

Initial Application Date: _____

Application # 39185

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: Royal Oaks Building Group, LLC Mailing Address: 1210 Trinity Road, Suite 102
City: Raleigh State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmxoxley@royaloakshomes.com

APPLICANT*: Royal Oaks Building Group Mailing Address: 1210 Trinity Road
City: Raleigh State: NC Zip: 27607 Contact No: 919-233-3886 Email: jmxoxley@royaloakshomes.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: John Moxley Phone # 919-233-3886 / 321

PROPERTY LOCATION: Subdivision: Atkin's Village Lot #: 26 Lot Size: .57ac
State Road # 99 State Road Name: Cardona Court Map Book & Page: 2016 / 115
Parcel: 040664 0020 29 PIN: 0664-75-1921.000
Zoning: RA30 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 _____ from Progress Energy.

PROPOSED USE:

SFD: (Size 44.7' x 66.9) # Bedrooms: 4 # Baths: _____ Basement(w/w/o bath): _____ Garage: Deck: Crawl Space: Slab: _____ Monolithic 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/w/o 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: New Home Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum 35' Actual 38.7
Rear 25'
Closest Side 10' 18.3
Sidestreet/corner lot 20'
Nearest Building on same lot _____

Comments: _____

T# C#
002843258 016689

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 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.

Signature of Owner or Owner's Agent

7/8/16
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

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 GRAVITY TO SERIAL DIST.

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. FOUNDATION DRAINS
- 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?

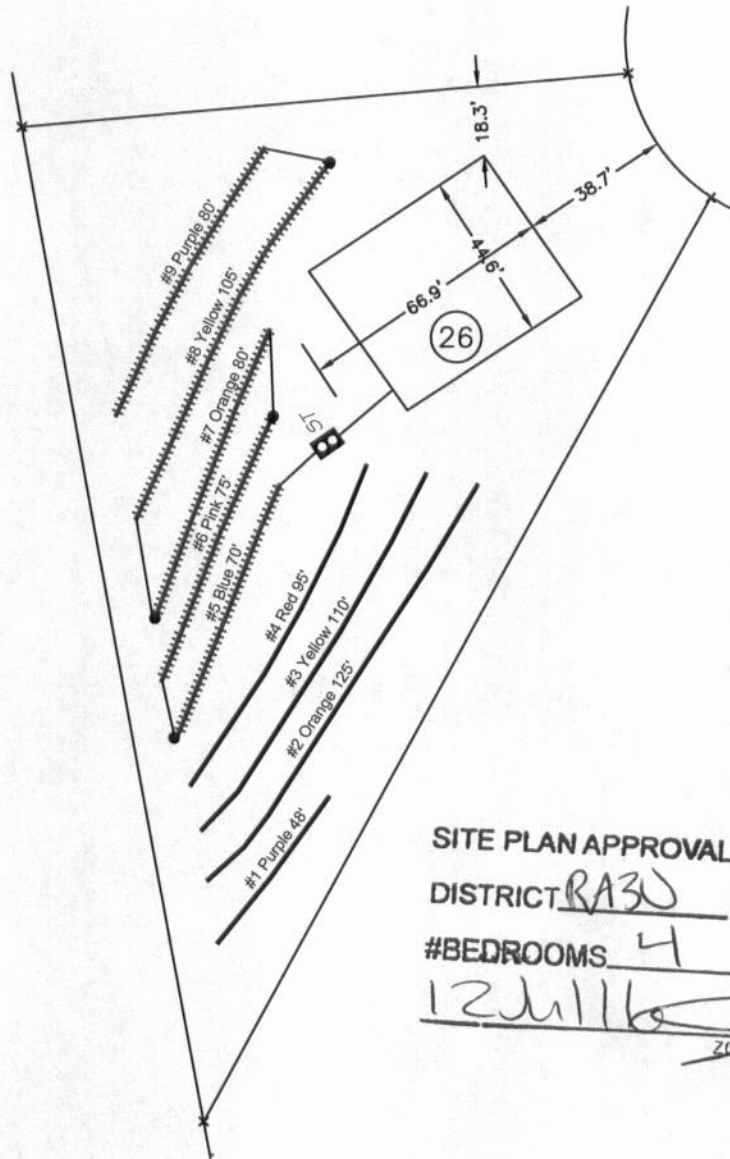
If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-9-2016
DATE

Atkins Village, Lot 26
 4-Bedroom Septic System Layout
 May 2016

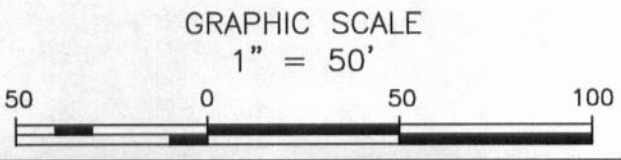


SITE PLAN APPROVAL
 DISTRICT R330 USE SFD
 #BEDROOMS 4
12/11/16
 ZONING ADMINISTRATOR

- *Keep Tanks and Drain lines 10' from property lines.
- *Not a Survey
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicated above.
- *No foundation drains.

