| New Proprietation Date: 2/22/18 |
|--|
| Central D. Application # 18-50043383 |
| 108 E. Front Street, Lillington, NC 27546 |
| TAX: (910) 893-2793 |
| LANDOWNER: 10 PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATIONS |
| City: Rae ford Malling Address: 256 Brior Hill Rd. |
| LANDOWNER: Precision (ustam Homes and Renovation), LL (City: Rat ford State: NC zip: 28376 Contact No: 910 -988 -8172 Email: Shaun@ precision properties no. Co. |
| Mailing Address |
| City: State: Zin: |
| *Please fill out applicant information if different than landowner |
| CONTACT NAME APPLYING IN OFFICE: Shaw Gardas Phone # 910-988-8177 |
| |
| PROPERTY LOCATION: Subdivision: State Road # 56 State Road Name: Bequiriful Lone Map Book & Page: 2010, 411 Parcel: 9107-82-5540.000 PIN: 019567 0059 51 |
| Parcel: 450 1-82-5540.000 PIN: 019567 0054 51 |
| Zorling: No Flood Zone: A Watershed: NO Deed Book & Page: 3499 319 Power Company (0 of trail 1) M (|
| *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. |
| PROPOSED USE: |
| SFD: (Size 60 x 45) # 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) |
| \cdot |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off F |
| |
| ☐ 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: |
| · |
| 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): |
| Required Residential Property Line Setbacks: Comments: Please see attack report from Soil silentest |
| Front Minimum 35 Actual 36 |
| Rear <u>25</u> 25.9 |
| 10 |
| Closest Side 10 .40 |
| Closest Side 10 90 Sidestreet/corner lot 20 Nearest Building 10 |

Page 1 of 2
APPLICATION CONTINUES ON BACK

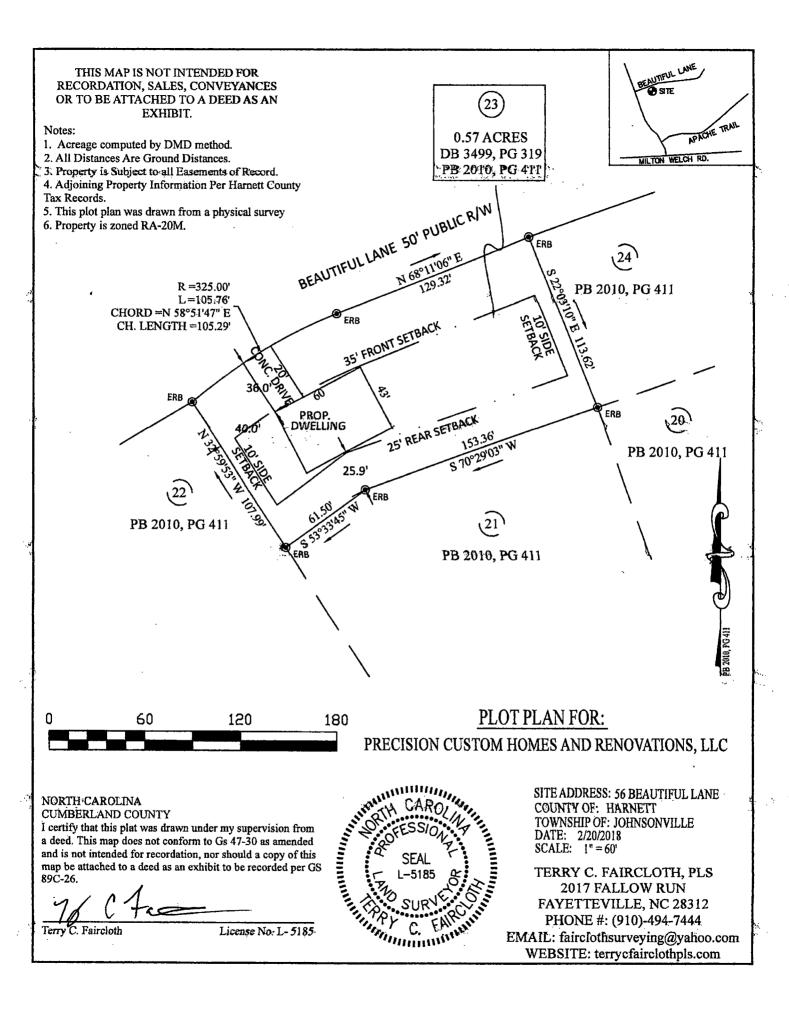
03/11

Residential Land Use Application

| tus 0.7 miles, Run | Summedin Ur, Ron Beautiful | (). |
|--------------------|---------------------------------------|-----|
| | The State of French on | |
| | · · · · · · · · · · · · · · · · · · · | |

