Initial Application Date:	-1	٠ ما ١	15
miliai Application Date		<u> </u>	

Application #	1550035356
---------------	------------

Application #	1550035356
	CU#

Central Permitting

108 E. Front Street, Lillington, NC 27546

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 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" Mailing Address: _ Mailing Address:_ State: Contact No: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Dungarin PROPERTY LOCATION: Subdivision: State Road Name: PIN: Zoning: NAZOR-flood Zone: Watershed 1 Deed Book & Page: 3257/892 Power Company*: *New structures with Progress Energy as service provider need to supply premise number _ from Progress Energy. PROPOSED USE: SFD: (Size 3777/206# Bedrooms: 3 # Baths: Z Basement(w/wo bath): Garage: X Deck: Crawl Space: Slab: X Slab: (Is the bonus room finished? (__) yes (__) no w/a closet? (__) yes (__) no (if yes add in with # bedrooms) __x____) # Bedrooms___ # Baths___ Basement (w/wo bath)____ Garage:____ Site Built Deck:___ On Frame___ Off Frame (Is the second floor finished? $(\underline{})$ yes $(\underline{})$ no Any other site built additions? $(\underline{})$ yes $(\underline{})$ 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:_____ Addition/Accessory/Other: (Size ___x___) Use: _____ Closets in addition? () yes () no Sewage Supply: _____ 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 (____) Does the property contain any easements whether underground or overhead $(\underline{\hspace{0.2cm}})$ yes $(\underline{\hspace{0.2cm}})$ no Structures (existing or proposed). Single family dwellings: Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

