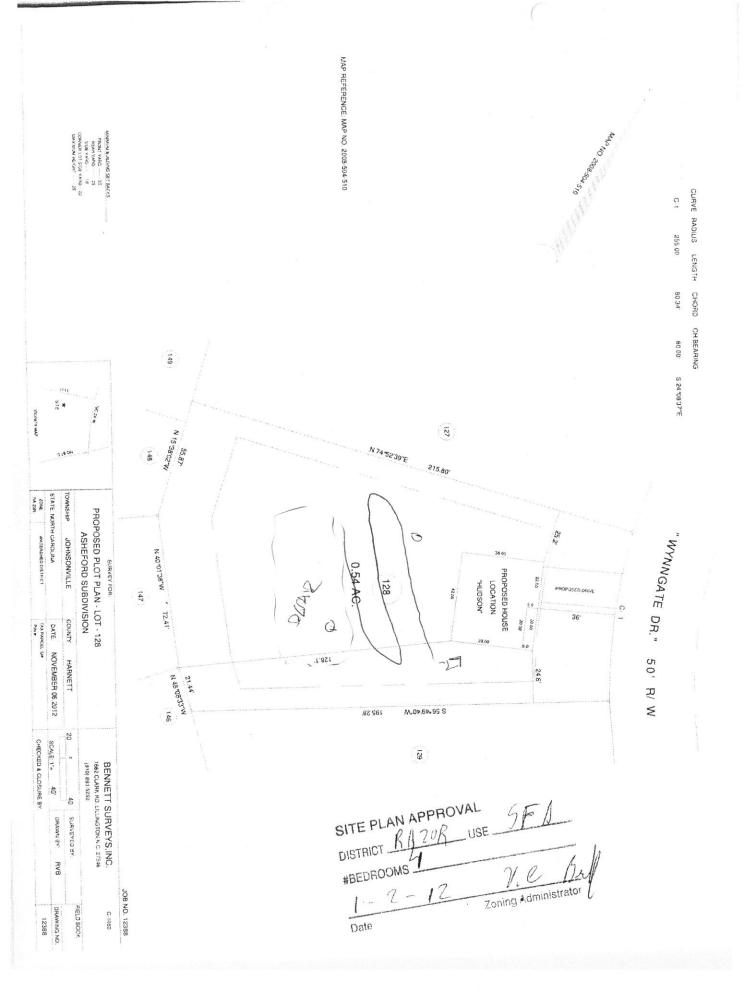
nitial Application Date: 12-20-2012	Application # 12 5 00 303 38
COUNTY OF HARNETT RESIDENTIAL LAN	125 Fax. (910) 033-2733
ANDOWNER Region & Hones + 12 Mailing Address: Lity: Loye + Cuille State: NC zip: 283 Hontact #	6415 Brookstone Lane
ity: Fayetteville State: NC Zip: 6834 Ontact#	Email:
PPLICANT*: Stanley Construction Co., LLC Mailing Address: State: NC Zip: 27529 Contact # 919-614 lease fill out applicant information if different than landowner	4-6652 Email: stannesu@nc.rr.com
y: Garner State: NC Zip: 27529 Contact # 915-01-	Cffat.
WITACT NAME APPLYING IN OFFICE: Robert Stanley-Member/Warrager	Phone # OTO OTT
Asheford	Lot #: 128 Lot Size: .34
Wynngate drive, Cameron, NC	28326 Map Book&Page: 200 \$ 1/ 304
State Road Name:	7139 Central FMC
ning Deed Book&Page: Watershed: Deed Book&Page:	Power Companys: Central Endo
ew structures with Progress Energy as service provider need to supply premise number_	nom Progress Energy.
PECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:ake HWY 87 north to hwy 24. Go west on HWY 24 two miles. Take a le	ft on MArks Road. Asheford is on the left.
ROPOSED USE: SFD (Size 5 0 x 4 2) # Bedrooms: 4 # Baths: 2-1/2 Basement (w/wo bath):	Garage: Site Built Deck: On Frame Off Frame Site built additions? () yes ()no
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: Home Occupation: # Rooms:Use:Hours of Addition/Accessory/Other: (Sizex) Use:	C)beration
later Supply: X County Existing Well New Well (# of dwellings using ewage Supply: X New Septic Tank (Complete Checklist) Existing Septic Tances owner of this tract of land, own land that contains a manufactured home within five his tructures (existing of proposed): Single family dwellings: Manufactured	well) *MUST have operable water before final at (Complete Checklist) County Sewer undred feet (500') of tract listed above? () yes ()no
required Residential Property Line Setablics.	
ont Minimum 35' Actual 34	
losest Side 5'	
idestreet/corner lot 20'	
earest Building	
on same lot f permits are granted I agree to conform to all ordinances and laws of the State of North C hereby state that foregoing statements are applicate and correct to the best of my knowle	Carolina regulating such work and the specifications of plans submi
hereby state that foregoing statements are accurate and correct to the best of my knowled	12-20-2012
Signature of Owner or Owner's Agent	Date

