

 $oldsymbol{O}$ county of harnett residential land use application 198 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext; 2 Fax: (910) 893-2793 www.hamett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: McKee Homes, LLC Malling Address: 109 Hay Street, Suite 301 City: Fayetteville Contact No: (910) 475-7100 ext 727 APPLICANT\*: McKee Homes, LLC \_ Mailing Address:\_109 Hay Street, Suite 301 City: Fayetteville Zip: 28301 Contact No: (910) 475-7100 ext 722 Email: krivera@mckeehomesnc.com CONTACT NAME APPLYING IN OFFICE: Josh Parton Phone # (910) 475-7100 ext 722 PROPERTY LOCATION: Subdivision: Oak yount Lot#: 315 Lot Size: 0.49 acre Sunny brook Ln Map Book & Page: 2017, 392 State Road Name: PIN: 0507-53-1316,000 \_\_ Deed Book & Page: 3364 / 0106 Power Company\*. Central Electric Flood Zone: Watershed: \*New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: SFD: (Size 36 x 56 ) # Bedrooms ## Baths: 25 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Monolithic Stab: (is the bonus room finished? (\_\_) yes (V) no w/ a closet? (\_\_) yes (V) no (if yes add in with # bedrooms) \_) # 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 Menufactured 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: Addition/Accessory/Other: (Size \_\_\_\_x \_\_\_) 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) \_\_\_\_ 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 femily dwellings: Manufactured Homes: Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/comer lot

Residential Land Use Application

Nearest Building on same lot

SPECIFIC D	RECTION	S TO THE	PROPE	RTY FROM LILI	LINGTON:		<u> </u>			
	DOCS	RD.	10	Executive	De.	10	Sunny brook	Ln.		
	<u></u>						J			
if permits are	granted I a	igree to co	nform to	ell ordinances a	and laws of	the State	of North Carolina regula	ting such work a	nd the specification	ons of plans submitted
The doy state	o mar roregi	Ang bizitin	ml	Part	Outdox to mis	e pest oi t	ny kalameoge, Pennik s	ubject to revocati ス/ム //タ	ou il 1812è intollini	жол із ргачава.
		8	gnatur	of Owner or O	wner's Age	ent		Date	-	

<sup>\*\*\*</sup>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.\*\*\*

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

NA	ME: _	McKe	e Homes, LLC		APPLICATION #:
			*This application to be	filled out when applying	for a septic system inspection.*
	Coun	ty Health	Department Applica	tion for Improvemen	t Permit and/or Authorization to Construct
IF T PER	HE INI MIT O ending a	FORMATION R AUTHORE	IN THIS APPLICATION IS ZATION TO CONSTRUCT! Intation submitted. (Complete	FALSIFIED, CHANGED, O SHALL BECOME INVALID	R THE SITE IS ALTERED, THEN THE IMPROVEMENT  The permit is valid for either 60 months or without expiration ete plat = without expiration)
2			3 opnon 1 Health New Septic Sys	temCodo eno	CONFIRMATION #
	• <u>A</u>	Il property	Irons must be made	<u>vlaible</u> . Place "pink pro mately every 50 feet bet	perty flags" on each comer iron of lot. All property ween corners.
	<ul> <li>P</li> <li>P</li> <li>If</li> <li>e<sup>a</sup></li> </ul>	lace "orang ut buildings lace orange property is valuation to	e house corner flags" at , swimming pools, etc. If Environmental Health of thickly wooded, Environ be performed. Inspecto	each comer of the prop Place flags per site plan card in location that is ea mental Health requires ors should be able to wal	osed structure. Also flag driveways, garages, decks, developed at/for Central Permitting. sily viewed from road to assist in locating property, that you clean out the <u>undergrowth</u> to allow the soil k freely around site. <b>Do not grade property</b> .
	• <u>A</u>	ii lots to be	addressed within 10	business days after co	nfirmation. \$25.00 return trip fee may be incurred
	• A' B( <u>C(</u>	fter preparir 90 (after se onfirmation	ng proposed site call the lecting notification perm number given at end of t	voice permitting system it if multiple permits exist recording for proof of rec	property lines, etc. once lot confirmed ready.  at 910-893-7525 option 1 to schedule and use code  it) for Environmental Health inspection. Please note  nuest.  sed to Central Permitting for permits.
Ð			ieaith Existing Tank in		eed to Central Permitting for permits.
	• F	ollow above	instructions for placing	flags and card on proper	rtv.
	• Pi px	repare for i ossible) and	nspection by removing :	soil over outlet end of ace. (Unless inspection	tank as diagram indicates, and lift lid straight up (it is for a septic tank in a mobile home park)
	<ul> <li>A1</li> <li>if</li> </ul>	fter uncover multiple pe	ring outlet end call the	voice permitting system 00 for Environmental H	at 910-893-7525 option 1 & select notification permit lealth inspection. Please note confirmation number
	• Ü	se Click2Go	ov or IVR to hear results.	. Once approved, proces	d to Central Permitting for remaining permits.
<u>SEP</u>	TIC				·
_			tion to construct please indi-	cate desired system type(s):	can be ranked in order of preference, must choose one.
	Alte	-	{□} Innovative	( Conventional	{□} Any
The a	applica	int shall notif	fy the local health departm		application if any of the following apply to the property in
<b>(</b> )	YES	(Ы) мо	Does the site contain an	y Jurisdictional Wetlands?	
$\{\Box\}$	YES	(S) NO	Do you plan to have an	irrigation system now or is	n the future?
{□}	YES	NO (CI)	Does or will the buildin	g contain any drains? Plea	se explain
( <b>D</b> )	YES	(M) NO	Are there any existing v	vells, springs, waterlines or	Wastewater Systems on this property?
<b>[</b>	YES	NO (III)			other than domestic sewage?
	YES	( NO		proval by any other Public	<del>-</del>
<b>(</b>	YES	NO NO		s or Right of Ways on this	
( <b>[</b> ])		NO (EI)		- ·	one or underground electric lines?
,					ate the lines. This is a free service.
I Hav	e Read	This Applies			in 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

## PLOT PLAN