

Initial Application Date: 3-16-14

Application # 11050038251

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: Darlene Baker Cardott Mailing Address: 2167 NC Hwy. 24

City: Cameron State: NC Zip: 28326 Contact No: _____ Email: _____

APPLICANT: America's Home Place, Inc. Mailing Address: P.O. Box 4174

City: Irmo State: SC Zip: 29063 Contact No: (803) 530-1493 Email: permitsc@gmail.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Matt McCauley Phone # (803) 530-1493

PROPERTY LOCATION: Subdivision: CAM-L Properties, Inc.-Sec. 2 Lot #: 5 Lot Size: 10.70 acres

State Road # 24 State Road Name: NC Hwy. 24 Map Book & Page: E 115-C

Parcel: 099575 0185 12 PIN: 9575-84-7633.000

Zoning: R2em Flood Zone: X Watershed: NA Deed Book & Page: 2349, 195 Power Company*: _____

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

PROPOSED USE:

SFD: (Size 54' x 42') # Bedrooms: 2 # Baths: 1 1/2 Basement(w/wo bath): N/A Garage: 484 Deck: _____ Crawl Space: X 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: _____ County Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

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 () no

Does the property contain any easements whether underground or overhead () yes no

Structures (existing or proposed): Single family dwellings: 1 prop. Manufactured Homes: 1 (to be removed prior to start of new home) Other (specify): N/A

Required Residential Property Line Setbacks:

Front	Minimum	Actual	<u>75.0'</u>
Rear			<u>414.4'</u>
Closest Side			<u>137.5'</u>
Sidestreet/corner lot			<u>N/A</u>
Nearest Building on same lot			<u>N/A</u>

Comments: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Turn (L) on NC-27 W & go ~17 mi.
Turn (L) to merge onto NC-87 S & go ~2.6 mi. Take Exit for
NC-24 W, turn (R) on NC-24 W & go ~0.7 mi. The subject property
is on the (R).

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.

Matthew J. [Signature] for America's Home
Place, Inc.
Signature of Owner or Owner's Agent