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.***



| 10 | | | | | | | |
|---|-----------------------|--|--|--|--|--|--|
| NAME: Shown Gardner / Precision Custum Homes + Renovations APPLICATION #: 18-500432 | 82 | | | | | | |
| NAME: APPLICATION #: DESCRIPTION OF SUPPLICATION #: DESCRIPTION OF SUPPLICATION OF SUPP | 10 <u>J</u> | | | | | | |
| *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 | | | | | | | |
| | expiration | | | | | | |
| depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) | 210279 | | | | | | |
| 910-893-7525 option 1 CONFIRMATION # LILL OF | <u>00) </u> | | | | | | |
| All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property irons must be made visible. | I 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, garage out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. | es, aecks, | | | | | | |
| Place orange Environmental Health card in location that is easily viewed from road to assist in locating p | | | | | | | |
| • 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 propert All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be | | | | | | | |
| for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed re | eady | | | | | | |
| After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Plant | use code ease 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 permit | ite | | | | | | |
| SEPTIC | | | | | | | |
| If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose | e one. | | | | | | |
| $\{_\}$ Accepted $\{_\}$ Innovative $\{X\}$ Conventional $\{_\}$ Any | | | | | | | |
| {}} Alternative | | | | | | | |
| 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: | | | | | | | |
| $\{\underline{\ }\}$ YES $\{\underline{\ }\}$ NO Does the site contain any Jurisdictional Wetlands? | | | | | | | |
| {}}YES {}NO Do you plan to have an <u>irrigation system</u> now or in the future? | | | | | | | |
| {}}YES {_X} NO Does or will the building contain any drains? Please explain | | | | | | | |
| {}YES {X} NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property? | | | | | | | |
| $\{\underline{\ }\}$ YES $\{\underline{\ }\}$ NO Is any wastewater going to be generated on the site other than domestic sewage? | | | | | | | |
| {}}YES {_X} NO Is the site subject to approval by any other Public Agency? | | | | | | | |
| {}}YES {_X} 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 C | ounty 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)

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

| | subdivision: Summerlin | LOT 2 | 23 | |
|-----|--|---|---------------------------------|--|
| | INITIAL SYSTEM: APPROVED 25% RECUCTION | REPAIR Approved 25% Reduction DISTRIBUTION Serial | | |
| | DISTRIBUTION: Serial | | | |
| | BENCHMARK: 100.0 | LOCAT | ION BC Lot 24/20 | |
| | NO. BEDROOMS: 4 | LTAR | 0,3 6PD/Fr | |
| | LINE FLAG COLOR | ELEVATION | <u>LENGTH</u> | |
| . (| 1 0 | 101.67 | 40 | |
| (/ | 2 W | 100,92 | 75 | |
| | 3a 0 | 100.34 | (00_ | |
| | | | 175 | |
| | | | | |
| | 2h | 100.34 | 40 | |
| 2) | 3b 0 4 W | 99,92 | 90 | |
| `] | 5 0 | 99.25 | 90_ | |
| ۷ | | | 220 AVAIL | |
| | | | | |
| | | ······································ | | |
| | | | | |
| | | | | |
| | BY B.C. Raynor | | DATE 05/02/2017 | |
| | TYPICAL PROFILE | | THERE SHALL BE NO GRADING, | |
| | 0-40 LS fri gran | | CUTTING, LOGGING OR OTHER SOIL | |
| | 0-40 LS fri gran | | DISTURBANCE IN SEPTIC AREA | |
| | | | ANY DISTURBANCEMAY CAUSE A SITE | |
| | | | TO BECOME UNSUITABLE | |