System: - - - - -
 Repair: —————

System: Gravity to Serial Dist. Lines: 5-9, (410') 0.35 Soil LTAR 24" Trench Bottom Accepted Status System
Repair: Pressure Manifold Lines: 1-4, (378') 0.35 Soil LTAR 24" Trench Bottom Accepted Status System



Central Carolina
 Soil Consulting
 919-569-6704
 Project # 1953

HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES

Water User's Agreement

Form Must be Completed in Full Before Service is Made Available. I.D. is Required.

*****DEPOSITS BELOW APPLY TO APPROVED CREDIT ONLY*****

Today's Date <u>7/11/16</u>	Contract Date _____	Fees Due:	Deposit, Owner, Water \$25	Set Up Fee,	all accounts: \$15
Date Service Requested <u>7/12/16</u>			Deposit, Owner, Sewer \$25		
			Deposit, Rental, Water \$50		
			Deposit, Rental, Sewer \$50		Meter Fee: \$70

This agreement is to request the Harnett County Department of Public Utilities through normal procedures and in accordance with the District's Rules and Regulations, to provide water and /or sewer service connections at the following location:

Service Address: 99 Cadore Ct Fayetteville 27524 Athens Village Lot 26
 Owner Renter _____ (PROPERTY OWNER & PHONE NO.) 919 233 3886

APPLICANT		CO-APPLICANT	
NAME (FIRST, LAST) <u>Royal Oaks</u>		NAME (FIRST, LAST)	
MAILING ADDRESS: <u>1210 Trinity Rd Suite 102 Raleigh NC 27607</u>			
SOCIAL SECURITY # OR TIN <u>5622 00817</u>	CONTACT PHONE #	SOCIAL SECURITY # OR TIN	CONTACT PHONE #
DRIVER'S LICENSE # AND STATE	DATE OF BIRTH	DRIVER'S LICENSE # AND STATE	DATE OF BIRTH
EMPLOYER NAME		EMPLOYER NAME	
EMPLOYER ADDRESS	PHONE #	EMPLOYER ADDRESS	PHONE #
PREVIOUS ADDRESS		PREVIOUS ADDRESS	
NAME OF NEAREST RELATIVE AND PHONE #		NAME OF NEAREST RELATIVE AND PHONE #	

I, the undersigned, do agree to abide by the rules and regulations of the Harnett county Department of Public Utilities. Should I fail to make all payments on time when due as stated on the WATER/SEWER bill, the department has the right to disconnect my service without further notice. In order for service to be restored, I will be required to pay ALL DUE amounts plus a \$30 reconnect fee. Any fees resulting from court action to collect on an account will be the responsibility of the customer. FINAL BILLS with a credit balance of less than \$1.00 will not be refunded. Property owners will be responsible for a monthly bill regardless of whether water and/or sewer is being used, until the property is sold or rented. HARNETT COUNTY IS NOT RESPONSIBLE FOR WATER DAMAGE OR LOSS. Please ensure residence or facility is prepared for water connection. Make sure all valves & faucets are turned off before requesting water service.

By signing this application, you are agreeing that you are at least 18 years of age.

Customer Signature

FEES: Set-Up Fee \$15 Deposit \$ _____ Same Day \$45 Meter Fee \$70 Damage \$ _____ Other \$ _____

AMOUNT PAID: Cash \$ _____ Check \$ _____ Credit Card \$ _____

Account # Transferred From: _____ Date To Turn Off _____

ACCOUNT #: CID: _____ LID: _____ WATER _____ SEWER _____ CREDIT: APPROVED / DENIED

Turn On: _____ Unlock Only: _____ Read Only: _____ Install: _____ Customer Serv Rep: _____

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 7/12/16 51 Receipt no: 15473

Year	Number	Amount
2016	50039185	
92941 TECH 4		
LILLINGTON, NC 27546		
B4	BP - ENV HEALTH FEES	\$750.00

NEW TANK

ROYAL OAKS BLDG GRP

Tender detail		
CK CHECK PAYMEN	22500	\$750.00
Total tendered		\$750.00
Total payment		\$750.00

Trans date: 7/12/16 Time: 15:26:15

** THANK YOU FOR YOUR PAYMENT **