Initial Application Date: 3-1-13  Application # 135003075
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: BILLY H, + ELAME SWANEY Mailing Address:
City: Fugury VARINA State: NC Zip: 275 26 Contact No: 828-713 606 Smail:
APPLICANTS 1/1 (F5 MATTHEWS Mailing Address: 6615 RAWLS CHUR ROL
City: Fugury VARINAState: NC Zip: 27526 Contact No: 919-868-8187 Email: WESMATT FV @ 91141K, extense fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Phone #
PROPERTY LOCATION: Subdivision: COAL Cotton Lot #: 2A Lot Size: 10
State Road # State Road Name: Lotten Rd Map Book & Page: 2002, 435
Parcel: 08 0643 0010 01 PIN: 0643-47-1169,000
Zoning: 136 Flood Zone: Watershed: Deed Book & Page: 3043 / 741 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:  SFD: (Size 36 x 53) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): V Garage: V Deck: Crawl Space: Slab: Slab: Slab: (Is the bonus room finished? () yes (_V) no w/ a closet? () yes (_V) no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) 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) 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
Structures (existing or proposed). Single family dwellings.
Required Residential Property Line Setbacks: Comments:

Front Rear

Closest Side

Nearest Building on same lot

Sidestreet/corner lot\_\_\_

Actual\_\_

Residential Land Use Application

Minimum\_\_\_

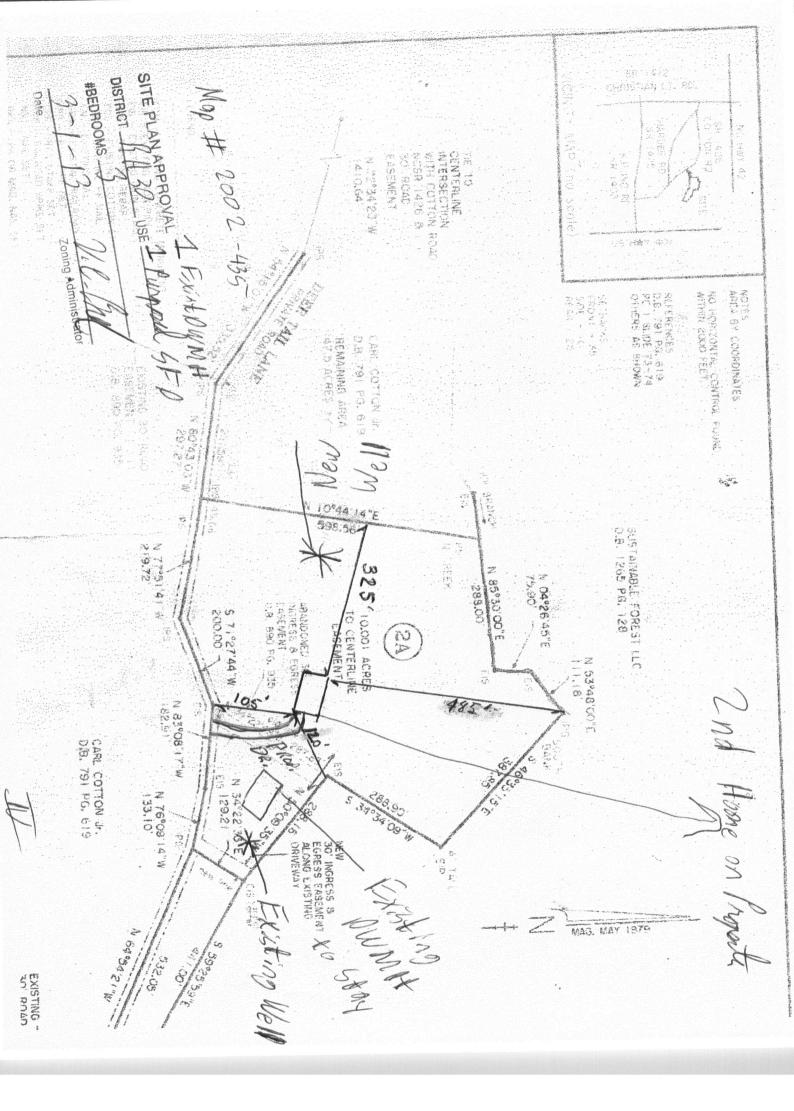
Page 1 of 2
APPLICATION CONTINUES ON BACK

