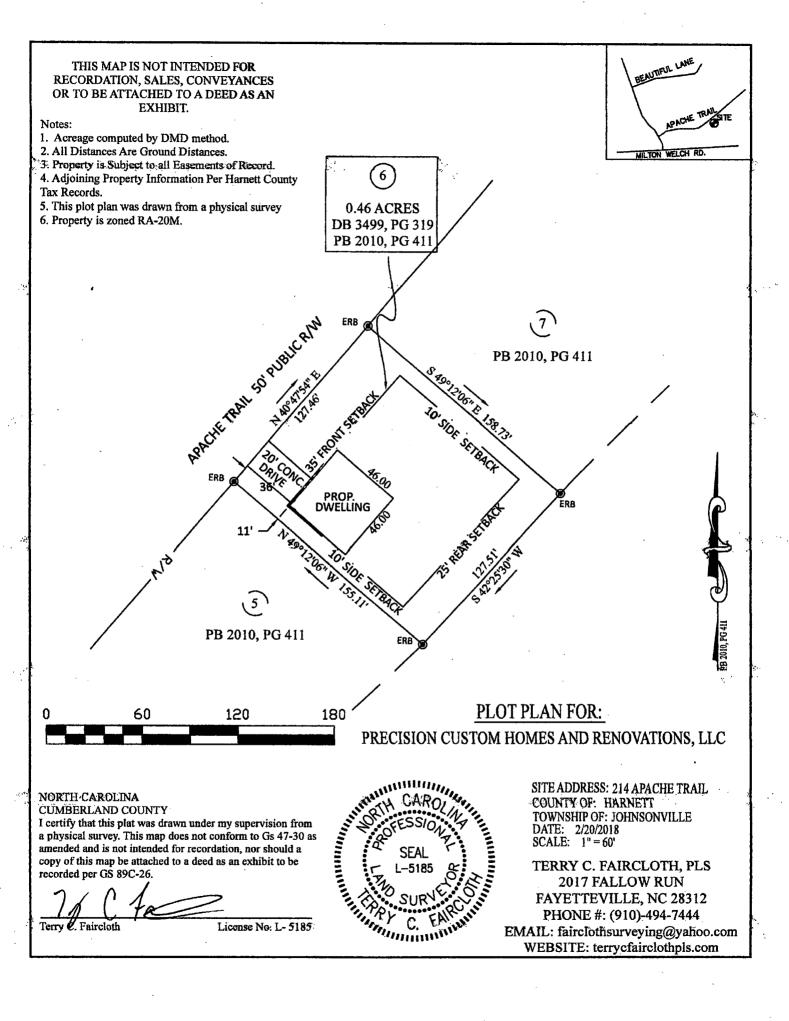
теринсаціол Date: 1/22/18
County of Harnett Residential Land use Application # CU# Cut Phone: (910) 893-7525 ext; 2 Favor 2015
Tax: (910) 802 2700
LANDOWNED (1961) 110 (1) 160 H. AND USE PLAN ARE REQUIRED WHEN SUBMITTING ALAND USE AND USE AN
Malling Address: 256 Brian Hill DA
State: V Zip: 28376 Contact No: 910-988-8172
LANDOWNER: Precision (ustam Home) and Renovations, LL (City: Racford State: UC Zip: 28376 Contact No: 910-988-8172 Email: Shaun @precisionpropertiesno. (ustam) Mailing Address: Mailing Address:
City: State: 7io: O
CONTACT NAME ADDI VINC IN OFFICE
Phone # 910-949-8177
PROPERTY LOCATION: Subdivision: Summer 10 State Road # 714 State Road # Control To Lot #: 6 Lot Size: 0. 46
Parcel: 997-92-3910.000 PIN: 099567 G654 34
Zorling: 171 44 Flood Zone: Numbershed: 100 Deed Book & Page: 3499 / 319 Rouge Some Control 15 to Co
*New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.
PROPOSED HOE at all a
PROPOSED USE: 46×46
SFD: (Size X 46) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: X
(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 (Size x) # 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: (Size x) Use:
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 (\(\frac{1}{2} \)) no
Structures (existing of proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments: Please see attached report from soil scientest.
Front Minimum 35 Actual 36 If possible we would like to make this a 4
Rear <u>25</u> 73 <u>608</u>
Closest Side 10 11
Sidestreet/corner lot_20_
Nearest Building 10
on same lot Residential Land Use Application Page 1 of 2 03/11

Page 1 of 2
APPLICATION CONTINUES ON BACK

ECIFIC DIREC	CTIONS TO THE PR	OPERTY FR	OM LILLIN	GTON:	77 W	Non 87	7 , 2	۵۸	Milton	welch	
	CTIONS TO THE PR	→ R	unt.	SUMMO	erlin Us.	Right	un A	pache	Trail		
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nits are gra	nted I agree to confo it foregoing statemen	rm to all ordin ts are accura	nances and ate and corr	laws of the	e State of North est of my knov	n Carolina regula vledge. Permit s	ating such subject to	work an revocatio	d the specif on if false in	fications of p formation is	lans subn provided.
	Sign	ature of Ow	ner or Own	er's Agen	<u> </u>		2 7 1 Date	18			

This application expires 6 months from the initial date if permits have not been issued

