Initial Application Date:	1/20/1			Appli	cation # 1750	041882
Central Permitting	COUNT 108 E. Front Street, Lilling	Y OF HARNET gton, NC 27546	T RESIDENTIA Phone: (9	AL LAND USE APPLIC		www.harnett.org/permit
LANDOWNER: Gary Rob	RVEY MAP, RECORDED DEED MC Dengto		URCHASE) & SIT	TE PLAN ARE REQUIRED V	WHEN SUBMITTING A L	AND USE APPLICATION**
City: Fayetteville	State.NC	Zip:28311	_ Contact No:9	10.401.5505 ext 22	6 Email: lauren.grho	mes@gmail.com
APPLICANT*. Gary Robins	on Homes, LLC		4140 Pa	64 46 44	_ Linaii	
APPLICANT*: Gary Robinso	NC.	Mailing Ad	Idress:	msey Street Suite 115		
City: Fayetteville *Please fill out applicant informations	State:state:_state:state:_state:state:_	_ Zip:	_ Contact No: _	910.401.5505 ext 226	_ Email:en.grhe	omes@gmail.com
CONTACT NAME APPLYIN	IG IN OFFICE: Lauren Ro	binson		Pho	one #910.401.5505	ext 226
PROPERTY LOCATION: St	ubdivision: 2.00	09-13	2		Lot# 8	Lot Sizo: 10, 48 A
State Road # 25	Ctata Daniel Man	VAMINIA L I	BIA A			0 - 1
Parcel: 099544 Zoning: RA-20 RFlood Zo	0009 12		PIN:	9544 - 29-	9425	age:
Zoning: KA-20 Flood Zo	ne: Watershed:	Deed I	Book & Page:_	2967,0614 P	ower Company*	
New structures with Progres	ss Energy as service provid	der need to supp	oly premise nur	mber	from	Progress Energy
PROPOSED USE:						. regious Energy.
TA IA				047-	226	
SFD: (Size <u>74 xU</u>	_) # Bedrooms: # Bath (Is the bonus room finishe	s:Basemen ed? () yes(	t(w/wo bath):_ ) no_w/ a clo	Garage: Deck	: Crawl Space:_	Slab: Slab:
Mod: (Sizex	_) # Bedrooms # Baths	s Basement	t (w/wo bath)_	Garage: Site E	Built Deck: On	Frame Off Frame
	(Is the second floor finished	ed? () yes (_	) no Any o	ther site built additions?	() yes () no	
Manufactured Home:	SWDWTW (Si	zex	) # Bedroom	ns: Garage:(s	ite built?) Deck:	(site built?
Duplex: (Sizex_						
					_	
Home Occupation: # Roo	oms: Use:		Hou	rs of Operation:		#Employees:
Addition/Accessory/Othe	r: (Sizex) Use	e:			Closets in ac	Idition? () yes () no
ater Supply: County						
ewage Supply: V New S	Sentic Tank (Complete Cha	New vveii (#	of dwellings u	sing well) * <b>N</b>	lust have operable	water before final
ewage Supply: New S	d own land that southing	CKIIST)E	existing Septic	Tank (Complete Check	dist) County	Sewer
pes owner of this tract of lan	u, own land that contains a	manufactured I	home within fiv	e hundred feet (500') of	f tract listed above?	) yes ( <u>v</u> ) no
pes the property contain any	easements whether under	ground or overh	nead () yes	( <u>V</u> ) no		
ructures (existing or propose	(a): Single family dwellings		Manufactu	ired Homes:	Other (spec	fy):
equired Residential Prope	rty Line Setbacks:	Comments	s:			
ont Minimum 30	Actual 52					-
ear <u>25</u>	694.9			was a little a sales a		
osest Side	77.7					
destreet/corner lot						
arest Building						
same lot  Residential Land	Use Application		Page 4 -40			
		APPLICATIO	Page 1 of 2 N CONTINUI	ES ON BACK		03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
20 Sept. 19	
	A STATE OF THE PARTY OF THE PAR
2102015502 - 22	CONTRACTOR OFFICE OF THE STATE
ATT TO A STATE OF THE STATE OF	The state of the s
If permits are granted I agree to conform to all ordinances and laws of the State of I hereby state that foregoing statements are accurate and correct to the best of my	f North Carolina regulating such work and the specifications of plans submitted. y knowledge. Permit subject to revocation if false information is provided.
Signature of Owner or Owner's Agent	Date Date
***It is the owner/applicants responsibility to provide the county with any ap to: boundary information, house location, underground or overhead eas incorrect or missing information that is	

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

NAME:		APPLICATION #: 41882
		*This application to be filled out when applying
Cou	nty Health	Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED.
depending	g upon documen	ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration submitted. (Complete site plan = 60 months: Complete plat = without expiration)
/	910-893-752	25 option 1
<u>Env</u>	vironmental	ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration submitted. (Complete site plan = 60 months; Complete plat = without expiration)  25 option 1  CONFIRMATION # 230544  Health New Septic System Code 800
•	All property	rirons must be made visible. Place "nink preparty flows"
	lines must be	e clearly flagged approximately every 50 feet between corners.
- 1	lace brang	E House corner flags" at each corner of the proposed at the state of t
	acc orange	Environmental Death Card in location that is oscilly views at the second second
		ng proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code lecting notification permit if multiple permits exist) for Environmental Health inspection. Please note number given at end of recording for proof of the proo
	JSE Click2G(	ov or IVR to verify results. Once approved proceed to Control Pormitties to
NAME AND ADDRESS OF THE OWNER, WHEN		iodini Existina Tank inspections 1.000 900
• -	-ollow above	Instructions for placing flags and card on property
• -	repare for II	Aspection by removing soil over outlet and of tank as discussed in
		then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)  /E LIDS OFF OF SEPTIC TANK
if	multiple pe	ing <b>outlet end</b> call the voice permitting system at 910-893-7525 option 1 & select notification permit
		rmits, then use code <b>800</b> for Environmental Health inspection. Please note confirmation number of recording for proof of request.
• U	Jse Click2Go	v or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
If applying	g for authorizat	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
	cepted	$\{\_\}$ Innovative $\{\_\}$ Conventional $\{\checkmark\}$ Any
{}} Alte	ernative	{}} Other
The applica	ant shall notif	v the local health department upon submitted of this and it is it is
question. I	If the answer i	s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	⟨V⟩ NO	Does the site contain any Jurisdictional Wetlands?
{}}YES	{ <b>∠</b> } NO	Do you plan to have an <u>irrigation system</u> 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?

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.

Does the site contain any existing water, cable, phone or underground electric lines?

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

{\_\_}}YES

{ \( \sigma \) NO

Are there any Easements or Right of Ways on this property?



