Initial Application Date:_	V	29	118	3
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Application # _	1850044117	
	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 KAREN DAY __ Mailing Address: 3977 LEAFLET CHMCIL KD State: M Zip: 77505 Contact No: Ummiwas Mailing Address: PO BOX 145 State: N Zip: 27330 Contact No: 919-770-4693 Email: BNAD Communs Se Mayor Com *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: BRAD D. mmiN25 Phone # PROPERTY LOCATION: Subdivision: _______ Lot #: 3 State Road Name: LEAFLET CHURCH RD Map Book & Page: 2014 / 115 0509-87-3110.000 Zoning: RA 30 Flood Zone: X Watershed: Deed Book & Page: 3595 / 0083 Power Company*: DUKE PROGRESS *New structures with Progress Energy as service provider need to supply premise number Will Supply _____ from Progress Energy. PROPOSED USE: Monolithic SFD: (Size 78 x 56) # Bedrooms: 3 # Baths 2 h Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (Is the bonus room finished? (__) yes (__/) no w/ a closet? (__) yes (__/) no (if yes add in with # bedrooms) _) # 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:___ Addition/Accessory/Other: (Size ____x___) Use:____ Closets in addition? () yes () no Water 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 (\sqrt{)} no Does the property contain any easements whether underground or overhead (___) ves Structures (existing or proposed): Single family dwellings: Other (specify): SHET) __ Manufactured Homes:___ Required Residential Property Line Setbacks: Comments: Minimum 35 Front Actual 125 Rear Closest Side Sidestreet/corner lot

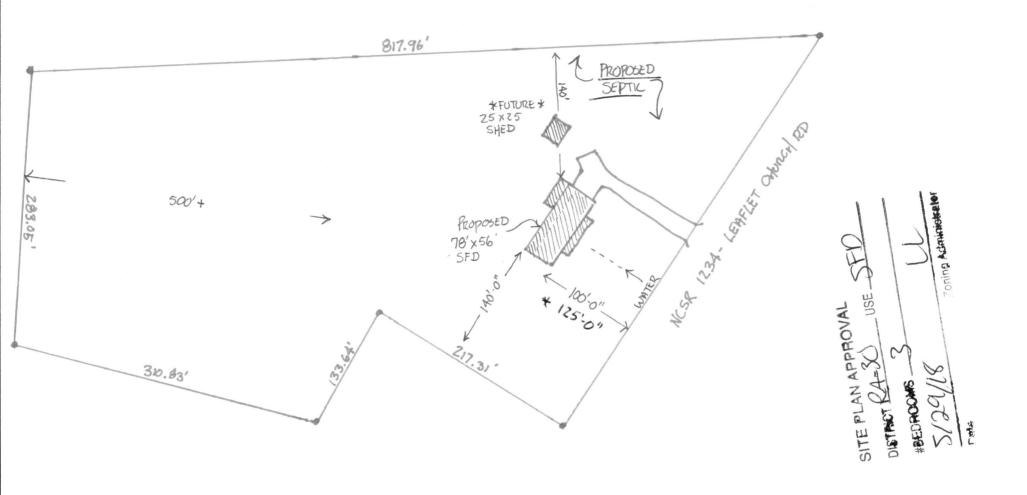
Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: OLD US 421 OUT OF LILLINGTON. LEFT ON MCDOUGHALD RD. RIGHT ONTO LEAFLET CHUNCH 18D. JOB SITE ON LEFT BEFORE PND OF LEAFLET
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 Date Dat
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: _5	RAD (APPLICATION #	:			
		This application to be filled out when applying for a septic system ins	pection.			
County	County Health Department Application for Improvement Permit and/or Authorization to Construct					
IF THE INFO	RMATION IN	IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERFI	THEN THE IMPROVEMENT			
PERMIT OR A	AUTHORIZA n documentat	CATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for eiterstand submitted.	ther 60 months or without expiration			
910	-893-7525	tation submitted. (Complete site plan = 60 months; Complete plat = without expiration option 1 CONFIRMATION				
		Health New Septic System Code 800	#			
• <u>All</u>	property i	irons must be made visible. Place "pink property flags" on each	corner iron of lot. All property			
lines	s must be c	clearly flagged approximately every 50 feet between corners.				
• Plac	Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways garages decks					
• Plac	buildings, s	swimming pools, etc. Place flags per site plan developed at/for Cent	ral Permitting.			
• If nr	e orange E operty is th	Environmental Health card in location that is easily viewed from road	to assist in locating property.			
eval	uation to be	thickly wooded, Environmental Health requires that you clean out the be performed. Inspectors should be able to walk freely around site. <i>E</i>	undergrowth to allow the soil			
• All	ots to be a	e addressed within 10 business days after confirmation. \$25.00 re	eturn trin fee may he incurred			
tor	tallure to u	uncover outlet lid, mark house corners and property lines, etc. o	nce lot confirmed ready.			
 Afte 	r preparing	lg proposed site call the voice permitting system at 910-893-7525 opt	on 1 to schedule and use code			
800	(after selec	ecting notification permit if multiple permits exist) for Environmental I	Health inspection. Please note			
• Use	Click2Gov	number given at end of recording for proof of request.				
Environ	mental He	ov or IVR to verify results. Once approved, proceed to Central Permitt dealth Existing Tank Inspections Code 800	ing for permits.			
• Follo	ow above ir	instructions for placing flags and card on property.				
 Preparent 	pare for ins	respection by removing soil over outlet end of tank as diagram indicated the control of tank as diagram indicated the	cates and lift lid straight up (if			
pus	sible) and th	then put lid back in place . (Unless inspection is for a septic tank in a ELIDS OFF OF SEPTIC TANK	a mobile home park)			
		ing outlet end call the voice permitting system at 910-893-7525 option	on 1 & select notification permit			
11 111	uitibie bem	rmits, then use code 800 for Environmental Health inspection. Ple	ase note confirmation number			
give	n at end of	of recording for proof of request.				
• Use SEPTIC	Click2Gov	v or IVR to hear results. Once approved, proceed to Central Permittin	g for remaining permits.			
	r authorizatio	tion to construct please indicate desired system type(s): can be ranked in order o	G G			
			preference, must choose one.			
{}} Accept		{}} Innovative {✓} Conventional {}} Any				
{}} Alterna	itive	{}} Other				
The applicant question. If the	shall notify ne answer is	y the local health department upon submittal of this application if any of the is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION	following apply to the property in N :			
}YES {	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 {	NO	Does or will the building contain any drains? Please explain				
}YES {	NO	Are there any existing wells, springs, waterlines or Wastewater Systems o	n this property?			
}YES {	✓} NO	Is any wastewater going to be generated on the site other than domestic se				
}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 {	\mathcal{L} } NO	Does the site contain any existing water, cable, phone or underground elec-	tric lines?			
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a fr				
Have Read T	his Applicati	tion And Certify That The Information Provided Herein Is True, Complete And				
		ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance				