^{***}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.***



NY A NOV		Shaun	Gardner / Precision Custum Homes + Renovations APPLICATION #: 18-5	3042379
NAME:		- 7	APPLICATION #: \(\(\beta\) \(\O\)	00 (00 1
IF THE I PERMIT dependin	NFO OR g upo 910	RMATION AUTHORIZ on documen)-893-752	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization in the permit application is falsified, Changed, OR THE SITE IS ALTERED, THEN THE ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 mon lation submitted. (Complete site plan = 60 months; Complete plat = without expiration) CONFIRMATION #	HE IMPROVEMENT ths or without expiration
9 <u>En</u>	Ine Pla out Pla If p eva All for	property s must be ce "orang buildings ce orange roperty is aluation to lots to be failure to	Health New Septic System Code 800 I irons must be made visible. Place "pink property flags" on each corner iron clearly flagged approximately every 50 feet between corners. He house corner flags" at each corner of the proposed structure. Also flag drivew a swimming pools, etc. Place flags per site plan developed at/for Central Permitter Environmental Health card in location that is easily viewed from road to assist in thickly wooded, Environmental Health requires that you clean out the undergraph be performed. Inspectors should be able to walk freely around site. Do not graph and the strength of th	vays, garages, decks, ting. n locating property. owth to allow the soil the property. fee may be incurred onfirmed ready.
• <u>En</u>	SOC CON Use Viro Fol Pre pos DO Afte if n	O (after sentirmation of Click2Genmental of Click2Genmental of Click2Genmental of Click2Gener for Click2Gener of Click2Gener o	ng proposed site call the voice permitting system at 910-893-7525 option 1 to so electing notification permit if multiple permits exist) for Environmental Health ins number given at end of recording for proof of request. ov or IVR to verify results. Once approved, proceed to Central Permitting for permetal Health Existing Tank Inspections e instructions for placing flags and card on property. inspection by removing soil over outlet end of tank as diagram indicates, and then put lid back in place. (Unless inspection is for a septic tank in a mobile hour put lid back in place. (Unless inspection is for a septic tank in a mobile hour put lid back in place. (Unless inspection is for a septic tank in a mobile hour put lid back in place. (Unless inspection is for a septic tank in a mobile hour put lid back in place. (Unless inspection is for a septic tank in a mobile hour put lid back in place. (Unless inspection is for a septic tank in a mobile hour put lid back in place. (Unless inspection is for a septic tank in a mobile hour put lid back in place.) VELIDS OFF OF SEPTIC TANK writing outlet end call the voice permitting system at 910-893-7525 option 1 & selections, then use code 800 for Environmental Health inspection. Please note of recording for proof of request. ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining in the second	pection. Please note rmits. d lift lid straight up (if nome park) ect notification permit confirmation number
SEPTIO	2			
If apply	ing f	or authoriz	ation to construct please indicate desired system type(s): can be ranked in order of preference \mathbf{v}	e, must choose one.
{}} A	ccep	oted .	$\{_\}$ Innovative $\{X\}$ Conventional $\{_\}$ Any	
{}} A	lterr	native	{}} Other	
The app question	lican . If	it shall not the answei	ify the local health department upon submittal of this application if any of the following is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	apply to the property in
{}}YE	S	$\{\overline{\chi}\}$ NO	Does the site contain any Jurisdictional Wetlands?	
{}}YE	S	$\{\underline{\lambda}\}$ NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YE	S	{ <u>X</u> } NO	Does or will the building contain any drains? Please explain.	
{}}YE	S	(<u>X</u>) NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this prop	erty?
{}}YE	S	ON $\{\underline{X}\}$	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YE	S	ON { <u>X</u> }	Is the site subject to approval by any other Public Agency?	
{}}YE	S	{ <u>X</u> } NO	Are there any Easements or Right of Ways on this property?	
{}}YE	S	ON <u>{</u> _}}	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 F	ead	This Appli	cation And Certify That The Information Provided Herein Is True, Complete And Correct.	Authorized County And
			nted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With App	-
I Unders	tand	That I An	n Solely Responsible For The Proper Identification And Labeling Of All Property Lines And	Corners And Making
The Site	Acce	essible So T	That A Complete Site Evaluation Can Be Performed.	8111515
PROPE	RT	Y OWNE	RS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

	PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET							
·	SUBDIVISION: Summerlin Gravity INITIAL SYSTEM: APPROVED 25% RECU		LOT Co Gravity REPAIR Approved 25% Reduction DISTRIBUTION Serial					
	DISTRIBUTION: Serial	DISTRII						
	BENCHMARK: 100.0	LOCAT	ION FC Iron Lot 9/10					
	NO. BEDROOMS: 3	LTAR	0,4 6PD/FT2					
	LINE FLAG COLOR	ELEVATION	LENGTH					
75	<u></u>	101.00	130					
7	2a W	100.58	225					
			,					
			,					
	2b W	100.58	25					
2)	$\frac{3}{11}$ $\frac{\beta}{10}$	100,25	<u> </u>					
	5 y	99.67	35					
V	(0 h)	99,25	230					
	ByB.C. Raynor	_	DATE 05/07/2017					
	TYPICAL PROFILE	_	THERE SHALL BE NO GRADING,					
	0-20 LS Frigran	<u> </u>	CUTTING, LOGGING OR OTHER SOIL					
	20-40 SCL firm SBK		DISTURBANCE IN SEPTIC AREA					
	Cr 2(a) 30"		ANY DISTURBANCEMAY CAUSE A SITE					

TO BECOME UNSUITABLE

