

Initial Application Date: 6-16-17

Application # 17500416664

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: Beverly L. Stephenson Mailing Address: 680 Maple Rd Angier NC 27521

City: Angier State: NC Zip: 27521 Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT: Signature Home Builders, Inc Mailing Address: 1209 N Mann St.

City: Lillington State: NC Zip: 27546 Contact No: 910-485-1136 Email: Cshemed.shb@gmail.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 2 Lot Size: 5.2 AC

State Road # 1558 State Road Name: Ebenezer Church Rd Map Book & Page: 201E / 254

Parcel: 091000 0262 PIN: 1600-26-1747-000

Zoning: Coats Flood Zone: X Watershed: NA Deed Book & Page: 3371 / 0342 Power Company: Duke Progress Energy

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

**PROPOSED USE:**

SFD: (Size 50 x 55) # Bedrooms: 4 # Baths: 3 Basement(w/wo 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/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 1) \*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: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum 35 Actual 183

Rear \_\_\_\_\_ 25+

Closest Side 10 64

Sidestreet/corner lot \_\_\_\_\_

Nearest Building on same lot \_\_\_\_\_

Comments: \* Note Future Pool Site

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Main Street take right on  
Cornelius Hammett - towards Emin. Take left on NC 27E,  
Slight right W. Stewart St/NC 27, left on Ebenezer. About mile  
on right.

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.

William F. Doughty  
Signature of Owner or Owner's Agent

6-15-17  
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: Signature Home Builders, Inc.

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.

William L. Doughty  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-15-17  
DATE

# 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

Signature Home Builders, Inc. (910) 892-9249  
Applicant/Owner Phone Number  
1309 N Main St. Lillington NC 27546  
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 Ebenezer Church Rd Subdivision/Lot # \_\_\_\_\_  
Parcel # 071600 0262 PIN # 1600-26-1747.000

#### Directions to the Site

From Lillington take 4215 towards Dunn. Take left  
NC 27E, slight right on NC 27 N Stuart Rd., ~~right~~ take  
left onto Ebenezer Church Rd.

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 give 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.*

William L. Doughty  
Property Owner's or Owner's Legal Representative Signature Required

6-15-17  
Date



# TOWN OF COATS

# ZONING PERMIT APPLICATION

**NOTE:** Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 061917-1 Date: 6-19-17 Fee: \$50.00

Parcel ID\*: 0711600 0262 Area Zoned As: Res. Agri "RA"

**APPLICANT:**

**PROPERTY OWNER:**

Name (Print) Signature Home Builders

Name Beverly L. Stephenson

Address 1209 N. Main St.

Address 680 Maple Rd

City, State Wilmington NC

City, State Angier NC

Zip Code 27546

Zip Code 27501

Phone # 910-985-1136

Phone # 910-892-9299

Location of Property: IN-TOWN  ETJ  ETJ (contiguous)

Present Use of Property: Agriculture

**PROPOSED USE OF PROPERTY:**

- Single Family Dwelling: # Rooms: 8 # Bedrooms: 4 Square Feet: 2355
- Multi Family Dwelling: # of Units: \_\_\_\_\_ #Bedrooms (per unit): \_\_\_\_\_ Square Feet (per unit) \_\_\_\_\_
- Mobile Home (single lot): Single wide: \_\_\_\_\_ Double Wide: \_\_\_\_\_
- Mobile Home Park: Section 16, Zoning Ordinance must apply
- Business: Total # of employees per day \_\_\_\_\_ Type of business \_\_\_\_\_
- Others (specify): \_\_\_\_\_

Existing structure: Renovate: \_\_\_\_\_ Addition: \_\_\_\_\_ Demolish: \_\_\_\_\_

**WATER AND SEWER SUPPLY:**

Water:  Private  Public  Proposed  Existing well  
Sewer:  Private  Public  Proposed  Existing septic tank

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: [Signature] Date: 6-19-17

**ZONING ADMINISTRATOR USE ONLY**

Notes: Plot Plan for house - Take Plans to Harnett County

Approved:  Denied:

Zoning Administrator: Karen F. Wooten Date: 6-19-17