

Initial Application Date: 10/3/2016

Application # 1650040062

CU# _____

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Ronald H Bond Mailing Address: 303 Blanchard Rd
City: Sanford State: NC Zip: 27332 Contact No: 402-232-9024 Email: ronald.bond@7e@yahoo.com

APPLICANT*: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: LISA COLLINS Phone # 919-895-2662

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 31.97
State Road # _____ State Road Name: _____ Map Book & Page: 2016, 272
Parcel: 099576 0001 01 PIN: 9576 11 2461 000
Zoning: RAZOR Flood Zone: X Watershed: NA Deed Book & Page: 99E 1378 Power Company*: _____

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

PROPOSED USE:

- SFD: (Size 30 x 40) # Bedrooms: 2 # Baths: 2 Basement(w/wo bath): _____ Garage: M Deck: 405 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/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: _____ Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>300</u>
rear		<u>25</u>		<u>250</u>
Closest Side		<u>10</u>		<u>100</u>
Nearest Building on same lot		<u>20</u>		

Comments: confirm # 018840

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

NC 87 to NC 27W
to Bond Ln on L

Follow dirt road next to Bonds Auto
Access on south end of property

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.

Paul H. BC

Signature of Owner or Owner's Agent

1 Oct 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

AS IN THE SURVEY COUNTY EXH

BY DEED

N 55°05'46"E
1210.81'

IP BY DEED

ILONZE INC.
D.B. 2868, PG. 986
LOT 2
P.C. D, SL. 169-A

SITE PLAN APPROVAL
DISTRICT RAZOR USE SFD

#BEDROOMS 1
3 Nov 16
ZONING ADMINISTRATOR

ILONZE INC.
D.B. 2868, PG. 986
LOT 3
P.C. D, SL. 169-A

PRISCILLA C. ARCHIE
D.B. 1249, PG. 841
LOT 4
P.C. D, SL. 169-A

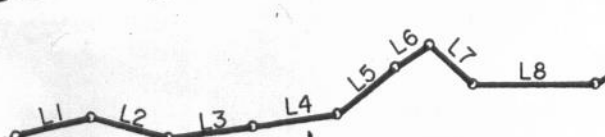
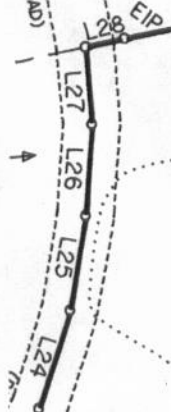
CM BY DEED



S 39°04'49"E
701.01'

CONTROL C
EIP

MAIN LANE
ADJ SOL ROAD



S 31°51'10"E
799.50'

S 41°28'38"E
600.00'

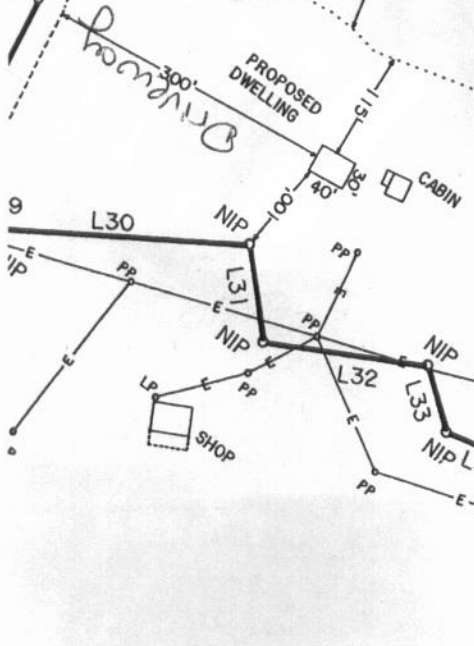
EDGE OF LAKE

EDGE OF LAKE

"LAKE"

N 74°31'31"W
939.04'

N 47°55'03"E
301.72'



NIP
BRANCH
N 31°51'10"W
226.78'

CONTROL CR.
EIP

N 35°13'41"W
482.67'

S 41°28'38"E
942.02'

0.56'

N 46°14'42"E
N 69°12'20"E
EIP 151'

TRACT
36.80

SITE PLAN APPROVAL

DISTRICT _____ USE _____

BEDROOMS _____

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

Ronald Bond (402) 212-9024
Applicant/Owner Phone Number
303 Blanchard Rd, Sanford 27332
Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address 480 Bond Lane, CAMERON NC 28526 Subdivision/Lot # _____
Parcel # _____ PIN # _____

Directions to the Site

TAKE LEFT NEXT to AME ZION Church AFTER
JOHNSONVILLE ELEMENTARY on Hwy 27.

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Ted H. Oja
Property Owner's or Owner's Legal Representative Signature Required

1 Oct 2016
Date

15 20

4

MS 5425C

1871 1872 1873 1874 1875 1876 1877 1878 1879 1880

1881

1882

1883 1884 1885 1886 1887 1888 1889 1890

1891 1892

1893 1894 1895 1896 1897 1898 1899 1900

NAME: Ronald H. Bond

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 {X} 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 {X} NO Does the site contain any Jurisdictional Wetlands?
 { } YES {X} NO Do you plan to have an irrigation system now or in the future?
 {X} YES { } NO Does or will the building contain any drains? Please explain. Roof gutters w/ drain spouts
 { } YES {X} 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 {X} NO Is the site subject to approval by any other Public Agency?
 R45 { } YES { } NO Are there any Easements or Right of Ways on this property?
 {X} 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.

Ronald H. Bond
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10 Oct 2016
DATE

The first part of the document discusses the importance of maintaining accurate records. It states that without proper documentation, it is difficult to track progress and identify areas for improvement. The author emphasizes the need for consistency and attention to detail in all reporting.

In the second section, the author describes the various methods used to collect and analyze data. This includes both qualitative and quantitative approaches, as well as the use of statistical software to process large datasets. The goal is to ensure that the data is reliable and that the conclusions drawn are based on solid evidence.

The third part of the document focuses on the results of the study. The author presents a series of findings that support the initial hypotheses. These results are presented in a clear and concise manner, with appropriate use of tables and graphs to illustrate key points. The author also discusses the implications of these findings for future research and practice.

Finally, the document concludes with a summary of the main points and a list of references. The author expresses gratitude to the participants and the funding agency for their support. The overall tone of the document is professional and objective, reflecting the scientific nature of the work.

The following table shows the distribution of responses for each category. The data indicates a strong preference for the first option, with over 70% of respondents choosing it. This suggests that the first option is more appealing or effective than the others.

Category	Response 1	Response 2	Response 3
Group A	75%	15%	10%
Group B	68%	22%	10%
Group C	72%	18%	10%

The results of the survey are consistent across all groups, indicating that the findings are generalizable. The high percentage of responses for the first option suggests that it is the most widely accepted or preferred choice.

In conclusion, the study has provided valuable insights into the preferences and behaviors of the participants. The findings have important implications for the design and implementation of future programs and services.

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JFORBES Type: CP Drawer: 1
Date: 11/03/16 51 Receipt no: 134318

Year	Number	Amount
2016	50040062	
509 BOND LN		
CAMERON, NC 28326		
B4	BP - ENV HEALTH FEES	\$1000.00

NEW TANK/ WELL

LISA COLLINS

Tender detail		
CK CHECK PAYMEN	337	\$1000.00
Total tendered		\$1000.00
Total payment		\$1000.00

Trans date: 11/03/16 Time: 10:54:57

** THANK YOU FOR YOUR PAYMENT **

** THANK YOU FOR YOUR PAYMENT **

10000 0000 11000000 11000 10000000

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*** CUSTOMER RECEIPT ***

WORLDWIDE COMMERCIAL RECEIPTS