

Ref. # 43338

Jawn of Coats
Info Only

Initial Application Date: 2.19.18

Application # 1850043337
CU# _____

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.harnett.org/permits

****A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: JENNINIS RAY DAWKINS JR. Mailing Address: 3215 FAIRGROUND RD
City: Dunn State: NC Zip: 28334 Contact No: 910-890-2160 Email: jmstrickland83@yahoo.com

APPLICANT: JEREMY M. STRICKLAND Mailing Address: 1330 LAKE RD
City: Dunn State: NC Zip: 28334 Contact No: 910-890-2160 Email: jmstrickland83@yahoo.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JEREMY M. STRICKLAND Phone # 910-890-2160

PROPERTY LOCATION: Subdivision: GRAVE TOWNSHIP Lot #: _____ Lot Size: 20 ± ACRES

State Road # _____ State Road Name: NC 27 EAST Map Book & Page: 2018, 26

Parcel: 07.1600.0217.01 PIN: 1600-26-8872

Zoning: COATS Flood Zone: NO Watershed: NA Deed Book & Page: 310, 418 Power Company*: DUKE ENERGY
3577/676

*New structures with Progress Energy as service provider need to supply premise number 99227180 from Progress Energy.

PROPOSED USE:

SFD: (Size 28 x 83) # Bedrooms: 3 # Baths: 2.5 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: (Size _____ x _____) # 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: _____ 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: _____ #Employees: _____

Addition/Accessory/Other: (Size _____) 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): 1 proposed storage

Required Residential Property Line Setbacks:

Front Minimum 35 Actual 580
Rear 25 430
Closest Side 10 65
Sidestreet/corner lot 20
Nearest Building 10 25

Comments: _____

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. I hereby 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