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

1/2/13



NAME.	Stanley Constru	uction Co., LLC		APPLICATION #:			
			ye filled out when applying fo	or a septic system inspection.*			
Com				Donnit andler Allinerizati	ion to Construct		
IF THE IN PERMIT	NFORMATION IN OR AUTHORIZA Lupon documentati	THIS APPLICATION TION TO CONSTRUCT on submitted. (Complete	IS FALSIFIED, CHANGED, OR SHALL BECOME INVALID. es site plan = 60 months; Complete	The permit is valid for either 60 mon	ths or without expiration		
	910-893-7525 c	option I	. 0-1- 200	Committee			
-	*** *** ***	alth New Septic Sy	a vicible Place Dink DIOD	erty flags" on each corner irc	on of lot. All property		
	 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. 						
	out buildings, swimming pools, etc. Place flags per site plan developed at for Schilder 1 strikes of the property.						
:							
 evaluation to be performed. Inspectors should be able to waik freely alkalish to be performed. Inspectors should be able to waik freely alkalish to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred. 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. 							
one latter selection notification permit if multiple permits exist) for Environmental							
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.							
• En	ironmental He	alth Fristing Tank	Inspections Code 800				
•				y.	d lift lid straight up (if		
•	to terrestion by removing soil over outlet end of lank as diagram indicates, and in the obtaining						
DO NOT LEAVE LIDS OFF OF SEPTIC TANK							
 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 							
 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.							
	ccepted	{} Innovative	$\{X\}$ Conventional	() Any			
	li - mating	I 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:							
{}}YE	S (X) NO	Does the site contai	n any Jurisdictional Wetlands	•			
()YE			e an irrigation system now or i				
YI		Does or will the bu	ilding contain any drains? Plea	se explain.	A CONTRACTOR OF THE PROPERTY O		
	s (X) NO	Are there any existi	ng wells, springs, waterlines o	r Wastewater Systems on this pro	operty?		
{}}YI		Is any wastewater g	going to be generated on the sit	te other than domestic sewage?			
{}}YI			approval by any other Public				
()YI	$\in S$ (X) NO	Are there any Ease	ments or Right of Ways on this	s property?	i.s.		
{}}YI	ES (X) NO	Does the site conta	in any existing water, cable, pl	none or underground electric line	S?		
		If yes please call N	No Cuts at 800-632-4949 to loc	rate the lines. This is a free service	ce.		
1 Have	Read This Applica	ction And Certify That	The Information Provided Her-	ein Is Truc, Complete And Correc	L. Authorized County And		
State O	fficials Are Grant	ed Right Of Entry To	Conduct Necessary Inspections	To Determine Compliance With A	od Corners And Making		
I Under	stand That I Am	Solely Responsible For	The Proper Identification And	Labeling Of All Property Lines Ar	nu Corners and making		
			aluation Can Be Performed.		12-20-2012		
PROP	ERTY OWNER	S OR OWNERS LE	GAL REPRESENTATIVE S	IGNATURE (REQUIRED)	DATE		