Initial Application Date:-10 COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
08 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: Mailing Address: State: Zip: Contact No: Email: City: Ula Mailing Address: 7650 Spurge Dr State: NC Zip=28311 Contact No: 913 7025640 Email: oneallyn.760 Smail. Com Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Phone # PROPERTY LOCATION: Subdivision: River Blatt Dr. N. Dunn, NC Lot # 213 Lot Size: 7.60 State Road Name: Kiver Bluff Dr. N State Road # arcel: 0596-27. 367000; U596-27-3392.000 PIN: OLO OS96 0258 28 COLO OS96 0258 29 Zoning Flood Zone: Watershed: Deed Book & Page: \29360 Power Company*: *New structures with Progress Energy as service provider need to supply premise number PROPOSED USE: Monolithic SFD: (Size 60 x 10) # Bedrooms: 5 # Baths: 3 Basement(w/wo bath): Garage: \(\sqrt{Deck:} \) Deck: Crawl Space: Slab: \(\sqrt{Slab:} \) (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: ____ п 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: V 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 of proposed): Single family dwellings: Manufactured Homes:___ Other (specify): Required Residential Property Line Setbacks: Front Rear

Page 1 of 2

APPLICATION CONTINUES ON BACK

Closest Side

Sidestreet/corner lot_ Nearest Building _ on same lot

Residential Land Use Application

03/11

CIFIC DIRECTI	IONS TO THE PI	ROPERTY FROM LI	ILLINGTON:	5-2-45	Norrig	5 Rd to	
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nite are arante	ad Lagrae to conf	orm to all ordinance	e and lawe of the Sta	te of North Carolina	regulating such work	and the specifications o	f nlane euhn
						tion if false information	
		nature of Owner or	Ourner's Mont		- 1/ley 18	_	
	3ig	lature or Owner or	Owner's Agent		Date		

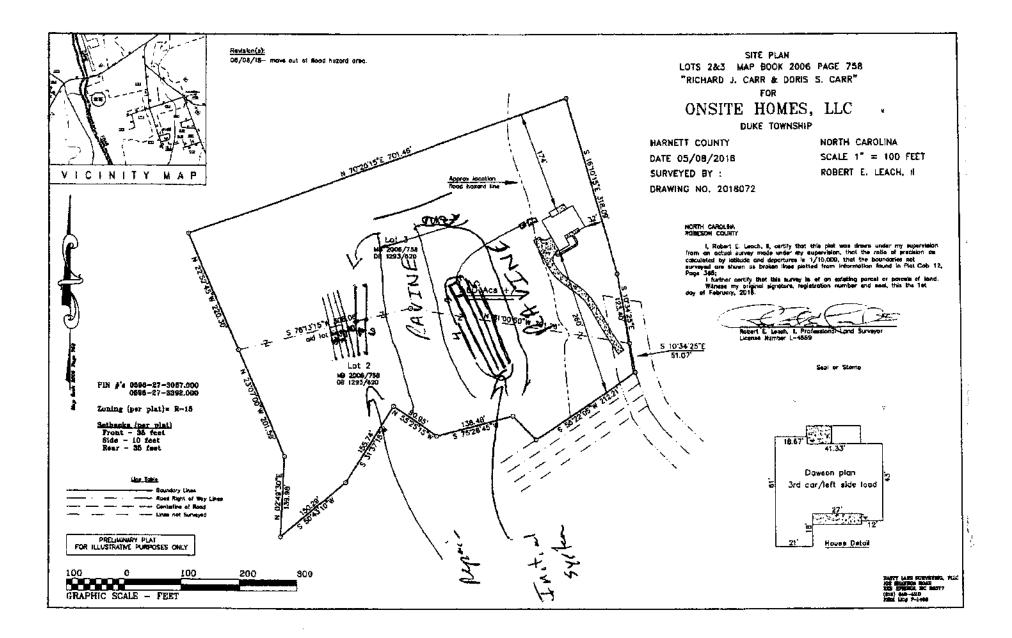
It is the owner/applicants responsibility to provide the county with any applicable Information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

