| Initial Application Date: 6/15/17 | _ | Ар | plication # 1750 |
|------------------------------------|----------------------------|-----------------------------|---------------------|
| 2/21/19 | | RESIDENTIAL LAND USE APPI | CU#_ |
| $O(\alpha 1/16)$ | COUNTY OF HARNETT | RESIDENTIAL LAND USE APPI | LICATION |
| Central Permitting 108 E. Front St | reet, Lillington, NC 27546 | Phone: (910) 893-7525 ext:2 | Fax: (910) 893-2793 |

SCANNED www.harnett.org/permits

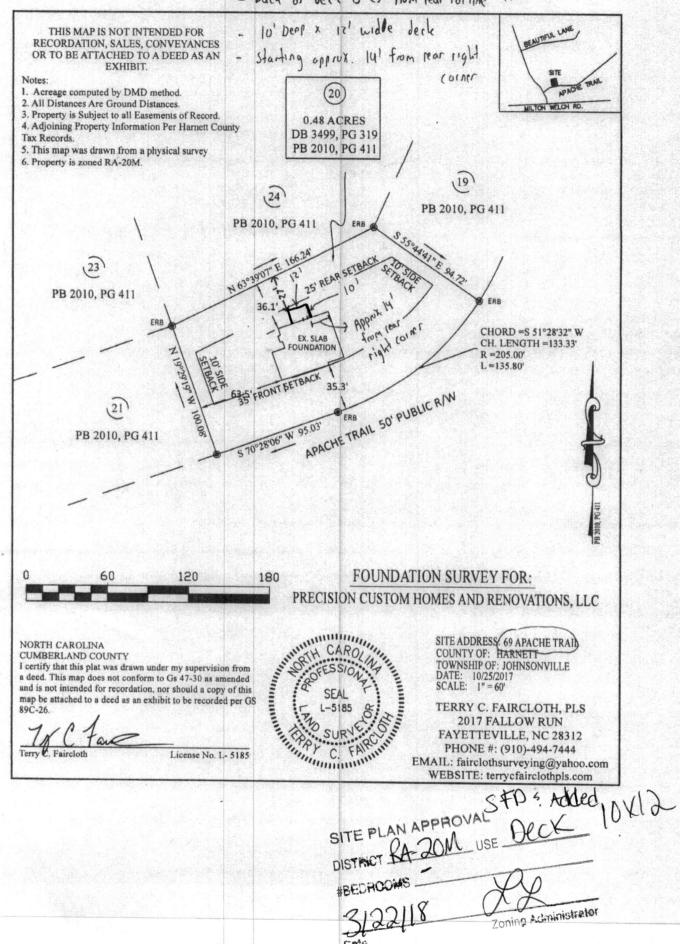
| **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** |
|--|
| LANDOWNER: Precision (ustom Home) and Renovation), LL(Mailing Address: 258 Briar Hill Rd. City: Rafford State: N(Zip: 28376 Contact No: 910-988-8172 Email: shaunoprecision properties ac (u) |
| City: Ra(ful |
| APPLICANT*: Mailing Address: |
| |
| City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner |
| CONTACT NAME APPLYING IN OFFICE: Shaun Gardner Phone # 910-988-8172 |
| Cumment is |
| State Road # State Road Name: 69 / / Pache Trail Man Book & Page: 1010 / 411 |
| Parcel: 099547 0054 48 PIN: 9567-82-7488.000 |
| Zoning: RA-201 Flood Zone: Watershed: 615 Deed Book & Page: 3499 / 319 Power Company*: Central EM |
| *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. |
| |
| PROPOSED USE: SFD: (Size 50 x 35) # Bedrooms: 4 # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Slab: Sla |
| SFD: (Size 50 x 3) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: S |
| ☐ Mod: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?) |
| |
| Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: |
| □ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: |
| □ Addition/Accessory/Other: (Sizex) 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: X 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 (X) no |
| Does the property contain any easements whether underground or overhead ($\underline{}$) yes ($\underline{\underline{\lambda}}$) no |
| Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): |
| V Addiso LAVID DOCK V |
| Required Residential Property Line Setbacks: Comments: The Comments of the Com |
| Front Minimum 35 Actual 37 |
| Rear $\frac{25}{10}$ |
| Closest Side |
| Sidestreet/corner lot |
| Nearest Building |

| | K Summerlin | Run | Apache | 9 | | |
|---------------------------------------|-----------------|-----|--------|---|----|--|
| V 1 | . * 1 | | | | | |
| | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | KI | |
| | | | | | 5 | |

