COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION set, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (91

Central Permitting 108 E. Front Street, Lillington, NC 27546

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 4 Laure- Worley Mailing Address: 1329 Turner Farmers Rd

City: GARNER State: zip: 27529 Contact No: 919-524-6429 Email: Worley Farlife @ gmail. C
APPLICANT*: MICHAEL TABON Mailing Address: 228 Gray W. Hon Da
City: Clayton State VC Zip ZISW Contact No: 919754-7378 Email: hmt Construction LCC *Please fill out applicant information if different than landowner
*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: MICHAEL TABO Phone # 919 - 754 - 7378
PROPERTY LOCATION: Subdivision: Lot #2 Shirley & Flancing Inheritance MPH2017-73 Lot Size: 10.285 A
State Road # 391 State Road Name: Shady Brook Lane Map Book & Page: 2017 / 73
Parcel: 0653-99-8738,000 PIN: 080053 OLO8 02
Zoning: RA-30 Flood Zone: No Watershed: Y Deed Book & Page: 5571 / 659 Power Company*: DUKE Progress
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE: Monolithic
SFD: (Size 50 x 58) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame Of
☐ 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: Existing Wel Pew 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
Does the property contain any easements whether underground or overhead (2) yes () no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments: Front Minimum 35 Actual 160, Adding a New Well - County tap 15 too far off
a
Rear 25 708,11 +W Wed.
Closest Side 10 105, 20
Sidestreet/corner lot 20

Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	TAKE	US 401	North	toward	Fuguax
turn right onto Lafazette	Rd	turn	lef+	onto	, 0
Shady Brok la	ne				
0		_			
				· ·	
If permits are granted I agree to conform to all ordinances and laws of th I hereby state that foregoing statements are accurate and correct to the I	e State of North C best of my knowle	arolina regulating dge. Permit subje	such work and ct to revocation	the specifications if false information	s of plans submitted. on is provided.
		2-	16-2019		
Signature of Owner or Owner's Agen	nt		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**

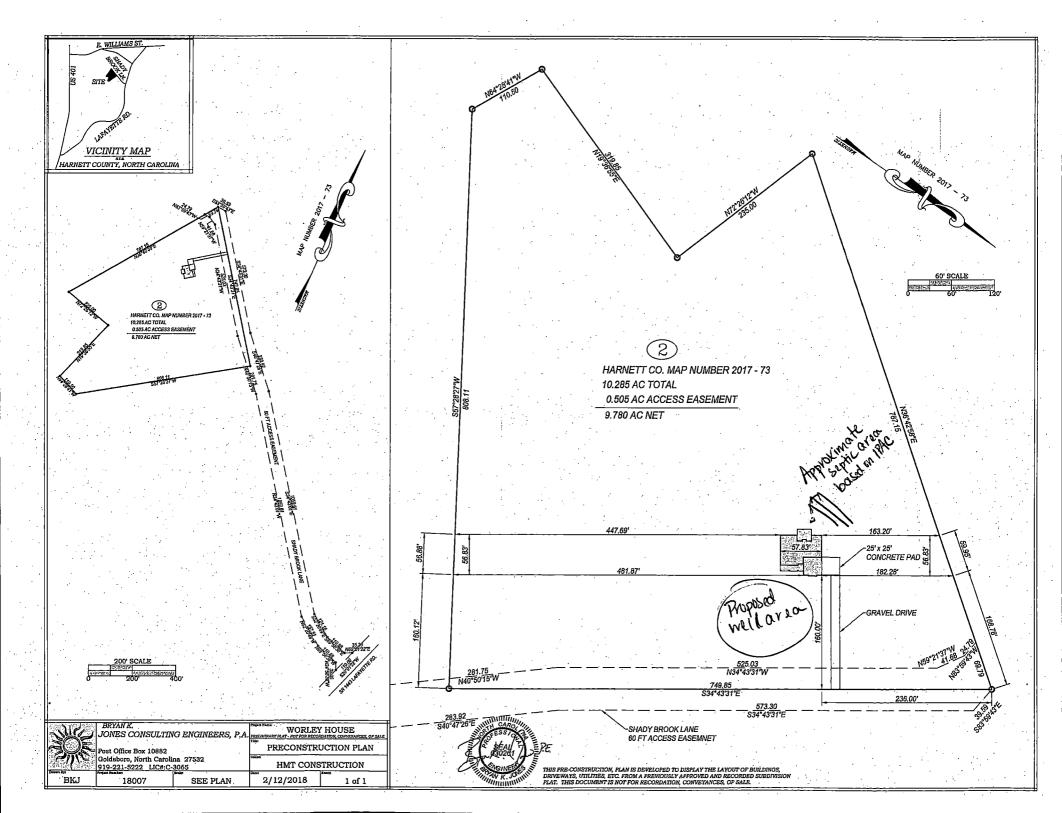
NAME: Joshua & Lauren Worley APPLICATION #:_ *This application to be filled out when applying for a septic system inspection.* County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, 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 SystemCode 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. If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. { \(\) \(\) Accepted { / } Conventional { } Innovative {__}} 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 Does the site contain any Jurisdictional Wetlands? {__}}YES Do you plan to have an <u>irrigation system</u> now or in the future? {__}}YES Does or will the building contain any drains? Please explain.__ __}YES Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {__}}YES Is any wastewater going to be generated on the site other than domestic sewage? Is the site subject to approval by any other Public Agency? { } NO Are there any Easements or Right of Ways on this property? {__}} 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

OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

The Site Accessible so That A Complete Site Evaluation Can Be Performed.

2-16-2015



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

HMT CONSTRUCTION LLC (919) 754-7378
Applicant/Owner Phone Number 228 6eorg Wilton Dr Clayton UC 27520 Street Address, City, State, Zip Code
228 Georg Wilton Dr Clanton NC 27520
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:
 existing and/or proposed property lines and easements with dimensions; 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 or 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 39/5 hady Brook Land Subdivision/Lot # Parcel # 080053 0108 02 PIN # 0053-89-8738.000
Parcel # 080055 0108 02 PIN# 0055-89-8158.000
Directions to the Site
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 give 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 f am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a will can be properly constructed according to the permit.
4-12-19
Property Owner's of Owner's Legal Representative Signature Required Date

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*** CUSTOMER RECEIPT ***
Oper: BPETRICH
                    Type: CP Drawer: 1
Date: 4/12/18 51
                    Receipt no:
                                 319521
     Year
             Number
                                 Amount
           50043344
391 SHADY BROOK LN
FUQUAY-VARINA, NC 27526
            BP - ENV HEALTH FEES
34
                                $25A. AA
NEW WELL
 HNT CONSTRUCTION LLC
Tender detail
CP CREDIT CARD
                                $250.00
Total tendered
                                $250.00
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Trans date: 4/12/18 Time: 13:07:17
** THANK YOU FOR YOUR DAYMENT **

\$250.00

Total payment