Initial Application Date: 1:24



Central Permitting

COUNTY OF HARNETT RESIDENTIAL L 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" ____ Mailing Address: 1210 Trinity Road, Suite 102 LANDOWNER: Royal Oaks Building Group, LLC City: Raleigh State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmoxley@royaloakshomes.com APPLICANT*: Royal Oaks Building Group APPLICANT*: Royal Oaks Building Group Mailing Address: 1210 Trinity Road

City: Raleigh State: NC Zip: 27607 Contact No: 919-233-3886

Please fill out applicant information if different than landowner Email: jmoxley@royaloakshomes.com CONTACT NAME APPLYING IN OFFICE: John Moxley Phone # 919-233-3886 / 321 PROPERTY LOCATION: Subdivision: Atkin's Village _____Lot #: 29 Lot Size: 1.334 State Road Name: Cardona Court PIN: 0664-76-321721 Watershed: N/A Deed Book & Page: 3284 / 230 Power Company: South River *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: SFD: (Size 44.7' x 66.9) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:

(Is the bonus room finished? (V) yes (V) no w/ a closet? (__) yes (V) no (if yes add in with # bedrooms)) # 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: Addition/Accessory/Other: (Size ____x) Use: 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 (\ldot /) no

Required Residential Property Line Setback 35 Front Minimum 25' Rear 10' Closest Side

Structures (existing or proposed): Single family dwellings: New Home

Does the property contain any easements whether underground or overhead (V) yes

Nearest Building on same lot Residential Land Use Application

Sidestreet/corner lot

Manufactured Homes:

Page 1 of 2 **APPLICATION CONTINUES ON BACK** 03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	North on 401; Right onto Rawls Church Road; Right onto Atkins road
left onto Atkins Village Court	
Thereby state that foregoing statements are accurate and correct to the	the State of North Carolina regulating such work and the specifications of plans submitted, ne best of my knowledge. Permit subject to revocation if false information is provided.
Signature of Owner of Owner's Ag	ent 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

Initial	Application	Date:		

Application #	110-5-	291	d1
Application #	10-5-	01	181

pplication #	10	-0-	21	181
		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 **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** LANDOWNER: Royal Oaks Building Group, LLC Mailing Address: 1210 Trinity Road, Suite 102 State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmoxley@royaloakshomes.com Raleigh APPLICANT*: Royal Oaks Building Group ____ Mailing Address: 1210 Trinity Road City: Raleigh State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmoxley@royaloakshomes.com Phone #_919-233-3886 / 321 CONTACT NAME APPLYING IN OFFICE: John Moxley PROPERTY LOCATION: Subdivision: __Atkin's Village Lot #: 29 Lot Size: 1.334c __ State Road Name: Cardona Court __ Map Book & Page: 2016 / 115 PIN: 0664-76-3200,000 Parcel: 040664 0020 32 Flood Zone: N/A Watershed: N/A Deed Book & Page: 3284 / 230 Power Company*: South River *New structures with Progress Energy as service provider need to supply premise number ____ SFD: (Size 44.7' x 66.9) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sl 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: Addition/Accessory/Other: (Size ____x ___) Use: 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 (\forall) no Does the property contain any easements whether underground or overhead (____) yes (✓) no Structures (existing or proposed): Single family dwellings: New Home