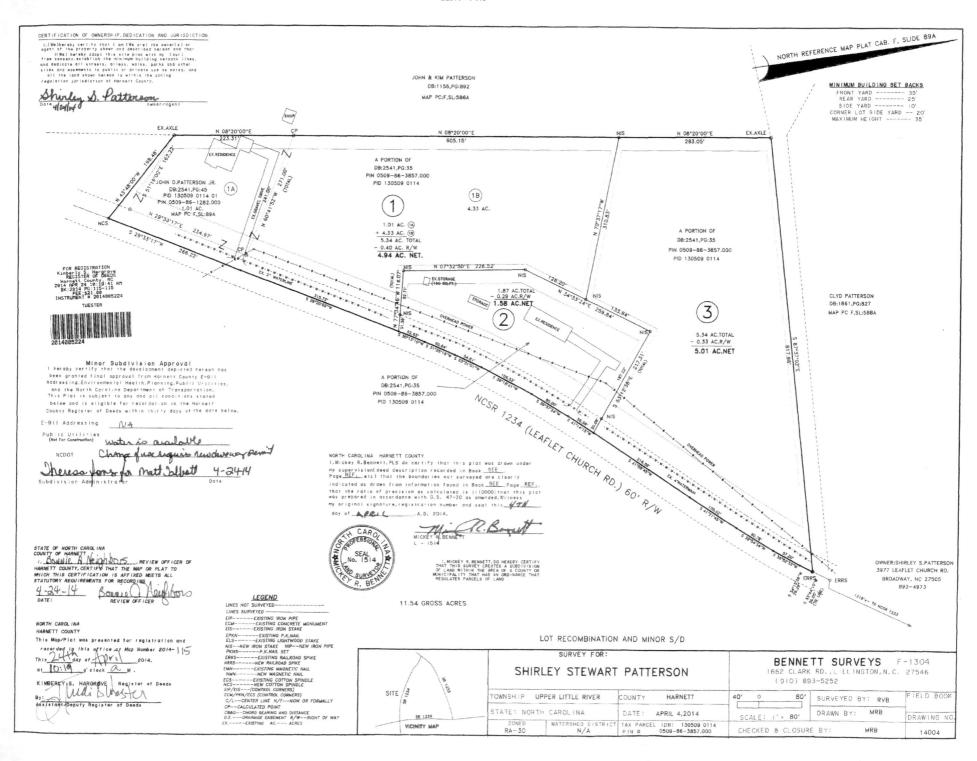
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



SITE PLAN

SCALE IN = 100-04



HARNETT COUNTY CASH RECEIPTS *** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1 Date: 5/29/18 53 Receipt no: 367743

Year Number Amount 2018 50044117 91750 TECH 3 LILLINGTON, NC 27546 B4 BP - ENV HEALTH FEES

NEW SEPTIC

BRAD CUMMINGS CONST.

Tender detail
CK CHECK PAYMEN 1927 \$750.00
Total tendered \$750.00
Total payment \$750.00

Trans date: 5/29/18 Time: 10:55:07

** THANK YOU FOR YOUR PAYMENT **