Initial Application Date:_	11	-	18-	13
				_

Application # _	13500	32493
	CU#	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

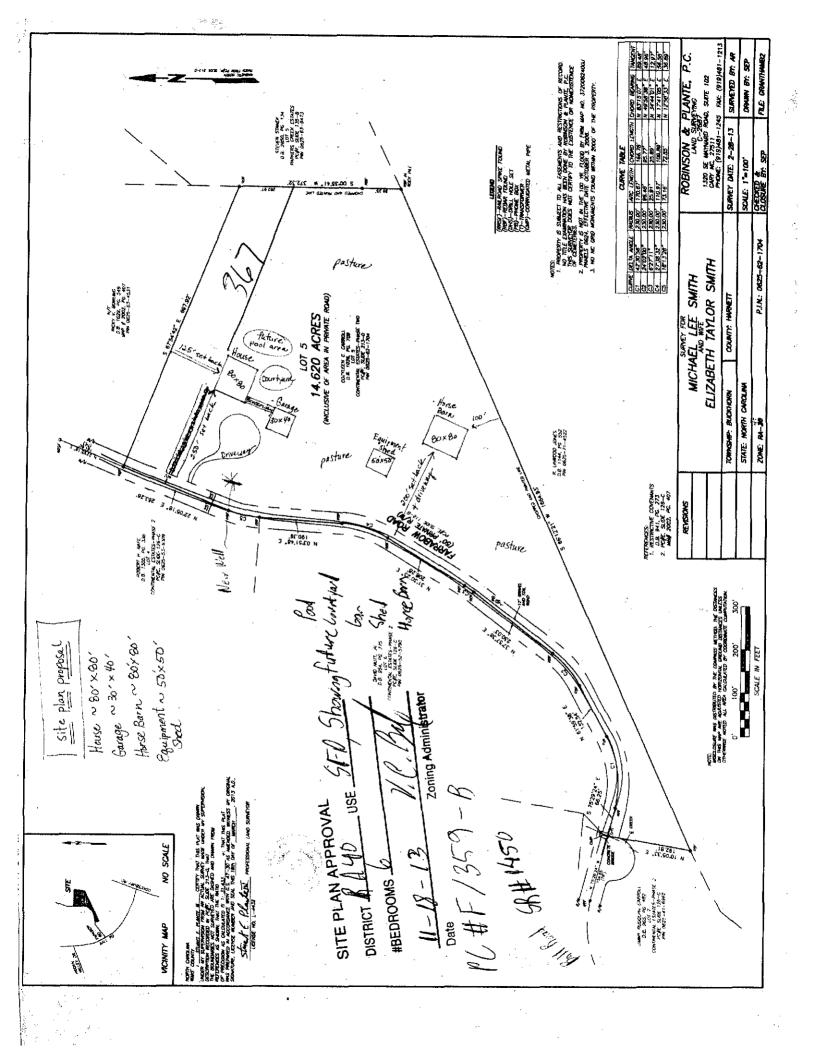
Central Permitting

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO		
LANDOWNER Michael & Elizabetu Smi	ta Mailing Address: 9004	Aspen Glen Ct.
City: Fuguay Varina State: NC Zip: 275	26 Contact No: 336-260-116	4 Email: bethsmith478@gmail.com
APPLICANT*: Mailing A	Address:	
City: State: Zip: *Please fill out applicant information if different than landowner	_ Contact No:	Email:
CONTACT NAME APPLYING IN OFFICE:		hone #
PROPERTY LOCATION: Subdivision: Lontinenta	1 Est	Lot #: Lot Size:
State Road # 145 State Road Name: Ball		Map Book & Page: #E 1726C+F 213
		7 1704,000
Zoning: RA40 Flood Zone: Watershed: WA Deed	d Book & Page: 3/07/785	Power Company*:
*New structures with Progress Energy as service provider need to su	ipply premise number	from Progress Energy.
PROPOSED USE: SFD: (Size 60 x 60) # Bedrooms: 6 # Baths: 4 Basem (Is the bonus room finished? () yes	en(w)wo bath): Garage: De () no w/ a closet? () yes ()	eck: Crawl Space: Slab: Slab: Slab: no (if yes add in with # bedrooms)
☐ Mod: (Sizex) # Bedrooms # Baths Basem (Is the second floor finished? () yes		
Manufactured Home:SWDWTW (Sizex_) # Bedrooms: Garage:	(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: N	o. Bedrooms Per Unit:	<u> </u>
☐ Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
☐ Addition/Accessory/Other: (Sizex) Use:		•
Water Supply: County Existing Well New We	II (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist)	Existing Septic Tank (Complete Ch	necklist) County Sewer
Does owner of this tract of land, own land that contains a manufactur	red home within five hundred feet (500	D') of tract listed above? () yes () no
Does the property contain any easements whether underground or o	overhead (V) yes () no	
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (specify): - 1 detached gara - 1 horse barn - 1 equipment s
Required Residential Property Line Setbacks: Comm	ents:	-l equipments
Front Minimum 35 Actual 750		
Rear <u>25 367</u>		
Closest Side 10 125		
Sidestreet/corner lot		
Nearest Building		
on same lot Residential Land Use Application	Page 1 of 2	03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON	: Take	401 North to Fuguray Varina.
Turn Left onto Hwy 42 we	st. Turn	
Jurn Left onto Farabow	Prive.	Second property on the
right.		PANA CARRES
	,	
·		
If permits are granted I agree to conform to all ordinances and laws of	of the State of North	n Carolina regulating such work and the specifications of plans submitted
I hereby state that foregoing etatements are accurate and correct to	the best of my know	vledge. Permit subject to revocation if false information is provided.
Signature of Owner or Owner's A	gent	

