. 11/28/17
Initial Application Date:
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext; 2 Fav: (910) 893
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: 10MY STOLIN SIX PORTS TO THE HOUSE
State: V Zip: d 8323 Contact No: Email:
APPLICANT : Philip David Webb Mailing Address: 55 3 Farrar Davry Rd
City: 11 line for State: NC Zip: 27546 Contact No: 910 635 6408 Email: Dundweld OII48 9Mail Com
CONTACT NAME APPLYING IN OFFICE: Ashley Welsh Phone # 409 429 6279
PROPERTY LOCATION: Subdivision: 11.90 ACS Butts Map #2002 - 723 Lot #: Lot Size; 12.01
State Road # State Pood No.
Parcel: 010536 04403 PIN: 053(0-48-4429,000)
Zoning: 64-201 Flood Zone: Watershed: NO Deed Book & Page: 586, 910 Power Company*:
*New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.
PROPOSED USE:
SFD: (Size 58 x 44) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
☐ 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: 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):
Populard Decide (LD)
Front Minimum 35 Actual Comments:
Rear 25' 263
Closest Side 10' 88
Sidestreet/corner lot
Nearest Building on same lot
Residential Land Use Application

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
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. Thereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. Signature of Owner or Owner's Agent Date
***It is the owner/applicants responsibility to provide the

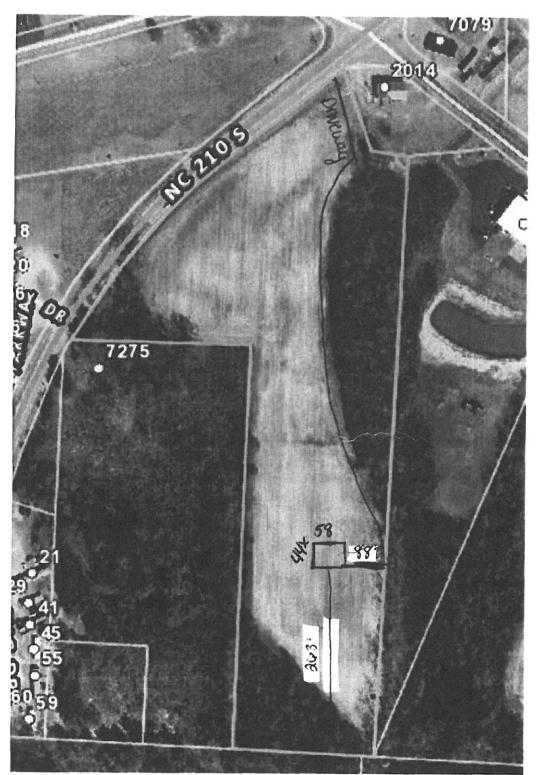
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

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

Department of Environment, Health and Natural Resources Division of Environmental Health Sheet: On-Site Wastewater Section Property II Lot #: File #:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

	for C	N-SITE V	WASTEWATER	SYSTEM		(Code:			,
Own Addr	er:	Appli								
Prom	and F	ty: 3 3	Dam Des	e Evaluated:	3/0					
Locat Water	tion of Site	:	Pro Public Public Sewage	perty Recorded:	Prop	erty Si	ze:			
Evalu	ation Meth	od: 🗖 Aı	☐ Public☐	Individual Dit	Well []	Spring	□ O:	ther		
Type	of Wastew	ater:	Sewage	Industr	rial Process	Mixed				
P R						· · · · · · · · · · · · · · · · · · ·				
O F										
I L	.1940		1	ORPHOLOGY .1941		OTHER				
E #	Landscape Position/	Depth	.1941		.1942	PROFILE FACTORS				
	Slope %	(In.)	Structure/ Texture	.1941 Consistence	Soil Wetness/		.1943 Soil	.1956	.1944	Profile
TY	27219	27	Texture	Mineralogy	Color		Depth (IN.)	Sapro Class	Restr Horiz	Class & LTAR
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m Type(s))	1	52000	Site	Evaluated By c	×				
TAR			3 3		Others Present:	_				



SITE PLA	N APPRO	VAL	SFP
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1/25	6/11	Zoning	Administrato
1. Mo	1 /	. 1 . 1	1 1

Zoning Administrator

Zoning Administrator

NAME:
APPLICATION #: 42825
This application to be filled out when applying for a septic system inspection.
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1
Environmental Health New Septic SystemCode 200 CONFIRMATION # 025031 ~ U
Environmental Health New Septic System Code 800 CONFIRMATION # 025031 - U
 All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property Place "orange house corner flags" at each severy 50 feet between corners.
 Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, Place orange Environmental Health card in location that is easily vioused for
If property is thickly wooded. Environmental Health card in location that is easily viewed from road to assist in location.
Training the partition of the same at the
TOT IGHTUE TO HINCOVER AUTIST III
 Environmental Health Existing Tank Inspections Follow above instructions for place of the second of th
Follow above instructions for placing flags and card on property. Prepare for inspection by remarking and card on property.
 Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if DO NOT LEAVE LIPS OFF OF SECTION 1.
The uncovering differ and call the
if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number
Use Click2Gov or IVR to hear results. Once a service in the confirmation number in the confirmation number.
Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. If applying for authorization to the second proceed to Central Permitting for remaining permits.
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
) Conventional () A
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.
juestion. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
any Jurisdictional Wellands?
bo you plan to have an <u>irrigation system</u> now or in the future?
JYES {} NO Does or will the building contain any drains? Please explain
Are there any existing wells, springs, waterlines or Wasterlines
YES [] NO Is any wastewater going to be generated and
going to be generated on the site other than domestic sewage?
daylet to approval by any other Public Agency?
The there any Easements or Right of Ways on this property?
Does the site contain any existing water, cable, phone or underground electric lines?
if yes please call No Cuts at 800-632-4940 to locate the 1
The Information Provided II.
nte Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
Inderstand That I Am Solely Responsible For The December 10 Determine Compliance With Applicable Laws And Rules,
Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making Site Accessible So That A Complete Site Evaluation Can Be Performed.
VAIII / VIOLENCE.
ROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE
DATE