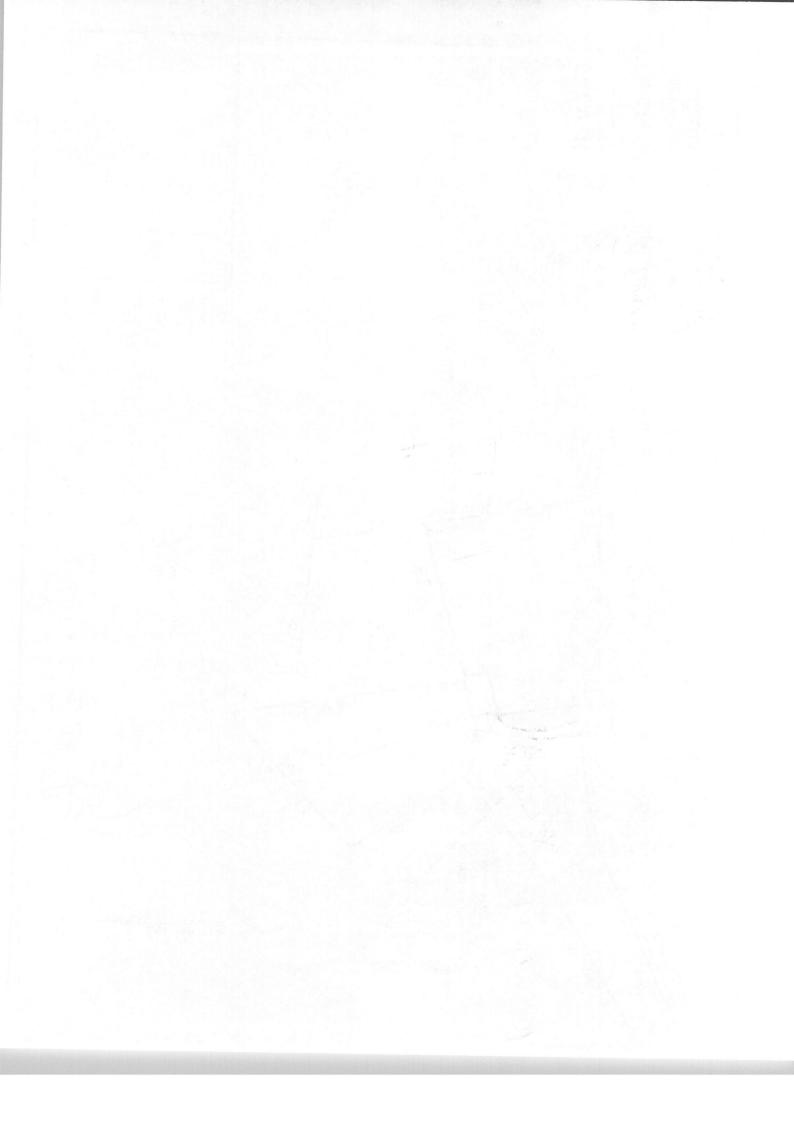
03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 40/ N	o To KIPLINE Rdo T/L DAI
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 40/ N	ARDEE ROO. TURN RIGHT
ON COTTON Rd. TURN RIGH	TON DEER TAIL , 1000
ON LEFT BEFORE DOUBLE W	
	and the country formation of the country of the cou
If permits are granted I agree to conform to all ordinances and laws of the State of North I hereby state that foregoing statements are accurate and correct to the best of my known in the state of the Signature of Owner or Owner's Agent	h Carolina regulating such work and the specifications of plans submitted.  wledge. Permit subject to revocation if false information is provided.

