Initial Application Date:_	5	_	2	3-	14	1
mina uphiranon pare.						

Residential Land Use Application

	14	1-	nn	23	7	20
Application # _	17	7	VV	10	/	20
	C	U#				

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.hamett.org/permits

Central Permitting

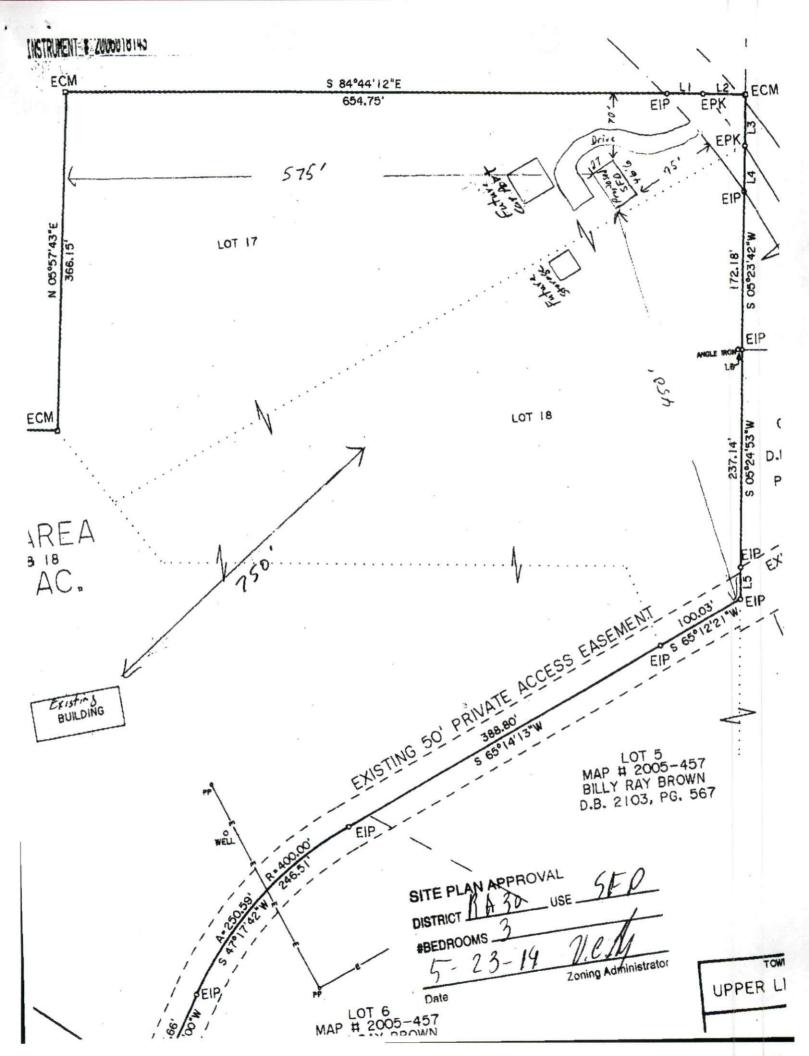
						ED WHEN SUBMITTING A LAND USE APPLICAT In Rd	
NDOWNER: Howe	ald Macoll		07506	Mailing	Address:	h Rd Email:	
y:		State: NC	Zip: 27529	_ Contact No:	919-649-0453	Email:	
PLICANT*: Marsh	all Johnson (	Construction, Inc	_ Mailing A	ddress: 283 B	anner Elk Rd.	Email: mljconstruction@msn.cor	
Benson		State: NC	Zip: 27504	_ Contact No:	919-427-7111	Email: mljconstruction@msn.cor	n
ease fill out applicant	information if diff	erent than landowner					
		FFICE: Marshall Joh				Phone #	
OPERTY LOCATI	ON: Subdivisk	on: N/A				Lot #: 16-18 Lot Size: 20.7	79 ac
1252	Str	ate Road Name: Em	est Brown			Map Book & Page: 206,	842
0529-73-000	01.000	10 11000 1101101		13	0621 0006 29	Map Book & Page: 206, 3	
rcel:		/ 2/2		PIN:	2191 2	/ South River	
ning: RA 30 F	lood Zone:	Watershed:	Dee	d Book & Page	: 7116 / 2	Power Company*:	
ew structures with	Progress Ener	gy as service provide	r need to su	pply premise i	number	from Progress Energ	gy.
		CAT.					
ROPOSED USE:							
27	47	3 #p.#-	.2	ant/when both	). Garage.	Deck: Crawl Space: Slab: S	fonoliti ilab:
SFD: (Size	_x_***_)#Be	edrooms: # Baths	Basem	ent(w/wo bath	deset2 ( ) ven (	_) no (if yes add in with # bedrooms)	- T -
	(Is the	e bonus room nnisne	0 / () yes	() IIO W/ B	Croser: () yes (_		
	0.0000000000000000000000000000000000000		_		·	Sita Built Dack On Frame Off	Frame
Mod: (Size	_x) # Be	edrooms# Baths	Basem	ent (w/wo bati	)Garage	Site Built Deck: On Frame Off	
	(Is th	e second floor finishe	d? () yes	() no Ar	y other site built add	itions? () yes () no	
						(alle hulled ) Dealer (eile hulle)	١
Manufactured H	lome:SW	DWTW (Siz	rex_	) # Bedr	ooms: Garage:	(site built?) Deck:(site built?_	/
Duplex: (Size _	x) N	lo. Buildings:	^	lo. Bedrooms I	er Unit:		
Home Occupati	an: # Doome:	l lea-			Hours of Operation:	#Employees	s:
Home Occupati	on. # Rooms						
	(Ch (Ch	- v \lie	a·			Closets in addition? () y	es (
Addition/Acces	sory/Other. (Si	zex) Usi	J				
.,		- 1 114 #	Name VAV	all 64 of dwallin	as usina well	) *Must have operable water before	final
ater Supply:	_County	Existing Well	New W	911 (# OI UWBIIII	go using iron		
ewage Supply:						Checklist) County Sewer	
nes owner of this t	ract of land, ov	on land that contains	a manufactu	ared home with	in five hundred feet	(500') of tract listed above? () yes (	) no
oes the property of	ontain any eas	ements whether unde	arground or	Overnead (	, you (//10	farm buil	ding
Structures (existing	or proposed):	Single family dwelling	s:	Man	factured Homes:	Other (specify): farm buil	
Required Resident	tial Property	Line Setbacks:	Comr	nents:			
		Actual 95					
ront <b>Minimum</b>	25	575					
Rear			-				
Closest Side	10	70					
idagtraat/comer lo	•						
Sidestreet/comer lo		750					
Nearest Building						2 1/	
on same lot		COLOR SERVICIONE AND		-	-63	Recid 03	/11