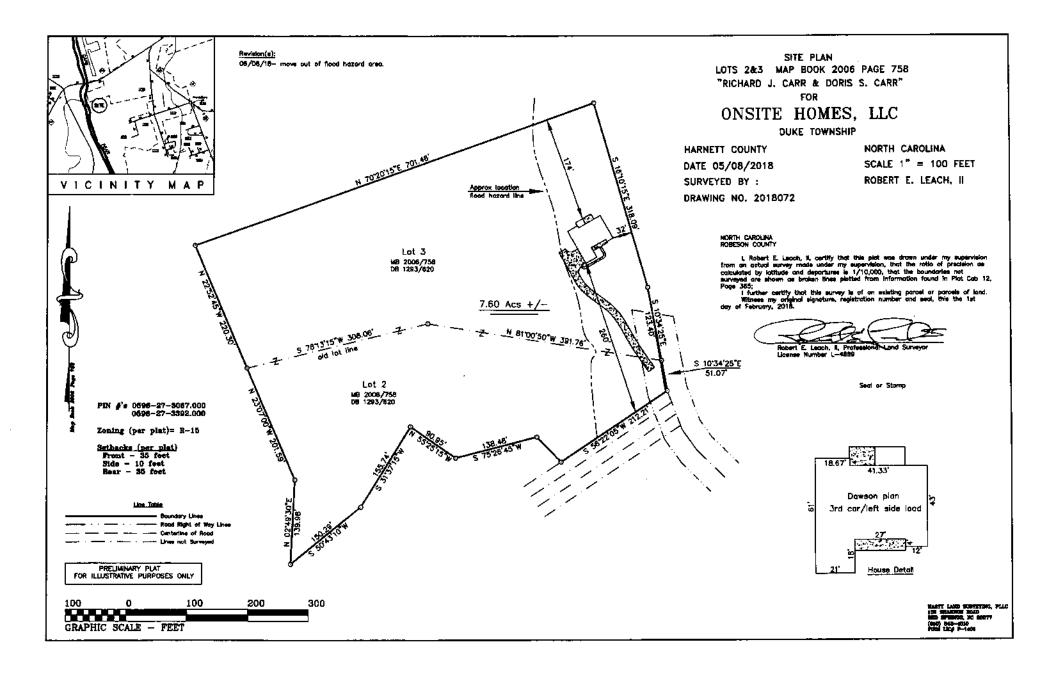
This application expires 6 months from the initial date if permits have not been issued

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

DISTRIBUTION: 5 CATAL DISTRIBUTION D-	VED 25% Red	
	Bux	
	LOCATION	
NO. BEDROOMS: 5 LTAR p. 3 gpd	1ft2	
LINE FLAG COLOR ELEVATION LENG		
/i Y/W 100.00 13	ic.	
2 0 99.75 15		
3 B 99.58 50		
	0	
5 0 99.08 12.		
16 P 100,00 A	(CC	
	v C	
9 100.00	00	
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·	<i>)</i>	
	<u>oD</u>	
BY B.C. RayNOR DATE 07/02/2	018	
TYPICAL PROFILE THERE SHALL BE NO	GRADING,	
D-6 Sloam FRI gran CUTTING, LOGGING	OR OTHER SOIL	
10-36 Sicloan firm SBK DISTURBANCE IN SE	PTIC AREA	
SAD > 50% > 26"		





30067

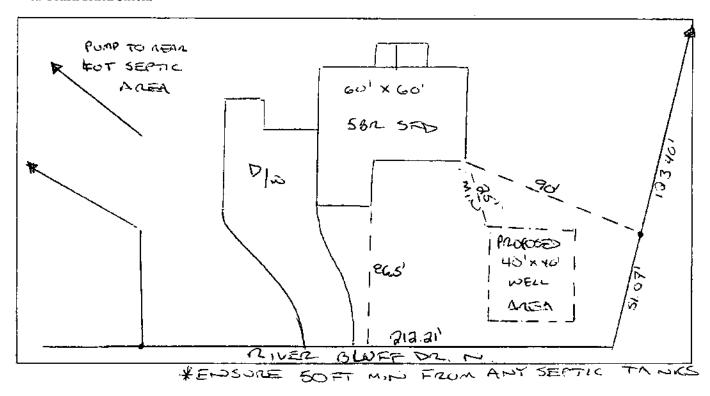
HTE# 18-5-43959 Harnett County Department of Public Health

