

Initial Application Date: 10/2/14
7.23.15

Application # 14-50034724 R
CU# _____

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: J E Womble + Sons Inc. Mailing Address: PO Box 1376
City: Lillington State: NC Zip: 27546 Contact No: 910-932-289 Email: jwomble@womble.net

APPLICANT: Brian Mc Smith Mailing Address: 180 Alan St
City: Angier State: NC Zip: 27501 Contact No: 919-758-2605 Email: brian.smith.312@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Brian Mc Smith Phone # 919-758-2605

PROPERTY LOCATION: Subdivision: M. NOE SUBDIVISION William Raymond Lot #: 1 Lot Size: .76
State Road # 1551 State Road Name: Johnston County Road Map Book & Page: 2008/339
Parcel: # 071602 0006 01 PIN: 1602-164-3133.000
Zoning: R-30 Flood Zone: X Watershed: NA Deed Book & Page: 03158/0716 Power Company: Duke Progress

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.
1955 Johnston Co Rd

PROPOSED USE:

- SFD: (Size 33 x 44) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): - Garage: - Deck: - Crawl Space: - Slab: Monolithic Slab: Slab
(Is the bonus room finished? () yes () 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: _____ #Employees: _____
- Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: X County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: X 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

Structures (existing or proposed): Single family dwellings: ✓ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35'</u>	Actual	<u>71.7'</u>
Rear		<u>25'</u>		<u>182.49'</u>
Closest Side		<u>10'</u>		<u>20'</u>
Sidestreet/corner lot		_____		_____
Nearest Building on same lot		_____		_____

Comments: 7.23.15
Revised electrical plan for septic..
Wants it changed.
SCANNED SITE
DATE _____

100

100

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take 210 to Angier, Stoplight TURN Right on 55, TURN Left on East McIVER Rd. TURNS from BENSON to Johnson Co Rd. property is on right past Abator Rd. 1955 Johnson Co. Rd.

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Ben M Smith
Signature of Owner or Owner's Agent