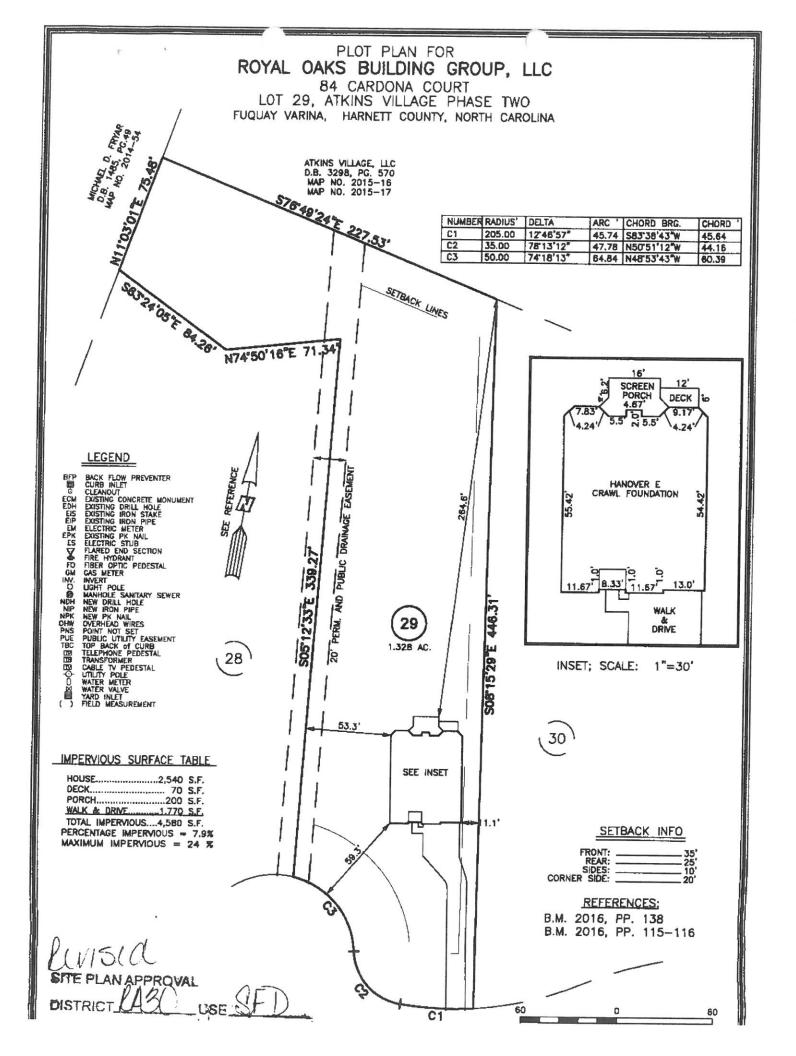
Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments: Front 25' Rear 10' Closest Side 20' Sidestreet/corner lot Nearest Building on same lot Residential Land Use Application

Page 1 of 2 APPLICATION CONTINUES ON BACK 7/13/16/

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	North on 401; Right onto Rawls Church Road; Right onto Atkins road		
left onto Atkins Village Court			
If permits are granted Lagree to conform to all ordinances and laws or	f 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 Signature of Owner's Ag	ne best of my knowledge. Permit subject to revocation if false information is provided.		

^{***}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**



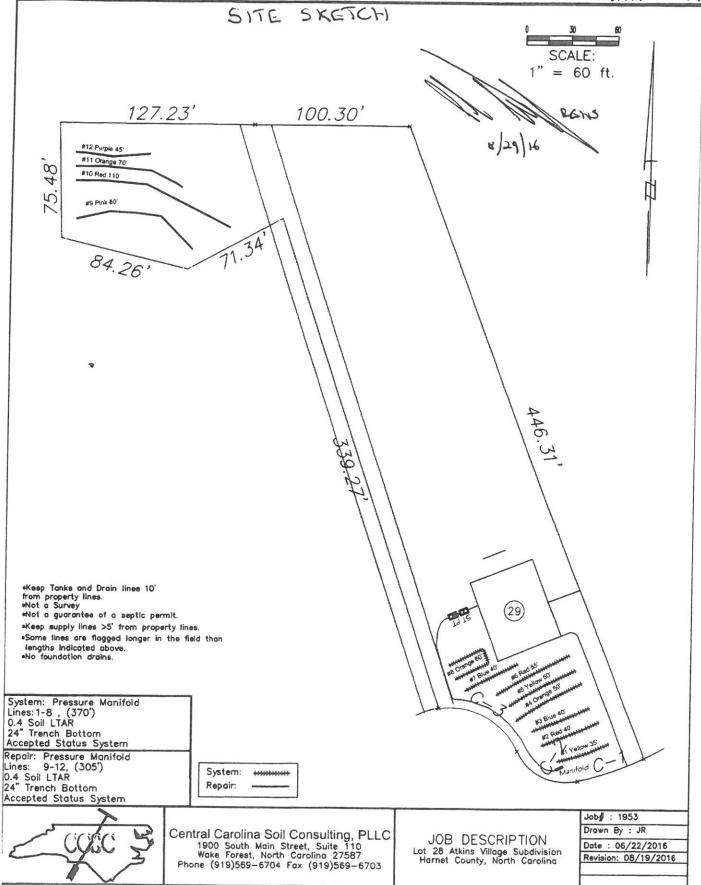
HTE# 16-5-39 M.