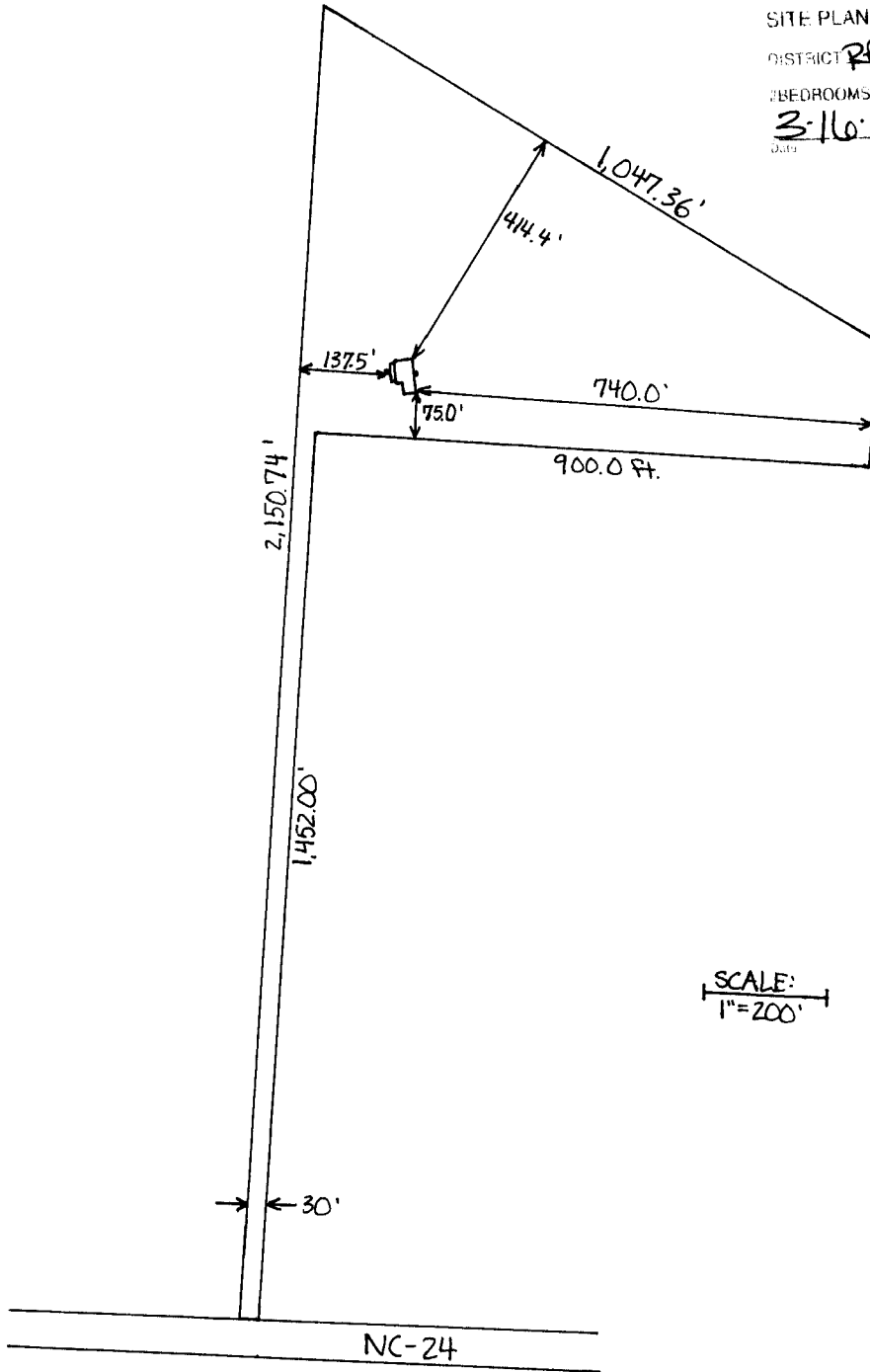
3/16/2016
Date

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

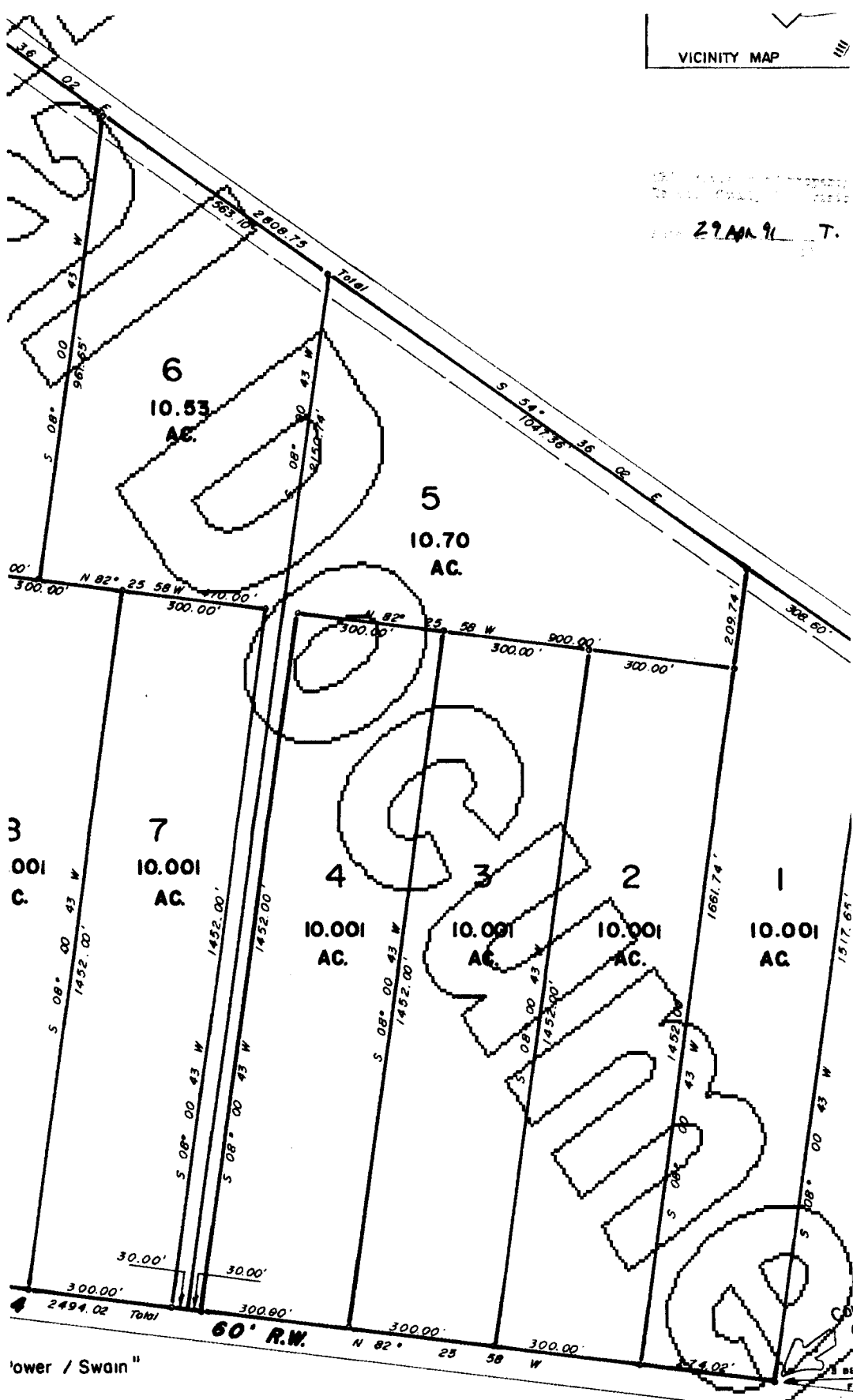
Darlene Cardott
Site Plan
2167 NC Hwy. 24
Cameron, NC 28326
PIN: 9575-84-7633.000

SITE PLAN APPROVAL
DISTRICT RA2M USE SFD
#BEDROOMS 2
3-16-16
Date [Signature]
Zoning Administrator



SCALE:
1" = 200'

29 MAR 91 T.



lower / Swain "

ITION OF
BK 930
O. REG
NERS

9545-0185-01

BRACKEN & A
ENGINEERING
P. O. BOX 532 • SA

DRAFT SIDE 1156

NAME: Darlene Batev Carrott

APPLICATION #: _____

This application to be filled out when applying for a septic system inspection.