Improvement Permit

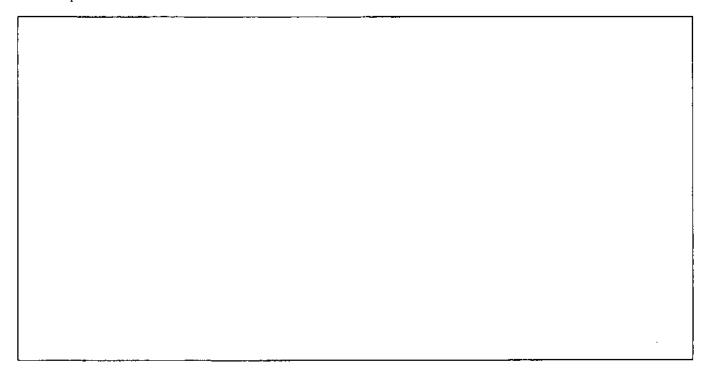
	maprovement 1 emint	
	A building permit cannot be issued with only an Improvement Permit	52147
remen to do as a like the	PROPERTY LOCATION: GIVET BLUET OF N CC	1,000 1L
INVED TO: COM MOCK O'N	SCENT SUBDIVISION PRIVET PLOTE Q. NO.	LOT # _ 2 /4_
	ANSION Site Improvements required prior to Construction Authorization Iss	suance:
Type of Structure: SBN COXCO	OCCUBANCE 10 max	
Proposed Wastewater System Type:	(Col + Lich 512 (Pum) -	
Projected Daily Flow: GPD	- LIONS A Tropoly LINE MINT	166
·	Occupants: 10 max	
Basement ☐ Yes ☐ No	& clearly Identified	<u> </u>
Pump Required: Tes No May be n	required based on final location and elevations of facilities	
Type of Water Supply: La Community	lic D Well Distance from well 100 feet M. Permit valid for:	ive years
Permit conditions: 5 Geo. Co.	Soil Scientist Report Regulando ON	o expiration
Loub to Local feet	septic curea required. Layout and po	
SUBJECT SOCK HILL	OFICAS COMMINGE	1
Authorized State Agent	parameters the isoconcer of other permits. The permit holder is responsible for checking with appropriate governing bodies in neeting the	E SKETCH
site is subject to revocation if the site plan, plan, or the intended of the Laws and Bules for Sewage Treatment and Dispersal and to cond	are counter one hish-accreme i count men ant he mierien al a remails in passional of the his sur bestill to this fire.	with the previsions of
	Construction Authorization	
	(Required for Building Permit)	
The construction and installation requirements of Rules .1950, .1952 with the attached system layout.	52, 1954, 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be ins	talled in accordance
ISSUED TO:	PROPERTY LOCATION:	
)T #
Facility Type:		
	Fixtures? Yes No	
Type of Wastewater System**		CDD
	(Initial) Wastewater Flow:	GPย
(See note below, if applicable □)	a . 1)	
1 . 11	(Repair)	
Installation Requirements/Conditions	Number of trenches	
Septic Tank Size gallons	Exact length of each trench feet Trench Spacing: Feet on	Center
Pump Tank Size gallons	Trenches shall be installed on contour at a Soil Cover: inches	
	Maximum Trench Depth of: inches (Maximum soil cover shall not excee	ď
	(Trench bottoms shall be level to +/-1/4" 36" above the trench bottom)	
	in all directions)	
Pump Requirements:ft. TDH vs	*	ches below pipe
	·	
Conditions:	Aggregate Depth: in	
		inches total
NATER LINES (INCLUDING IRRIGATION) MUS NO UTILITIES ALLOWED IN INITIAL OR REPAIR	ST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. IR DRAIN FIELD AREA.	
"Il applicable; I understand the system type specifi	ified is different from the type specified on the application. I accept the specifications of this perm	it.
Owner/Legal Representative Signature:	Date:	
his Construction Authorization is subject to revocation if the site pla	Date: Date:	the site. This
onstruction Authorization is subject to compliance with the provision	ons of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	
		- -
Authorized State Agent:	Nata-	
<u></u>	Construction Authorization Expiration Date:	

A WANT to use EDOZE EMDER & For Septic

Well Construction Sketch



Well Completion Sketch



HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CF Drawer: 1
Date: 7/09/18 52 Receipt no: 10775

Year Number Amount 2018 50043959 95125 *UNASSIGNED DUNN, NC 28334 BP - ENV HEALTH FEEB \$100.00

REVISION 2018 50043959 95125 *UNASSIGNED DUNN, NC 28334 B1 BP - PERMIT FEES

\$40.00

SITE PLAN CHANGE

ONSITE HORES

fender detail
CP CREDIT CARD
Total tendered \$140.00
Total payment \$140.00

Trans date: 7/09/18 Time: 13:29:58

** THANK YOU FOR YOUR PAYMENT **