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

| <1 | Gardner / Precision Custum Humos and Renovations 41643 | | | | | |
|--|--|--|--|--|--|--|
| NAME: | Gardner Precision (ustum Humis) and Renovations 41643 | | | | | |
| *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 # | | | | | | |
| 910-893-7525 | option 1 CONFIRMATION # Od ROS 1 | | | | | |
| All property i | rons must be made visible. Place "pink property flags" on each corner iron of lot. All property | | | | | |
| lines must be d | 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. | | | | | |
| | nickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil | | | | | |
| | e performed. Inspectors should be able to walk freely around site. Do not grade property. | | | | | |
| | addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready. | | | | | |
| | proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code | | | | | |
| 800 (after sele | cting notification permit if multiple permits exist) for Environmental Health inspection. Please note | | | | | |
| | umber given at end of recording for proof of request. or IVR to verify results. Once approved, proceed to Central Permitting for permits. | | | | | |
| | ealth Existing Tank Inspections Code 800 | | | | | |
| Follow above in | nstructions 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 | | | | | | |
| | hen put lid back in place . (Unless inspection is for a septic tank in a mobile home park) E LIDS OFF OF SEPTIC TANK | | | | | |
| | ng outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit | | | | | |
| | mits, then use code 800 for Environmental Health inspection. <u>Please note confirmation number</u> recording for proof of request. | | | | | |
| | ror IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. | | | | | |
| SEPTIC | | | | | | |
| | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. | | | | | |
| {}} Accepted | {_} Innovative $\{X \}$ Conventional {} Any {} Other | | | | | |
| | | | | | | |
| | the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: | | | | | |
| $\{_\}$ YES $\{X\}$ NO | Does the site contain any Jurisdictional Wetlands? | | | | | |
| {_}}YES { <u>X</u> } NO | Do you plan to have an <u>irrigation system</u> now or in the future? | | | | | |
| {_}}YES {\(\frac{\(\chi \)}{2} \)} NO | Does or will the building contain any drains? Please explain. | | | | | |
| $\{\underline{\hspace{0.1cm}}\}$ YES $\{\underline{\hspace{0.1cm}}\}$ NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? | | | | | |
| $\{_\}$ YES $\{\frac{1}{x}\}$ NO | Is any wastewater going to be generated on the site other than domestic sewage? | | | | | |
| $\{_\}$ YES $\{\frac{1}{\lambda}\}$ NO | Is the site subject to approval by any other Public Agency? | | | | | |
| $\{_\}$ YES $\{\frac{1}{2}\}$ NO | Are there any Easements or Right of Ways on this property? | | | | | |
| $\{_\}$ YES $\{_\!$ | 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 Applicat | tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And | | | | | |
| State Officials Are Grante | d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. | | | | | |
| I Understand That I Am S | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making | | | | | |
| The Site Accessible So Tha | at A Complete Site Evaluation Can Be Performed. | | | | | |
| PROPERTY OWNERS | OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE | | | | | |



HARNETT COUNTY CASH RECEIPTS *** CUSTOMER RECEIPT ***

Type: CP Drawer: 1 Oper: LLUCAS Date: 3/22/18 53 Receipt no: 296458

Year Number Amount 2017 50041643 69 APACHE TRL SANFORD, NC 27330 BP - ENV HEALTH FEES

RETURN TRIP 2017 50041643 69 APACHE TRL SANFORD, NC 27330 BP - PERMIT FEES B1

\$40.00

\$25.00

REVISION

B4

SHAUN GARDNER

Tender detail CP CREDIT CARD \$65.00 Total tendered \$65.00 Total payment \$65.00

Trans date: 3/22/18 Time: 8:21:45

** THANK YOU FOR YOUR PAYMENT **