Initial Application Date:_	11/	30	17
		- 4	

Application #	17-50042846
_	CU#

COUNTY OF HARNETT RESIDENTIAL	. LAND USE APPLICATION
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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.hamett.org/permits
LANDOWNER: Majed & Katen Bijins Mailing Address: 1025 Lenox Place Circle
City: Raleigh state: N/S zip: 27603 contact No: 919-612-4217 Email: dl DIVINSQ mail.com
State of the state
APPLICANT*: Mailing Address:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Phone #
PROPERTY LOCATION: Subdivision: Austin Farms Lot #: 13 Lot Size: . 59
State Road # State Road Name: Turing Full Coling Map Book & Page: 205 / 13/
Parcel: 050645 000512 PIN: 0645-09-8319 0645-09-5123.00
Zoning: RA-30 Flood Zone: X Watershed: NO Deed Book & Page: 3553 / 177 Power Company*: Progress Evergy
*New structures with Progress Energy as service provider need to supply premise number 21848499 from Progress Energy.
PROPOSED USE:
SFD: (Size 50 x 55) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: 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: 1 Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 55
Rear <u>25 110</u>
Closest Side <u>16</u> <u>15</u>
Sidestreet/corner lot 20 NA
Nearest Building

Page 1 of 2
APPLICATION CONTINUES ON BACK

Residential Land Use Application

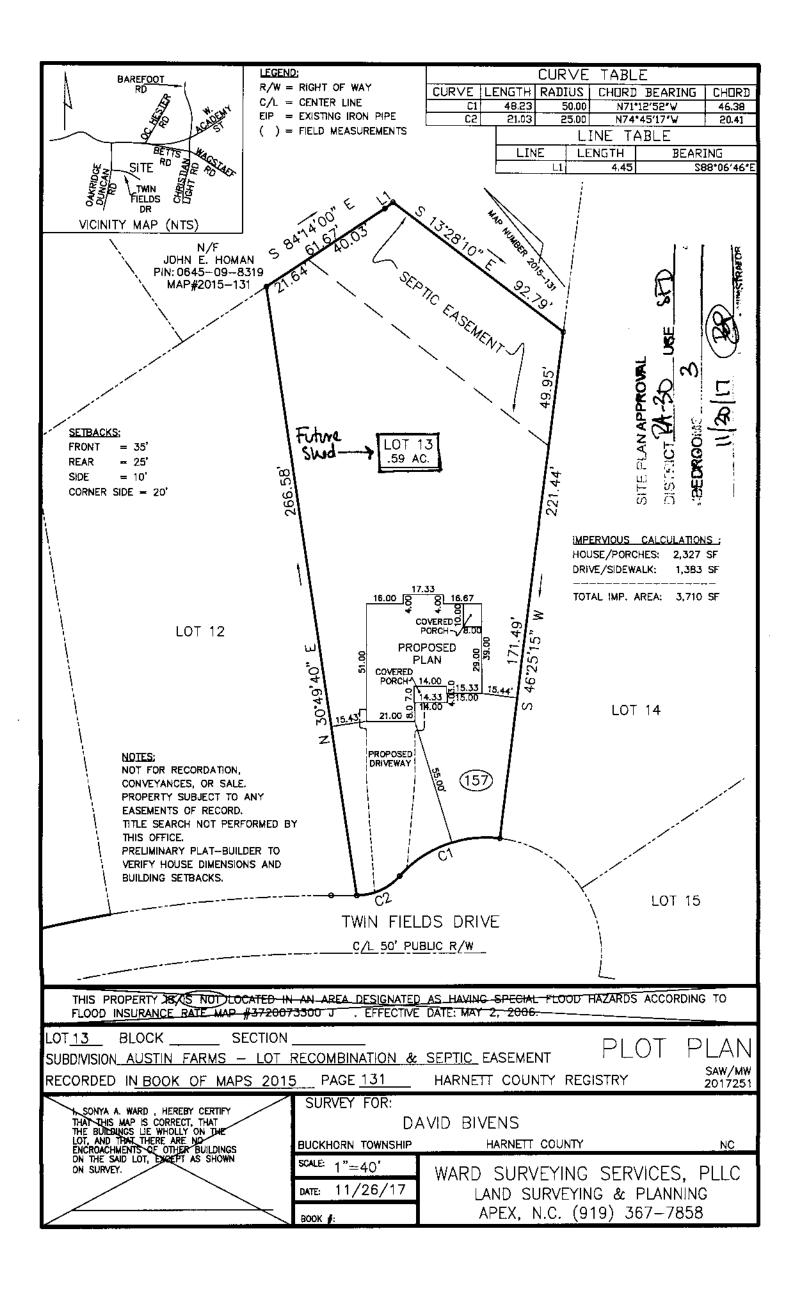
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 North Left ON YINE & Grove
Rawls Rd. Piwey Grave Rawls becomes Piney Grave Wilbon Rd
Turn heft on 42 west/w Academyst.
TURN LEFT ON CAKRIBGE DUNAN
TURN 15t Left outo Twin Fields Clt.
157 Twin fields on Left in col-de-SAC
If permits are granted I agree to copform 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 state ments are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
- Sould Divino 11/29/17
Signature of Owner or Owner's Agent 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