10-6-14
Date

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

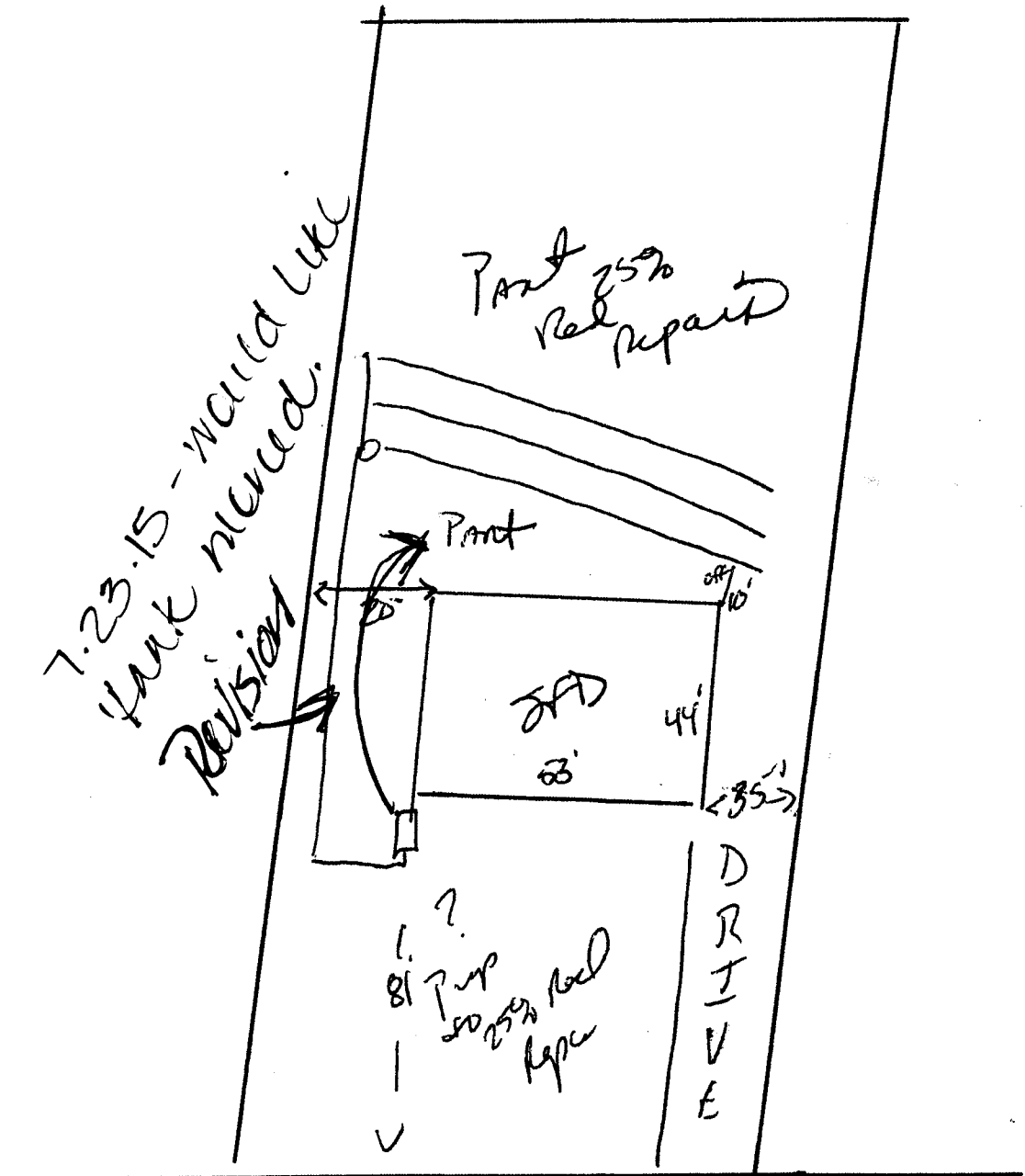
HTE# 14-5-34724

Permit # 28077

Harnett County Department of Public Health Site Sketch

ISSUED TO: Brian M Smith PROPERTY LOCATOR: 521551 Johnston County LING RD
SUBDIVISION _____ LOT # 1

Authorized State Agent: James E. Manhart Date: 10-21-14



521551 JC county LING RD

HTE# 14-5-34724

Harnett County Department of Public Health

28077

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: Brian M Smith PROPERTY LOCATION: 211551 Johnston County Rd
 NEW REPAIR EXPANSION SUBDIVISION _____ LOT # 1
 Type of Structure: SFD Site Improvements required prior to Construction Authorization Issuance: _____
 Proposed Wastewater System Type: 25% 12600000000
 Projected Daily Flow: 360 GPD
 Number of bedrooms: 3 Number of Occupants: 6 max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well _____ feet Permit valid for: Five years
 Permit conditions: _____ No expiration

Authorized State Agent: James E. Marshall Date: 10-21-14 SEE ATTACHED SITE SKETCH
 The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Brian M Smith PROPERTY LOCATION: 211551 Johnston County Rd
 SUBDIVISION _____ LOT # 1
 Facility Type: SFD New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% 12600000000 system (Initial) Wastewater Flow: 360 GPD
 (See note below, if applicable 25% 12600000000 system (Repair))
 Installation Requirements/Conditions
 Number of trenches 3
 Septic Tank Size 1000 gallons Exact length of each trench 20 feet Trench Spacing: 9 Feet on Center
 Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: 6 inches
 Maximum Trench Depth of: 24" inches (Maximum soil cover shall not exceed 36" above the trench bottom)
 (Trench bottoms shall be level to +/- 1/4" in all directions)
 Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: 6 inches below pipe
 _____ inches above pipe
 _____ inches total
 Conditions: _____

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

****If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.**

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E. Marshall Date: 10-21-14
 Construction Authorization Expiration Date: 10-21-19