APPLICATION CONTINUES ON BACK Reco

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Hwy 27 W, turn right on Ernest Brown Rd., property is on left just past
McLean rd.	
If permits are granted I agree to conform to all ordinances and laws of I hereby state that foregoing statements are accurate and correct to the	the State of North Carolina regulating such work and the specifications of plans submitted e best of my knowledge. Permit subject to revocation if false information is provided.
Signature of Owner or Owner's Age	5-23-14

\*\*\*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\*\*



1			
NAME: Marshall Johns	<u>~</u>	APPLICATION	#:
Amerika berind	to be filled out when applyt	ng for a septic system in	pection.*
County Health Department AI  IF THE INFORMATION IN THIS APPLICAT  PERMIT OR AUTHORIZATION TO CONST  depending upon documentation submitted. (Co.	pplication for Improvemention is FALSIFIED, CHANGED,	on the site is altered.  On the site is altered.  The permit is valid for a spirate plat = without expirate.	D, THEN THE IMPROVEMENT ither 60 months or without expiration)
910-893-7525 option 1		00.11	
<ul> <li>Environmental Health New Seption</li> <li>All property Irons must be lines must be clearly flagged at</li> </ul>	made visible. Place pink p		
<ul> <li>Place 'orange house corner fla</li> </ul>	ags" at each corner of the pro	developed at/for Centi	ag driveways, garages, deci al Permitting.
<ul> <li>out buildings, swimming pools,</li> <li>Place orange Environmental He</li> </ul>	ealth card in location that is e	asily viewed from road	to assist in locating property.
<ul> <li>If property is thickly wooded, E</li> </ul>	nvironmental meant requires	ally treely around site. D	o not grade property.
evaluation to be performed. Ins • All lots to be addressed within	in 10 business days after c	onfirmation, \$25.00 re	turn trip fee may be incurre
for failure to uncover outlet li	d. mark nouse comers and	at 010-803-7525 ontic	on 1 to echedule and use cod
and inflar coloction notification	normit it multiple per line ox	01) 101 21111111111111111111111111111111	ealth inspection. Please not
confirmation number given at er  Use Click2Gov or IVR to verify r	nd of recording for proof of re	ceed to Central Permittir	ng for permits.
- June manual Houlth Eviction To	nk inspections your ove		
<ul> <li>Follow above instructions for pla</li> </ul>	icing nags and card on prope	tank as diagram indica	ites, and lift lid straight up (i
possible) and then put iid back	In place. (Unless inspection	is for a septic tank in a	mobile home park)
. DO NOT LEAVE LIDS OFF OF SEA	PTIC TANK	at 010-893-7525 option	1 & select notification permit
if multiple permits, then use co	de son tot Elivironiniarità.	lealth inspection. Pleas	se note confirmation number
<ul> <li>given at end of recording for proc</li> <li>Use Click2Gov or IVR to hear res</li> </ul>	of of request. sults. Once approved, proces	ed 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 p	reference, must choose one.
If applying for authorization to construct please	Conventional	(_) Any	
	(=) Convention		* * *
{}} Alternative {} Other The applicant shall notify the local health department.	and an ambiguital of this s	application if any of the fol	llowing apply to the property in
The applicant shall notify the local health department of the answer is "yes", applicant MU	UST ATTACH SUPPORTING	DOCUMENTATION:	
	in any Jurisdictional Wetlands?		
YES ( NO Do you plan to have	e an irrigation system now or in	the future?	
NO Does or will the bui	ilding contain any drains? Pleas	e explain.	
INO Are there any existing	ng wells, springs, waterlines or	Wastewater Systems on the	is property?
	oing to be generated on the site	other than domestic seway	ge?
	approval by any other Public A	gency?	
AVES ( ) NO Are there any Easem	ents or Right of Ways on this p	property?	2
IVES (NO Does the site contain	any existing water, cable, phot	ne or underground electric	lines?
If yes please call No	Cuts at 800-632-4949 to locate	e the lines. This is a free s	ervice.

Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And ale Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. Inderstand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making e Site Accessible So That A Complete Site Evaluation Can Be Performed.

OPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE