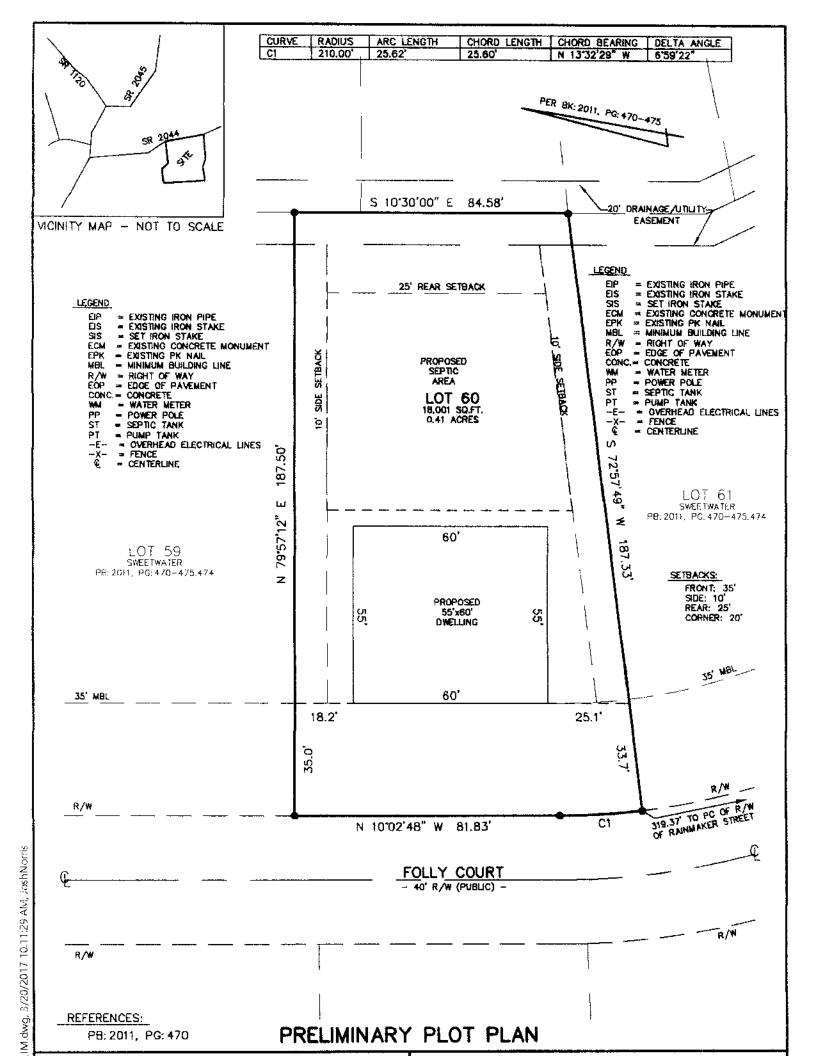
20117	1037
Initial Application Date: 3 2 4 1 Cu#	
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.ham	ett_org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPL	ICATION"
Alla to Constanting inc will address 7 Docis HVL	
City: Tacksonvill State NC Zip: 28540 Contact No: 910-330-9706 Email Lee Octhontical	ombtenetion inc. c
WINDOWER DESTAGE LINES TO DOB 1085	
City: City: Contact No: Email:Email:	
CONTACT NAME APPLYING IN OFFICE: Lee Hoffman Phone # 910-330-9706	<u> </u>
= 101# 60 Lot Size:	4LAC
PROPERTY LOCATION: Subdivision: 5 West World State Road # 2 C C State Road Name: 10 C C C C C C C C C C C C C C C C C C	1,470
Parcel: PIN: PIN: DILLI LI CONTROLLE PIN: DILLI LI CON	
Zoning: A 2 L Flood Zone: Watershed: NA Deed Book & Page: Power Company*:	Energy.
*New structures with Progress Energy as service provider need to supply premise number from Progress E	
PROPOSED USE: SFD: (Size 55 x 60) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: 4 (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)	Monolithic Slab:
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no	Off Frame
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)	ilt?)
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms: Use: Hours of Operation: #Emplo	yees:
Closets in addition? (
Water Supply: County Existing Well New Well (# of dwellings using well)*Must have operable water be	iote ma
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 owner of this tract of land, own land that contains a manufactured nome within live number feet (555) or 525	
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: Comments:	
Front Minimum 3 Actual 3	
160 160	
Closest Side	
Sidestreet/corner lot	
Nearest Building	03/11

PECIFIC DIRECTIONS ?	O THE PROPERT	Y FROM LILLINGTO)N:				
							
				<u> </u>			
		 					
					-		
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Amaila ess serves de							
permits are granted I agreement agreement or each of the earth of the	e to conform to all	ordinances and laws	of the State of North	h Carolina regula	itina such work a	nd the specification	on of plane and the
ereby state that foregoing	statements are ac	7/1 V / 4	<i>y</i>		anlers to (BAOCS)	JON II TAISA INTORMS	ition is provided
<u>M</u>		()) THE WAY	-/-		3-24-201	1)	is provided.
	Signature of	Owner or Owner's	Moent		Date	_′	
			yu		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



NAME: Allu	utic, Const	APPLICATION #:	41037_			
	This application to be filled out when app	lying for a septic system inspect	ion.			
County Health Da	enartment Application for Improve	ment Permit and/or Autho	rization to Construct			
JE THE INFORMATION IN	NITHUS APPLICATION IS FALSIFIED, CHANG	ED. OR THE SITE IS ALTERED. TH	HEN THE IMPROVEMENT			
PERMIT OR AUTHORIZA	ATION TO CONSTRUCT SHALL BECOME INV	ALID. The permit is valid for either (60 months or without expiration			
910-893-7525	tion submitted. (Complete site plan = 60 months; (CONFIRMATION #				
5	ealth New Septic System Code 800					
V All property in	rons must be made visible. Place "pin	k property flags" on each corr	ner iron of lot. All property			
lines must be c	clearly flagged approximately every 50 fee	et between corners.				
Place "orange	house corner flags" at each corner of the	proposed structure. Also flag	driveways, garages, decks,			
out buildings, s	swimming pools, etc. Place flags per site Environmental Health card in location that	plan developed autor Central P	sesist in locating property			
☐ If property is th	hickly wooded, Environmental Health requ	ries that you clean out the un	dergrowth to allow the soil			
evaluation to be	e performed. Inspectors should be able t	o walk freely around site. Do n	ot grade property.			
" All lots to be a	addressed within 10 business days aft	<u>er confirmation. \$25.00 returi</u>	n trip fee may be incurred			
for failure to u	uncover outlet lid, mark house corners	and property lines, etc. once	e lot confirmed ready.			
After preparing	g proposed site call the voice permitting secting notification permit if multiple permit	/stem at 910-893-7525 option i e exist) for Environmental Hea	Ith inspection Please note			
confirmation n	umber given at end of recording for proof	of request.	iai moposito			
Use Click2Gov	or IVR to verify results. Once approved,	proceed to Central Permitting	for permits.			
	ealth Existing Tank Inspections Code					
 Follow above in 	instructions for placing flags and card on p	property.	and the first and the first of			
☐ Prepare for ins	spection by removing soil over outlet er	id of tank as diagram indicate	es, and IIπ IId straight up (If			
possible) and to	then put lid back in place. (Unless inspe E LIDS OFF OF SEPTIC TANK	ction is for a septic tank in a mo	oblie fiorite park)			
: After uncovering	no outlet end call the voice permitting sy	stem at 910-893-7525 option 1	& select notification permit			
if multiple perr	mits, then use code 800 for Environment	ntal Health inspection. <u>Please</u>	note confirmation number			
given at end of	f recording for proof of request.					
	v or IVR to hear results. Once approved, p	roceed to Central Permitting to	or remaining permits.			
SEPTIC If applying for authorization	ion to construct please indicate desired system ty		eference, must choose one.			
(} Accepted	{} Innovative {\vec{v}} Convention	nat {} 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 {V NO	Does the site contain any Jurisdictional We	tlands?				
{}YES {_/NO	Do you plan to have an <u>irrigation system</u> no	w or in the future?				
{}YES {V NO	Does or will the building contain any drains	? Please explain				
()YES (VNO	Are there any existing wells, springs, water	ines or Wastewater Systems on th	is property?			
{_}YES {_\(\sum_{NO}\)	Is any wastewater going to be generated on	the site other than domestic sewaç	ge?			
{_}YES {_\(\Delta\) NO	Is the site subject to approval by any other i	Public Agency?				
{_}YES {✓ NO	Are there any Easements or Right of Ways	on this property?				
{}YES { \underset{NO}	Does the site contain any existing water, ca	ble, 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 Applicat	ition And Certify That The Information Provide	d Herein Is True, Complete And Co	orrect. 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 Comprete Site Evaluation Cap/Be Performed.						
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE						
PROPERTY OWNERS	SOR OWNERS LEGAL REPRESENTATI	VE SIGNATURE (REQUIRED) DATE			

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: DJOHNSON Type: CP Drawer: 1
Date: 3/29/17 54 Receipt no: 295212

Amount Year Number 2017_50041037

82 FOLLY CT LINDEN, NC 28356 BP - ENV HEALTH FEES

NEW

ATLANTIC CONSTRUCTION

Tender detail CP CREDIT CARD Total tendered Total payment \$750.00 \$750.00 \$750.00

Time: 14:55:21 Trans date: 3/29/17

** THANK YOU FOR YOUR PAYMENT **