2/16/18
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****

Intersection of NCSR 1558
Road
60' R/W
660.49'
51' 23" W

Warren A. Buchler
Deed Book 2062, Page 471

*down of
Coats*

William H
8 C
Deed Book

Shwaiken
5, Page 512

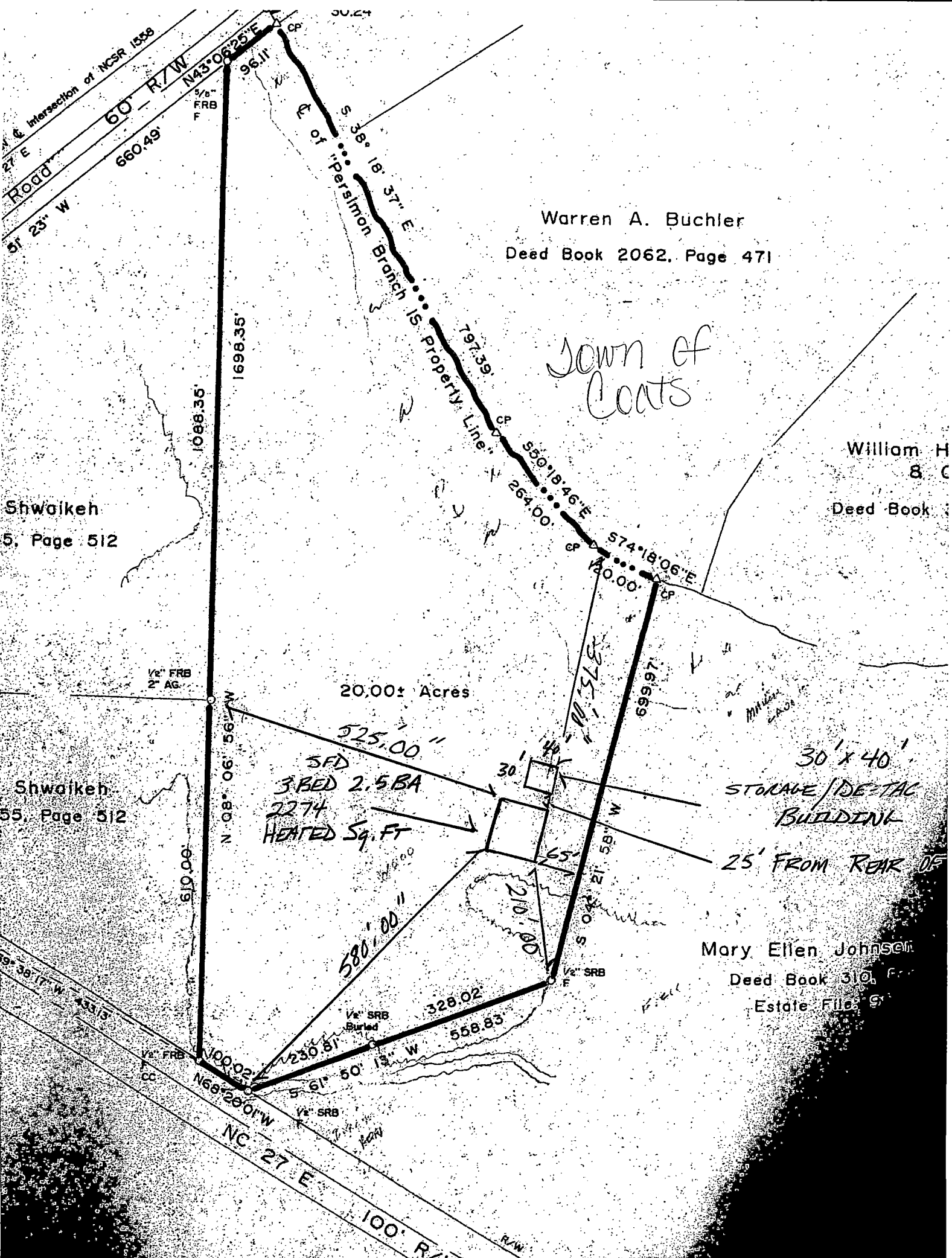
Shwaiken
55, Page 512

20.00 Acres

525.00"
SFD
3 BED 2.5 BA
2274
HEATED Sq. FT

30' x 40'
STORAGE / DETACH
BUILDING
25' FROM REAR OF

Mary Ellen Johnson
Deed Book 310
Estate File: 9



NAME: J. SARKISLAND

APPLICATION #: 43337

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

910-893-7525 option 1

CONFIRMATION # _____

Environmental Health New Septic System Code 800

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted
 Innovative
 Conventional
 Any
 Alternative
 Other _____

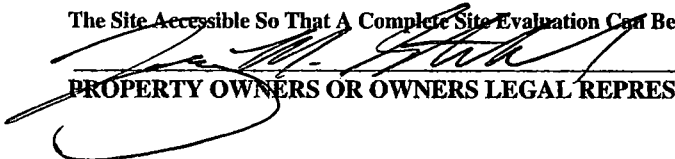
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES NO Does the site contain any Jurisdictional Wetlands?
 YES NO Do you plan to have an irrigation system 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?
 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.

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.



PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2/10/18

DATE

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

JEREMY M. STRICKLAND (910) 890-2100
Applicant/Owner Phone Number
1330 LANE RD, Dunn NC 28334
Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation


Street Address _____ Subdivision/Lot # _____
Parcel # 07-1600-0217-01 PIN # 1600-26-8872

Directions to the Site

From LILLINGTON TURN RIGHT HWY 421 EAST,
TURN LEFT HWY 27 EAST, GO THRU COATS
PROPERTY ON LEFT RIGHT PAST EBENEZER CHURCH RD

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.


Property Owner's or Owner's Legal Representative Signature Required

2/19/18
Date



NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 2-19-2018-1 Date: 2/19/18 Fee: 150

Parcel ID*: 071600 0217 01 Area Zoned As: RA

APPLICANT:

PROPERTY OWNER:

Name (Print) JEREMY M. STRICKLAND
Address 1330 LANE ROAD
City, State DUNN NC 28334
Zip Code 28334
Phone # 910-890-2160

Name JENNINGS RAY DUKINS JR
Address 3215 OLD FAIRMOUNT
City, State DUNN NC
Zip Code 28334
Phone # 910-890-2160

Location of Property: IN-TOWN ETJ [checked] ETJ (contiguous)

Present Use of Property: VACANT RA

PROPOSED USE OF PROPERTY:

[checked] Single Family Dwelling: # Rooms: 8 # Bedrooms: 3 Square Feet: 2274
[] Multi Family Dwelling: # of Units: #Bedrooms (per unit): Square Feet (per unit)
[] Mobile Home (single lot): Single wide: Double Wide:
[] Mobile Home Park: Section 16, Zoning Ordinance must apply
[] Business: Total # of employees per day Type of business
[] Others (specify):

[] Existing structure: Renovate: Addition: Demolish:

WATER AND SEWER SUPPLY:

Water: [] Private [checked] Public [] Proposed [] Existing
Sewer: [checked] Private [] Public [] Proposed [] Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: [Signature] Date: 2/19/18

ZONING ADMINISTRATOR USE ONLY

Notes: single-family home and detached storage

APPROVED

Approved: [checked]

Denied: []

TOWN OF COATS ZONING VALID FOR 12 MONTHS

Zoning Administrator: Nick Holcomb

Date: 2/19/2018

THIS PERMIT IS VALID FOR 12 MONTHS