

Initial Application Date: 11/14/16

Application # 1650039355 R



COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-2793 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: JAMES JACKSON HOMEBUILDER Mailing Address: 436 OAK VALLEY FARM RD
City: COATS State: NC Zip: 27521 Home #: 910-897-5563 Contact #: 919-820-5366

APPLICANT*: JAMES JACKSON Mailing Address: 436 OAK VALLEY FARM RD
City: COATS State: NC Zip: 27521 Home #: 910-897-5563 Contact #: 919-820-5366
*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: _____ State Road Name: FAIRBROUN RD

Parcel: 1518-52-0928.000 PIN: 021518003401

Zoning: R30 Subdivision: _____ Lot #: _____ Lot Size: 3/4 ACRE

Flood Plain: X Panel: _____ Watershed: NA Deed Book/Page: 3414/P355 Plat Book/Page: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 N TO BUES CREEK TR
HWY 22 THROUGH COATS 4 M TR FAIRBROUN RD APPROX
3 M PROPERTY ON R

PROPOSED USE:

- SFD (Size 76 x 53) # Bedrooms 4 # Baths 2 Basement (w/wo bath) _____ Garage 24x24 Deck _____ Circle: Crawl Space/ Slab
- Modular: ___ On frame ___ Off frame (Size ___ x ___) # Bedrooms _____ # Baths _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home: ___ SW ___ DW ___ TW (Size ___ x ___) # Bedrooms _____ Garage _____ (site built? ___) Deck _____ (site built? ___)
- Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
- Home Occupation (Size ___ x ___) # Rooms _____ Use _____ Hours of Operation: _____
- Accessory/Other (Size ___ x ___) Use _____
- Addition to Existing Building (Size ___ x ___) Use _____ Closets in addition (___)yes (___)no

Water Supply: County (___) Well (No. dwellings _____) (___) Other

Sewage Supply: New Septic Tank (Must fill out New Tank Checklist) (___) Existing Septic Tank (___) County Sewer (___) Other

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? (___)YES NO

Structures on this tract of land: Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:		Comments:
Front	Minimum <u>35</u> Actual <u>100</u>	<u>Change # of BR'S to 4 - No Fee</u>
Rear	<u>25</u> <u>126</u>	
Side	<u>10</u> <u>17</u>	
Sidestreet/corner lot	<u>20</u> <u>-</u>	
Nearest Building on same lot	<u>10</u> <u>-</u>	<u>Confirm # 017058</u>

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

James Jackson
Signature of Owner or Owner's Agent

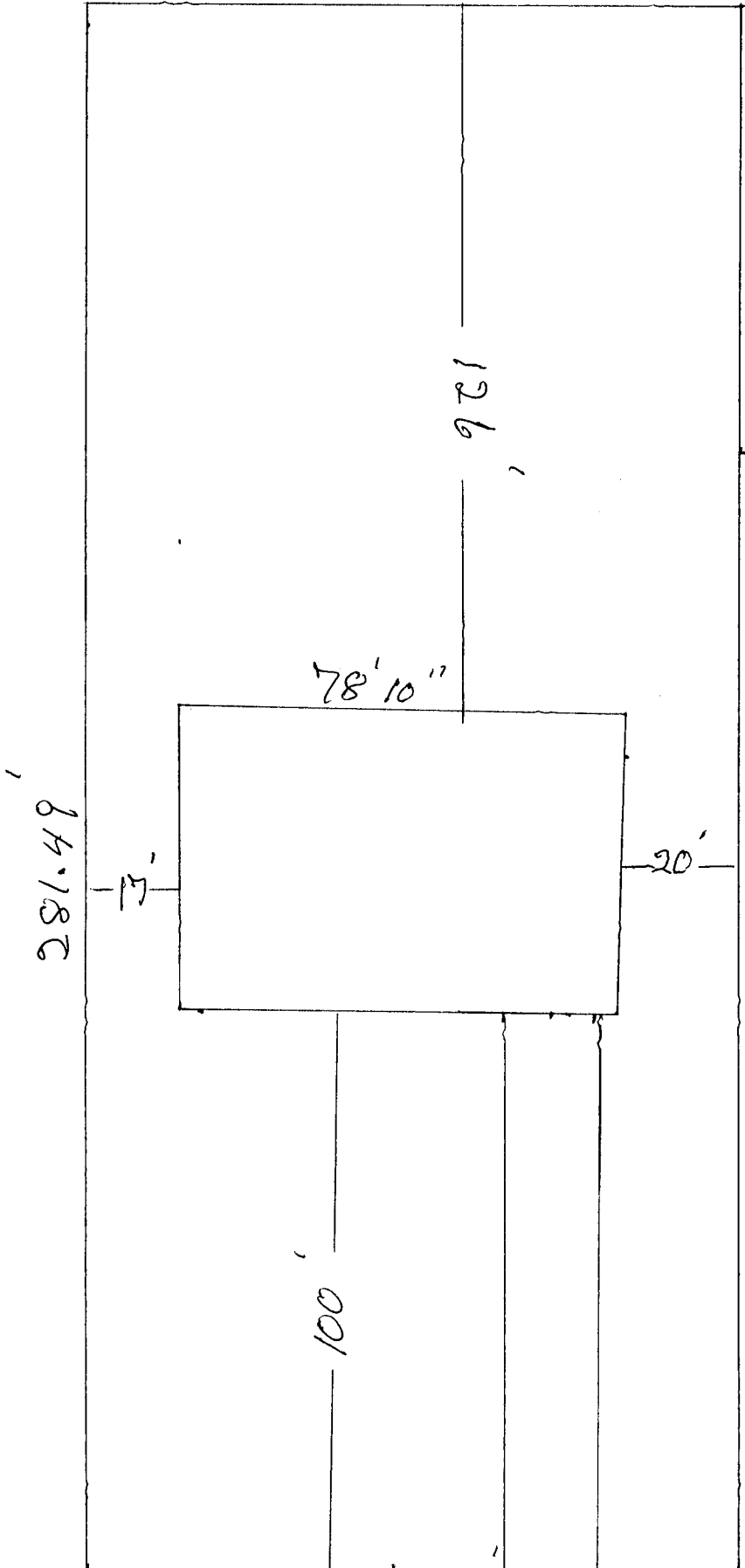
8/1/2016
Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

116.08



5572

FAIRBROOK RD

116.05

281.45'

Revision
 SITE PLAN APPROVAL
 DISTRICT BA3 USE SFD
 #BEDROOMS 2/14/16
 [Signature]
 ZONING ADMINISTRATOR

1" = 30'

NAME: _____

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.

James R. Jackson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8/1/2016
DATE