Initial Application Date:	19	laa		
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Application # _	1750D42991
	A1 III

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

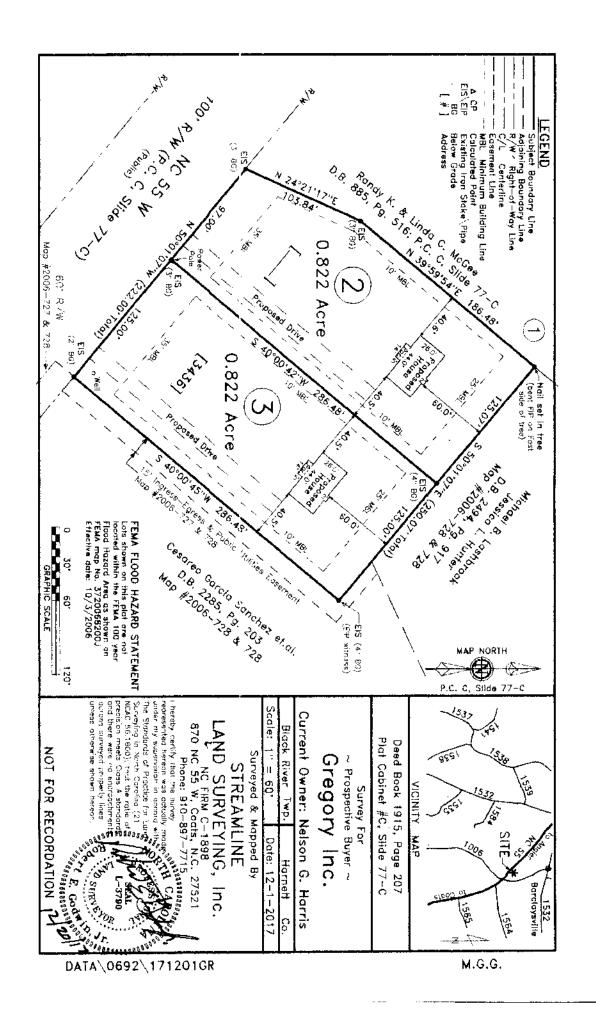
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN	ed 65 of 12:00 pm.
LANDOWNER: Gregory for Mailing Address:	
City: Angie State: M zip: 2750/Contact No: 919-422-8170 E	mail: Gregory inchmately mailton
APPLICANT: Gregory In Mailing Address: 62 E. McIve City: My State: NL Zip: 2150/Contact No: 919-722-1132 *Please fill outgoplicant information if different than landowner	mail:
CONTACT NAME APPLYING IN OFFICE: Deek Gregory Phone: PROPERTY LOCATION: Subdivision:	# 919-722-8/30
PROPERTY LOCATION: Subdivision:	Lot #: 3 Lot Size: - F 1 2
State Road # 3436 State Road Name: 55	Map Book & Page: <u>/9/5 / 207</u>
Parcel: 040683 0086 PIN: 0692-12-521	3,000
Zoning: 1830 Flood Zone: X Watershed: The Deed Book & Page: 1915 1207 Power	er Company*: Duke
*New structures with Progress Energy as service provider need to supply premise number	
PROPOSED HISE.	
PROPOSED USE: SFD: (Size 26 x 44) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Control of the bonus room finished? (_) yes (_) no w/ a closet? (_) yes (_) no (if yes (_) no w/ a closet? (_) yes (_) no (if yes (_) no w/ a closet? (_) yes (_) no (if yes (_) no w/ a closet? (_) yes (_) no (if yes (_) no w/ a closet? (_) yes (_) no (if yes (_) no w/ a closet? (_) yes (_) no w/ a closet?	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built (Is the second floor finished? () yes () no Any other site built additions? (
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site	built?) Deck:(site built?)
□ Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site □ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	built?) Deck:(site built?)
	•
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	#Employees:
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: □ Home Occupation: # Rooms: Use: Hours of Operation: □ Addition/Accessory/Other: (Sizex) Use:	#Employees: Closets in addition? () yes () no
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: □ Addition/Accessory/Other: (Sizex) Use: Water Supply: County Existing Well New Well (# of dwellings using well) *Mustive Supply: County Existing Well New Well (# of dwellings using well) *Mustive Supply: County Existing Well New Well (# of dwellings using well)	#Employees: Closets in addition? () yes () no st have operable water before final
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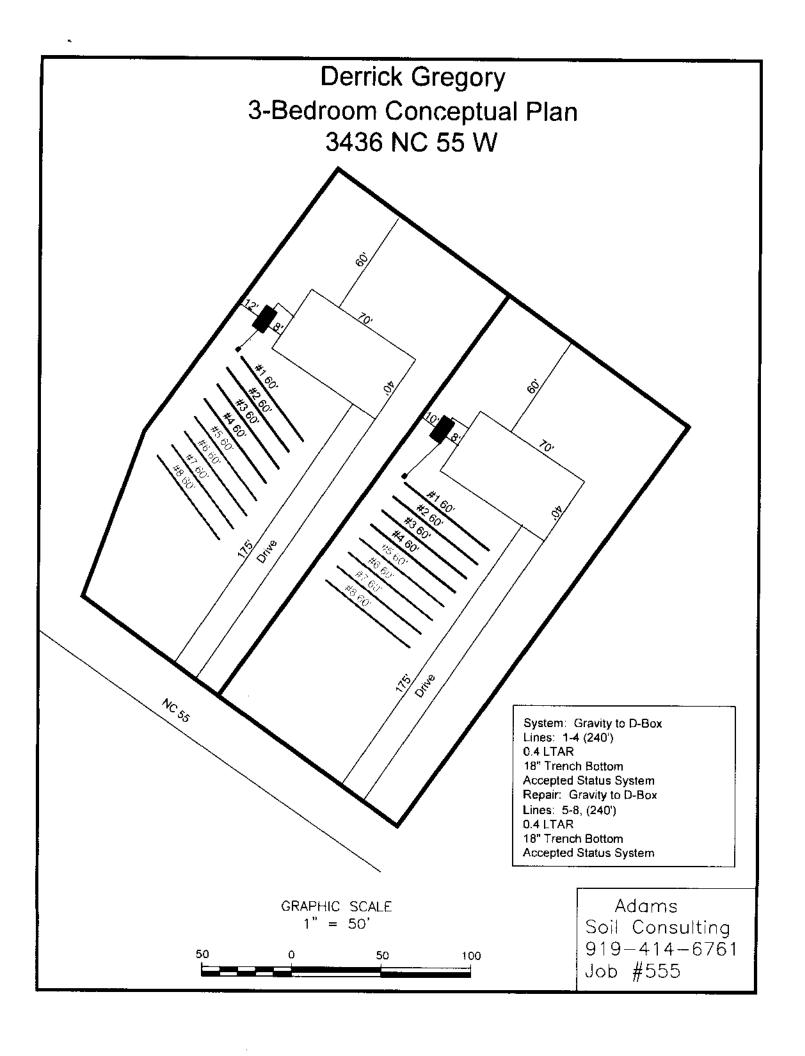
Residential Land Use Application