^{***}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: Michael & Elizabeta Snitu APPLICATION#:
This application to be filled out when applying for a septic system inspection. <u>County Health Department Application for Improvement Permit and/or Authorization to Construct</u> 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) CONFIRMATION #
910-893-7525 option 1
 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 proper
Place forange house corner flags" at each corner of the proposed structure.
• Place orange Environmental Health card in location that is easily violed that you clean out the undergrowth to allow the so
evaluation to be performed. Inspectors should be able to walk freely thought a section of the se
for failure to uncover outlet lid, mark nouse comers and properly investigation 1 to schedule and use code
con latter colection notification normal if multiple politics date;
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.
Headental Health Eviction Tank Inspections Code OUC
Follow above instructions for placing riags and card on property.
 Prepare for inspection by removing soil over obtlet end of tank as supplied tank in a mobile home park) 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 10.893.7525 option 1.8 select potification permit
After uncovering outlet end call the voice permitting system, at \$100337525 option. After uncovering outlet end call the voice permitting system, at \$100337525 option. Please note confirmation number if multiple permits, then use code 800 for Environmental Health inspection.
Use Click2Gov or IVR to hear results. Once approved, proceed to Central Formaling Formaling Formaling
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 {\begin{align*} \int \] Conventional {} Any
2 de la companya del companya de la companya del companya de la co
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?
/ desired any drains? Please explain.
Value of ings waterlines or Wastewater Systems on this property?
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
{}YES {}NO Is any wastewater going to be generated on the site of the si
YES [_] NO Are there any Easements or Right of Ways on this property?
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.
The Pood This Application And Cortify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
Complete Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance with Applicance Laws And Kules.
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.
Clisabetu Sales

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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.

APPLICANT INFORMATION
Michael 42/12abetu Smita (336) 260-1164.
Michael & Elizabetu Smitu (336) 260-1164. Applicant/Owner Phone Number 9004 Aspen Glen Ct. Fuguay Varina, NC 27524 Street Address, City, State, Zip Code
Street Address, City, State, Zip Code
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show: 1. existing and/or proposed property lines and easements with dimensions; 2. the location of the facility and appurtenance; 3. the location for the proposed well; 4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well; 5. the location of any existing wells within 100 feet of the property; surface water bodies; 6. above ground and/or underground storage tanks; 7. and any other known sources of contamination within 100 feet of the proposed well site. The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction: 1. there is a relocation of the proposed facility; 2. there is a change in the intended use of the facility; 3. there is a need for installing the waste water system in an area other than indicated on the well permit; or 4. there are landscape changed that affect site drainage. Contact information: Environmental Health Division - 910-893-7547
PROPERTY INFORMATION
Proposed use of well Single-Family Multifamily Church Restaurant Business Irrigation Street Address 540 Farabow Dr. Subdivision/Lot # 5 Parcel # 05 0624 0016 06 PIN # 0625 62 1764.00
Directions to the Site From Ball Road turn onto Farabow Drive Property 5 located about 1/2 - I mile on the right.

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for i making the site accessible so that a will can b	he proper identification and labeling of all pro e properly constructed according to the permit	perty lines. underground utility lines, and
CO-alcha		11/19/13

Property Owner's of Owner's Legal Representative Signature Required

Date -