County Health 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 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)

910-893-7525 option 1

CONFIRMATION # _____

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 property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange 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 **undergrowth** to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. **Please note 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.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- 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)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & 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.**
- Use Click2Gov or IVR to hear results. Once approved, proceed 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 preference, must choose one.

- Accepted Innovative Conventional Any
 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**:

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system now or in the future?
 YES NO Does or will the building contain any drains? Please explain. _____
 YES NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
 YES 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 Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted 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.

Matt McLean for America's Home Place, Inc.
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3/16/2016
DATE

HARNETT COUNTY HEALTH DEPARTMENT

No 1347U

IMPROVEMENT PERMIT *Replaces # 13335*

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) IKE I. AKOR JR New Installation Septic Tank

Property Location: SR# HWY 24 Repairs Nitrification Line

ACROSS FROM MARKS Rd on 24 at the end of Dirt Rd

Subdivision CAM-2 Prop Sect. III Lot # TRACT 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 10.01 AC

Basement with Plumbing: Garage: NOTE change in

Water Supply: Well Public Community Well location

Distance From Well: 100' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18-24 in.

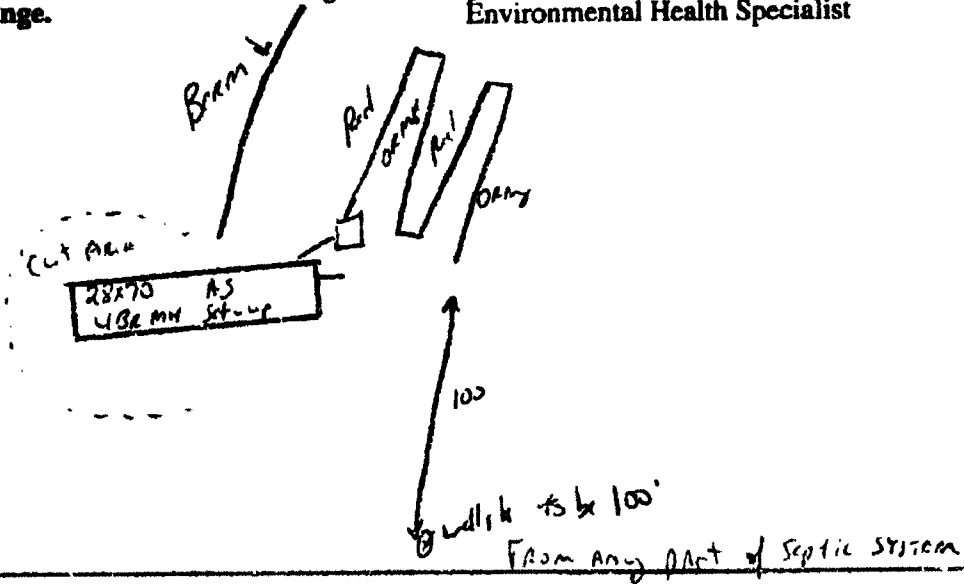
French Drain Required: _____ Linear feet

Date: 4-8-98

This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]
Environmental Health Specialist

Permit # 13335 to now VOID



STUB out Plumbing shallow 18-24" Ditch depth follow contours Place Beam above septic system to divert surface run-off maintain all required set backs

OPERATIONS PERMIT

Name: (owner) Like I Akor Jr New Installation Septic Tank
 Property Location: SR# 11W2af Repairs Nitrification Line
 Subdivision Cam. 2. Prop Sect. III Lot # TRACT 5
 TAX ID# _____ Quadrant # _____
 Contractor: W. Shaye Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100' min ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

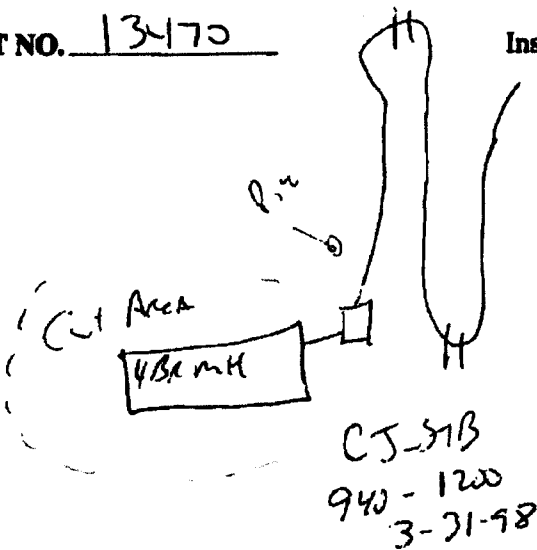
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 1/2 in.

French Drain: _____ Linear feet

Date: 4-13-98

PERMIT NO. 13470

Inspected by: Jr L. L. L.
Environmental Health Specialist



[Handwritten signature/initials]