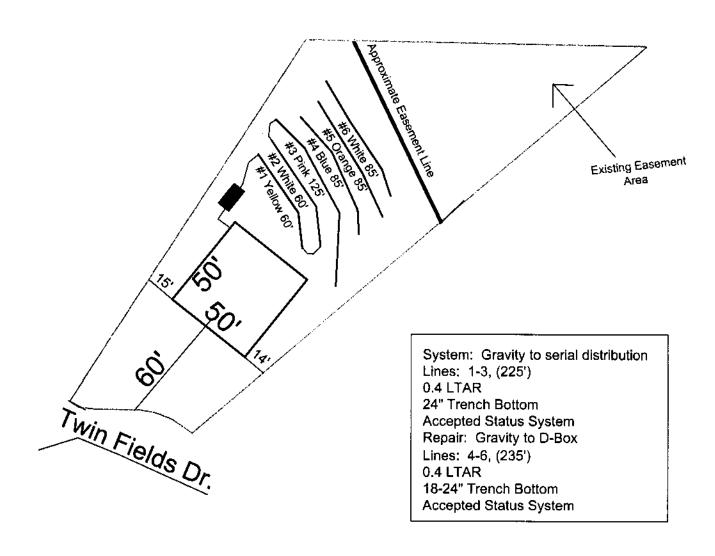
NAME:	APPLICATION #: 17-50042846
County Health IF THE INFORMATION PERMIT OR AUTHORIZ depending upon documen 910-893-752 Environmental I All property lines must be Place "orange out buildings, Place orange If property is evaluation to All lots to be for failure to After preparir 800 (after sel confirmation i Use Click2Go Environmental I Follow above Prepare for in possible) and DO NOT LEAN After uncover if multiple pe	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT CATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration lation submitted. (Complete site plan = 60 months; Complete plat = without expiration) Soption I
 Use Click2Go 	of recording for proof of request. v or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
<u>SEPTIC</u>	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
	{} Innovative {} Conventional {} Any
	{}} Other
The applicant shall notif question. If the answer	y the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
YES (NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{_}}YES {_Z/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?

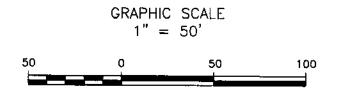
| YES | NO | Is any wastewater going to be generated on the site other than domestic sewage? | YES | NO | Is the site subject to approval by any other Public Agency? | YES | NO | Are there any Easements or Right of Ways on this property? | YES | NO | Does the site contain any existing water, cable, phone or underground electric lines? | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. | 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. | 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. | PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) | DATE





David Bevins 157 Twin Fields Drive 3-Bedroom Layout





Adams Soil Consulting 919—414—6761 Job #446

David Bevins 157 Twin Fields Drive

3-Bedroom Home (360 gal./day)

TBM			<u>HI</u>	<u>FS</u>	ELEVATION	LINE LENGTH	Design Length
		2.0		100.0		<u>in field</u>	<u>installation</u>
INST. 1			102.0				
1	Yellow			4.4	97.6	60	60
2	White			4.7	97.3	60	60
3	Pink			5	9 7	125	125
4	Blue			5.3	96.7	125	85
5	Orange		3	5.6	96.4	120	85
6	Yellow		•	5.9	96.1	120	85
7	White			6.2	95.8	120	not used
				<u>Svstem</u>		<u>Repair</u>	
				Lines 1-3		Lines 4-6	
System Type		Accep	Accepted Status System		Accepted Status System		
				EZ-FLOW		EZ-FLOW	
Sugg	jested Soil L	TAR		0.40		0.40	
Tota	al Line Leng	jth		225		235	
Sq	uare Footag	10		675		705	
-	_						
Propos	ed Trench B	ottom		24"		18"	
Distr	ibution Met	thod	S	Gravity to Serial Distribution		Gravity to D-Box	

David Bevins 157 Twin Fields Drive

3-Bedroom Home (360 gal./day)

		•	. ,			
COLOR		<u>HI</u>		<u>ELEVATION</u>	LINE LENGTH	Design Length
	2.0		100.0		<u>in field</u>	<u>installation</u>
		102.0				
Yellow			4.4	97.6	60	60
White			4.7	97.3	60	60
Pink			5	97	125	125
Blue			5.3	96.7	125	85
Orange		_	5.6	96.4	120	85
Yellow		7	5.9	96.1	120	85
White			6.2	95.8	120	not used
			System		<u>Repair</u>	
			Lines 1-3		Lines 4-6	
System Type		Accepted Status System		ystem A	Accepted Status System	
			EZ-FLOW		EZ-FLOW	
gested Soil L	TAR		0.40		0.40	
tal Line Leng	gth		225		235	
quare Footag	ge		675		705	
. <u> </u>						
sed Trench E	sottom		24"		18"	
		c.	Bravity to			
ribution Me	thod				Gravity to D-Box	
	Yellow White Pink Blue Orange Yellow White System Type gested Soil L tal Line Leng quare Footage	COLOR BS 2.0 Yellow White Pink Blue Orange Yellow White	COLOR BS HI 2.0 102.0 Yellow White Pink Blue Orange Yellow White System Type Accept gested Soil LTAR tal Line Length quare Footage sed Trench Bottom	2.0 100.0 102.0	COLOR BS HI FS ELEVATION 100.0 100.0 100.0 Yellow 4.4 97.6 White 4.7 97.3 Pink 5 97 Blue 5.3 96.7 Orange 5.6 96.4 Yellow 5.9 96.1 White 6.2 95.8 System Lines 1-3 Accepted Status System Accepted Status System EZ-FLOW EZ-FLOW gested Soil LTAR 0.40 tal Line Length 225 quare Footage 675 sed Trench Bottom 24" Gravity to Serial	COLOR BS HI FS ELEVATION LINE LENGTH in field 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.0 102.5