SPECIFIC DIRECTIONS	TO THE PROPERTY FROM	A LILLINGTON:				<u>_</u>
they 21	o toward	Angier	Tuin	Rt onto	Tierett	Rd
Go to sta	Sian , T	Tura Rt o	nto the	4 55, 90	approx	4 miles
Lot on	left im	nediately	before	intersect	ion of Oi	ld Stage Ku
	-					
					-	
	ree to conform to all ordinar					
nereby state that foreger	ng statements are approach	and correct to the best of	my knowledge. Pe	ermit subject to revocation	on it talse information is	s provided.
	Signature of Owner	r 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 #:
A	*This application to be filled out when applying for a contingent and a section of the section o
County 1	ILGILII IJPHATTIIPHI A DRHAOTION FOR IMMANAA Ti
PERMIT OF AL	MATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
depending upon	J'THORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)
	03 7535 one in 1
<u>Environn</u>	CONFIRMATION #CONFIRMATION #
• <u>All p</u> i	Operty from must be made visible. Place "birth property flore" and an incident the made visible.
- mace	Utange nouse comer tlags" at each corner of the proposed structure.
	Provide with Childen and the Carrier in the Carrier of the Carrier
for fai	s to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
After p	reparing proposed site call the voice permitting system at 010 000 7505.
• USe Ci	ICKZGOV OF IVH to verify results. Once approved, proceed to Central Pormitting for parmits
Entrain Matters	<u>ethar rigarin Existing Tank Inspections</u> Code - 800
 Follow Prepar 	above instructions for placing flags and card on property.
noseih	e for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if
	(e) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park) T LEAVE LIDS OFF OF SEPTIC TANK
 After ut 	ncovering outlet end call the voice permitting system at 010,800 7505 and 1,000 and 1,
	respectively and the coup of the control of the con
• Use Cli	ck2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC	therination to the state of the
r apprying for au	thorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
Accepted	{} Innovative {} Conventional {} Anv
{}} Alternative	Other E Z Lan
The applicant sha	Il notify the local health department upon submittal of this application if any of the following apply to the property in
uestion. If the a	nswer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
}YES { /	NO Does the site contain any Jurisdictional Wetlands?
/	NO Do you plan to have an irrigation system now or in the future?
	NO Does or will the building contain any drains? Please explain. Statute foundation Orain from Space NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
<u>✓)</u> YES ()	to the advantage of this property;
_}YES (止	NO Is any wastewater going to be generated on the site other than domestic sewage?
_}YES {	

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?

The state of the s

 $\{_\}$ YES

{_}}YES

{_→NO

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

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

/___/_/ DATE

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 12/22/17 52 Receipt no: 194909

Year Number 2017 58042991 91749 TECH 2 LILLINGTON, NC 27546 BP - ENV HEALTH FEES

Amount

NEW TANK

\$750.00

GREGORY CONST

Tender detail CP CREDIT CARD Total tendered Total payment

\$750.00 \$750.00 \$750.00

Trans date: 12/22/17

Time: 12:54:31

** THANK YOU FOR YOUR PAYMENT **