Harnett County Department of Public Health

29007

Improvement Permit

A bu	olding permit cannot be issued with only an Improvement Permit
ISSUED TO: ROYAL OAKS BLOG	PROPERTY LOCATION: CARDONA CT.
	SUBDIVISION PRICIAS VILLAGE LOT # 29
NEW REPAIR EXPANSION	
Type of Structure: 589 (45×67)	
Proposed Wastewater System Type: Pums To 25	le Reduction Sys,
Projected Daily Flow: 4460 GPD	
Number of bedrooms: Number of Occupant	s: 8 max
Basement Yes No	1144
	based on final location and elevations of facilities
	10.0
Permit conditions:	Termit vand for.
Control Conditions.	□ No expiration
Authorized State Agent:	16H3 Date: 8 18/16
The issuance of this parmit by the Health December 1	Date: 8 29/16 SEE ATTACHED SITE SKETCH
site is subject to revocation if the cite plan plat or the intended we change	the majance of other permits. The permit shall not be seen that the permit shall not be seen that the support permit shall not be seen that the seen that th
the Laws and Rules for Sewage Treatment and Disposal and to conditions of the	
	permit.
	Construction Authorization
	(Required for Building Permit)
The construction and installation requirements of Rules 1950 1952 1954	(Negarized for building Fermit) 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.	733, 1736, 1737, 1736. and 1737 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance
D 00 0	
ISSUED TO: KOYAL DAKS BLOG G	PROPERTY LOCATION: CARDONIA CA
	SUBDIVISION DEKINS VILLAGE LOT # 29
Facility Type: SV-D (45 > 62)	Now Developed De
Basement? Yes No Basement Fixtures?	Tes DX(No
Type of Wastewater System** Fune To 2	5% REDUCTION SYSTEM (Initial) Wastewater Flow: 480 GPD
(See note below, if applicable ()	
25% RED	UCTION SYSTEM (Repair)
	mber of trenches
	9
- 8	nches shall be installed on contour at a Soil Cover: 12 inches
Max	rimum Trench Depth of: 24 inches (Maximum soil cover shall not exceed
(Tre	ench bottoms shall be level to +/-1/4" 36" above the trench bottom)
	all directions)
Pump Requirements:ft. TDH vs GP	M
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	inches below pipe
andition Prom - Break	Aggregate Depth: inches above pipe
conditions. The state of the st	Aggregate Depth:inches above pipeinches total
VATER LINES (INCLUDING IRRIGATION) MUST RE 10	FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
IO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN	CICID ADDA
*If applicable: I understand the system type specified is di	flerent from the type specified on the application. I accept the specifications of this permit.
, , , ,	the specifications of the appreciation. Taccept the specifications of this permit.
wner/Legal Representative Signature:	
	Date:
instruction Authorization is subject to revocation if the site plan, plat, or t	the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This
Authorization is subject to compliance with the provisions of the Lav	vs and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH
uthorized State Agent:	100 Date: 8 24/16
	Construction Authorization Expiration Date: 8 24 2



Department of Environment, Health and Natur Division of Environmental Health On-Site Wastewater Section

Sheet: Property ID: Lot #: File #:

Code:

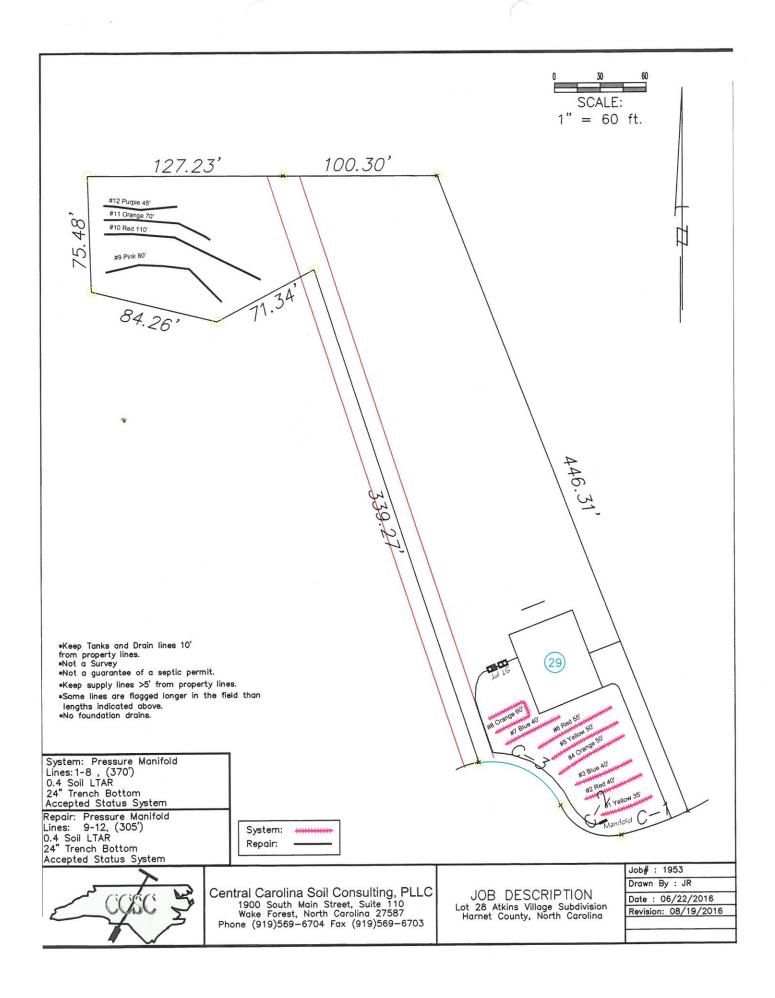
SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

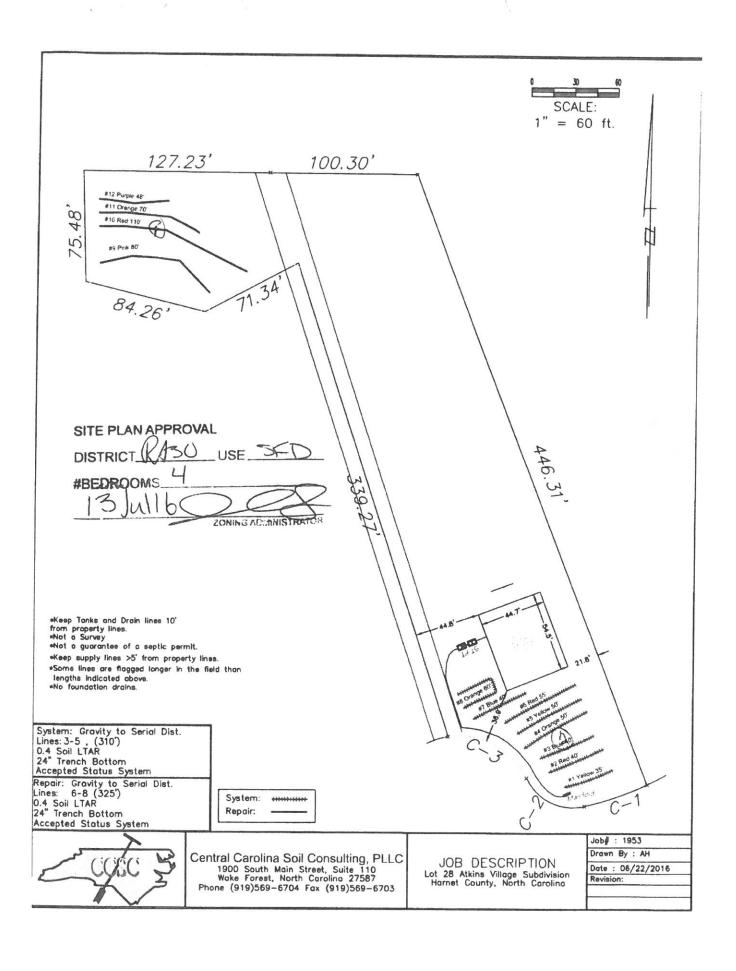
Owner:	Applicant:			
Address:		Date Evaluated:		
Proposed Facility: L	1802M	Design Flow (.1949).420 ()	Property Size:	
Location of Site:		Property Recorded:	Troporty Dize.	
Water Supply:	Publi	Individual Well	☐ Spring	☐ Other
Evaluation Method:	Auger Boring	☐ Pit ☐ Cut	op.me	☐ Odici
Type of Wastewater	: Sewa	ge Industrial Process	☐ Mixed	