> Page 1 of 2 APPLICATION CONTINUES ON BACK

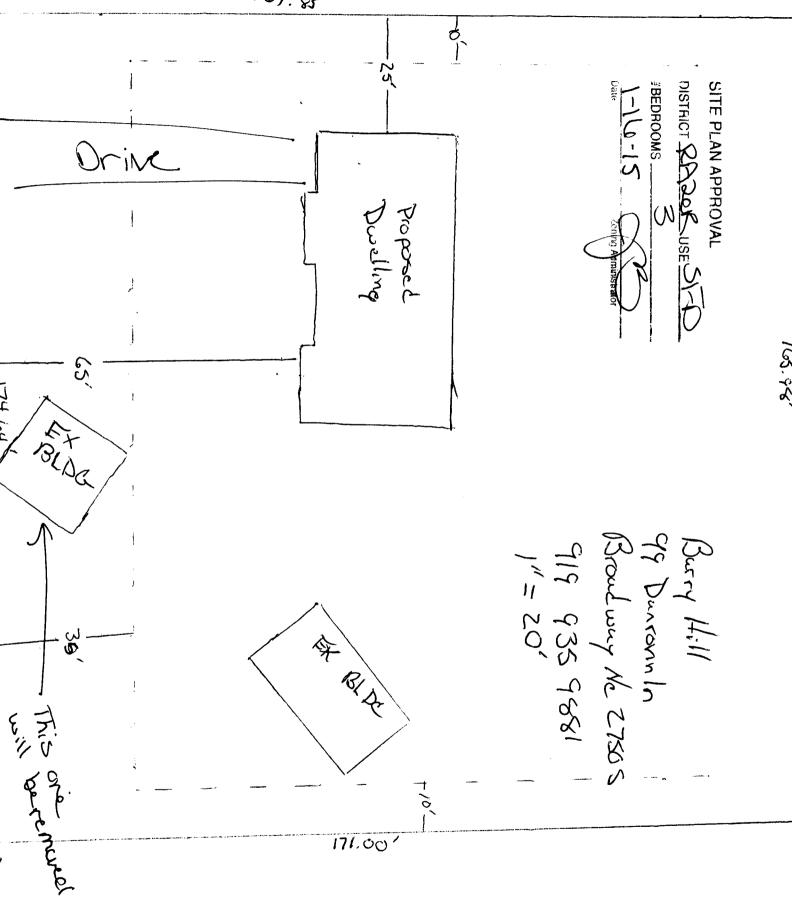
Residential Land Use Application

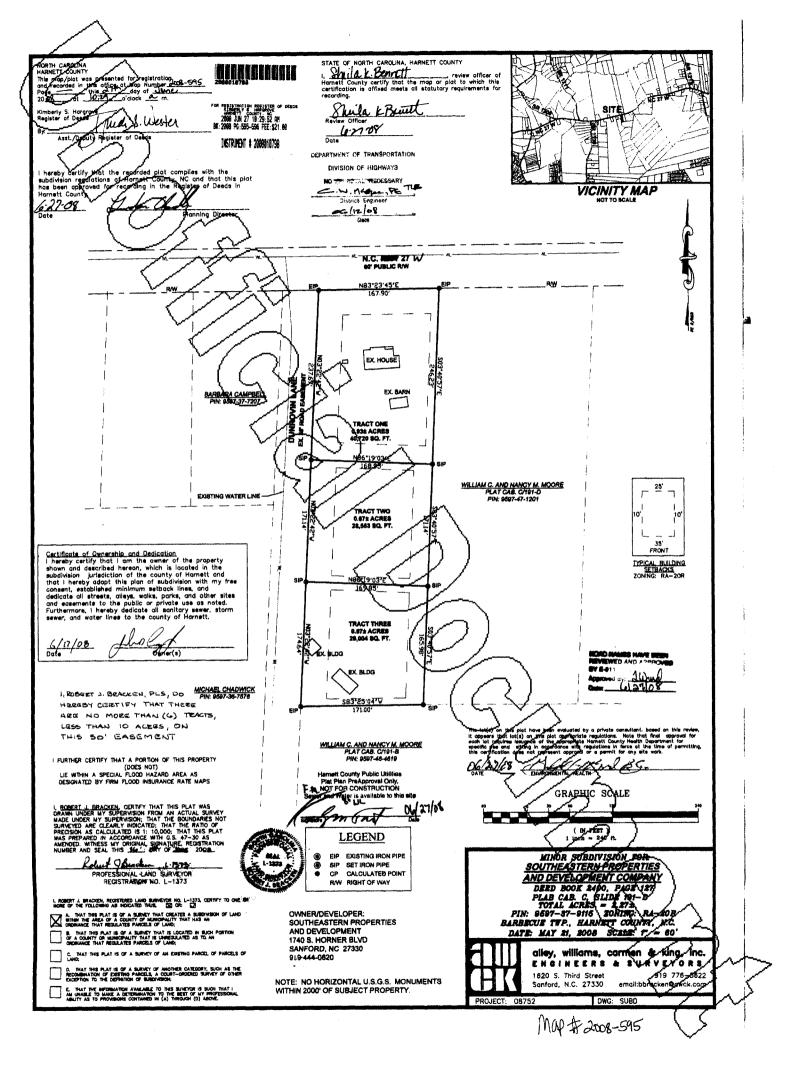
03/11

CIFIC DIRECTIONS T λ	O THE PROPERTY FR	om LILLINGTON: tube	ام ام ا	- TO GOTE	turn left
on Chri	torn IV	- 36 104 C	on rein		
				, , , , , , , , , , , , , , , , , , ,	
mits are granted I agr	ree to conform to all ordi	nances and laws of the St	ate of North Carolina	regulating such work and	the specifications of plans submarif false information is provided.
eby state that foregoin	ig statements are accura	ite and correct to the tast	or my knowledge. Fe		
	Signature of Own	per or wher's Agent		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





NAME:	APPLICATION #:
	This application to be filled out when applying for a septic system inspection.
County Health 1	Department Application for Improvement Permit and/or Authorization to Construct
IF THE INFORMATION	IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED. THEN THE IMPROVEMENT
PERMIT OR AUTHORIZ	ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration
depending upon document	tation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-752:	5 option 1 CONFIRMATION # Health New Septic SystemCode 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.
	e house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks,
out buildings,	swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
 Place orange 	Environmental Health card in location that is easily viewed from road to assist in locating property.
If property is	thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil
evaluation to	be performed. Inspectors should be able to walk freely around site. <i>Do not grade property.</i>
for failure to	e addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
After preparir	ng proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code
800 (after sel	ecting notification permit if multiple permits exist) for Environmental Health inspection. Please note
confirmation i	number given at end of recording for proof of request.
	ov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
	dealth Existing Tank Inspections Code 800
	instructions for placing flags and card on property.
nossible) and	nspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if then put lid back in place . (Unless inspection is for a septic tank in a mobile home park)
	/E LIDS OFF OF SEPTIC TANK
 After uncover 	ing outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit
if multiple pe	rmits, then use code 800 for Environmental Health inspection. Please note confirmation number
	of recording for proof of request.
• Use Click2Go <u>SEPTIC</u>	ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accepted	{}} Innovative {★} Conventional {}} Any
{}} Alternative	{}} Other
The applicant shall notif	fy the local health department upon submittal of this application if any of the following apply to the property in
	is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
()VEG ((A)VO	
· · · · · · · · · · · · · · · · · · ·	Does the site contain any Jurisdictional Wetlands?
{_}}YES {\times_}} NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {_X} NO	Does or will the building contain any <u>drains</u> ? Please explain
{}}YES { ∠ }NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES {X NO	Is any wastewater going to be generated on the site other than domestic sewage?
{_}}YES { ※ } NO	Is the site subject to approval by any other Public Agency?
{_}}YES {_ \(\) 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 Applica	ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Grant	ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

<u>/ -/ (- /)</u>
DATE