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

<sup>\*\*\*</sup>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.\*\*\*





APPLICATION #:
NAME:*This application to be filled out when applying for a septic system inspection.*
*This application to be filled out when applying for a septic system inspection and the Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and/or Authorization to Construct County Health Department Application for Improvement Permit and Improvement Permit Application for
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHARGED, OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
depending upon documentation submitted. (Complete she plan = 50 months) CONFIRMATION #
Environmental Health New Septic System Code 800
lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines must be clearly flagged approximately every 55 feet between some lines flagged approximately every flagged approximately every 55 feet between some lines flagged approximately every flagged a
<ul> <li>Place orange Environmental Health card in location that is easily violves in a location that is easily violve</li></ul>
All lots to be addressed within 10 business days after community lines, etc. once lot confirmed ready.      for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.      10 803.7525 ontion 1 to schedule and use code.
After preparing proposed site call the voice permitting system at 310 333      After preparing proposed site call the voice permitting system at 310 333      Please note sold (after selecting notification permit if multiple permits exist) for Environmental Health inspection.      Please note sold (after selecting notification permit if multiple permits exist) for Environmental Health inspection.
Use Click2Gov or IVR to verify results. Once approved, proceed to some and the state of the
<ul> <li>Follow above instructions for placing flags and card on property.</li> <li>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)</li> </ul>
<ul> <li>DO NOT LEAVE LIDS OFF OF SEPTIC TANK</li> <li>After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 &amp; 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.</li> </ul>
<ul> <li>Use Click2Gov or IVR to hear results. Once approved, proceed to Central Processing</li> </ul>
SEPTIC  If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  (A) Innovative (Conventional () Any
Accepted () Innovative
{} 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:
question. If the answer is yes, applicant 1700    YES ( NO Does the site contain any Jurisdictional Wetlands?
Do you plan to have an irrigation system now or in the future?
NO Does or will the building contain any drains? Please explain. DASEMEST TENTOCT
YES {} NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES {\omegas_{\on
{}}YES {NO Is the site subject to approval by any other Public Agency?
{\( \sum \) YES \( \sum \) 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 Rules.
State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
State Officials Are Granted Right Of Entry To Conduct Proper Identification And Labeling Of All Property Lines And Corners And Making 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.  3/1/3  DATE
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE

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New Well

# **Harnett County Department of Public Health**

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become invalid.

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APPLICANT INFORM	IATION	
BILL SWAYNEY	_ ( )	
Applicant/Owner  DEER TAIL DR. Fugury VA	Phone Number	r
DEER TAIL DR. Lugury UA	-RINA, DC Z	15 00
Street Address, City, State, Zip Code		
The Applicant must submit a Site Plan. The Site Plan is a map/draw 1. existing and/or proposed property lines and easements with dimension	ring of the property and ms;	ust show:
2. the location of the facility and appurtenance;		£77
<ul> <li>3. the location for the proposed well;</li> <li>4. the location of existing or proposed sewer lines and/or sewage disposa</li> <li>5. the location of any existing wells within 100 feet of the property; surface</li> </ul>	l systems within 100 feet or ace water bodies;	the proposed wel
<ul><li>6. above ground and/or underground storage tanks;</li><li>7. and any other known sources of contamination within 100 feet of the p</li></ul>		11
The Applicant shall notify the Harnett County Health Director thro Division of Environmental Health if any of the following occur prior	ugh or by way of the Harn	ett County
there is a relocation of the proposed facility;		48
<ol> <li>there is a change in the intended use of the facility;</li> <li>there is a need for installing the waste water system in an area other than</li> </ol>	an indicated on the well perr	mit; or
4 there are landscape changed that affect sife drainage.		
Contact information: Environmental Health Division	UII - 910-093-7347	
PROPERTY INFORM		
Single-Family Multifamily Church Restaur	ant  Business	Irrigation □
		A
Street Address Subdi Parcel # 08 0643 0010 01 PIN	# 0643-4	7-1169
Directions to the Site	e t	0.4(
HARDEE, RIGHT ON COHON, 15	SANT ON FER	27
HARDEL, RIGHT DA COMEN, EL	100 010 000	
I have thoroughly read and completed this Application and certify that the int correct to the best of my knowledge and is give in good faith. Representatives state officials are granted right of entry to conduct necessary inspections to det	termine compliance with appli	icable rules.
I understand that I am solely responsible for the proper identification and labeling making the site accessible so that a will can be properly constructed according to the	of all property lines, undergrou he permit.	nd utility lines, and
Mesmouten	г	Date
Property Owner's of Owner's Legal Representative Signature Required	, L	Jac

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