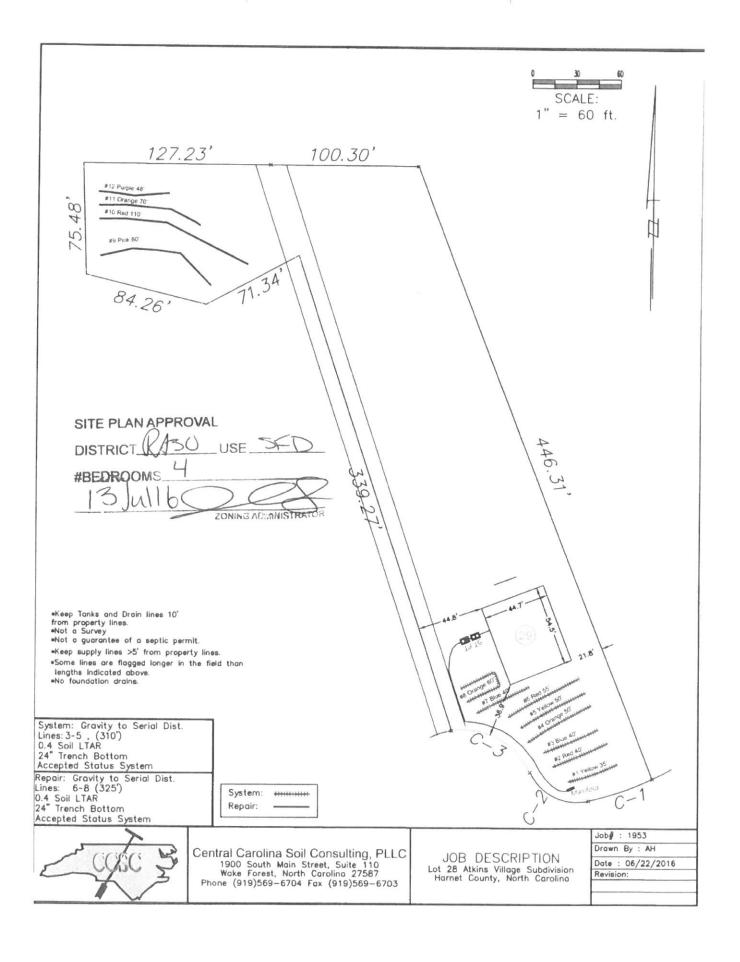
sources

P R O F I L	.1940 Landscape	Horizon	SOIL MO	ORPHOLOGY .1941		OTHER PROFILE FACTORS			
E #	Position/ Slope %	Depth (In.)	.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
١	F5	036	GSL	VER NO W				11012	d LIAR
		34°4P	38 11 x55	VEN NS)VM					Pr
		pie	40"						
i	1.5	0-13	G LS	neu a lub					
	2.5	Bir	39× C	New 22/26					PS
\pm									

Description	Initial System	Repair System	Other Factors (.1946):
Available Space (.1945)	System	+	Site Classification (.1948):
System Type(s)			Evaluated By:
Site LTAR			Others Present:







NAME: 84 CARDONA COURT

APPLI	CATION #:	

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 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.
 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 <u>undergrowth</u> 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. <u>Please note confirmation number</u>
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:
question. If the answer is yes, applicant MOST ATTACH SOTTORTHA DOCOMENTATION.
[_]YES [X] NO Does the site contain any Jurisdictional Wetlands?
[_]YES [★] NO Do you plan to have an <u>irrigation system</u> now or in the future?
[X]YES [] NO Does or will the building contain any drains? Please explain. FOUNDATION DRAINS
[]YES [X] 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 {\int NO Are there any Easements or Right of Ways on this property?
{}}YES
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
$State\ Of Ficials\ Are\ Granted\ Right\ Of\ Entry\ To\ Conduct\ Necessary\ Inspections\ To\ Determine\ Compliance\ With\ Applicable\ Laws\ And\ Rules.$
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessing So that A Complete Site Evaluation Can Be Performed.
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) // DATE

10/10