

Initial Application Date: 5-21-14Application # 14-50033712

CU# _____

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER: Allen, Lasater Mailing Address: 180 Four Corners Ln.
City: Broadway State: NC Zip: 27505 Contact No: 919498 3249 Email: _____APPLICANT: David Meadows Mailing Address: 953 McKimmon Dr.
City: Fay State: NC Zip: 28506 Contact No: 9105742579 Email: _____
*Please fill out applicant information if different than landownerCONTACT NAME APPLYING IN OFFICE: DAVID MEADOWS Phone # 9105742579PROPERTY LOCATION: Subdivision: _____ Lot #: 4 Lot Size: 1.05
State Road # 1213 State Road Name: Bucc Map Book & Page: PLAT 769 A
Parcel: 03 0507 0110 04 PIN: 9598 80 8790.00
Zoning: RA 20 Flood Zone: X Watershed: NA Deed Book & Page: 2729 182 Power Company: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE: layout att'd Directions

- ☐ SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Monolithic 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: _____
- ☐ Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- ☐ Addition/Accessory/Other: (Size _____ x _____) Use: 18x26 x 42 Pool 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:

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: _____

Residential Land Use Application

Page 1 of 2

APPLICATION CONTINUES ON BACK

Rec'd
5/22/14

03/11

5/21/14
S

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

27 W. - R on Buil Rd. - on left
201 Buil Rd.

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]
Signature of Owner or Owner's Agent

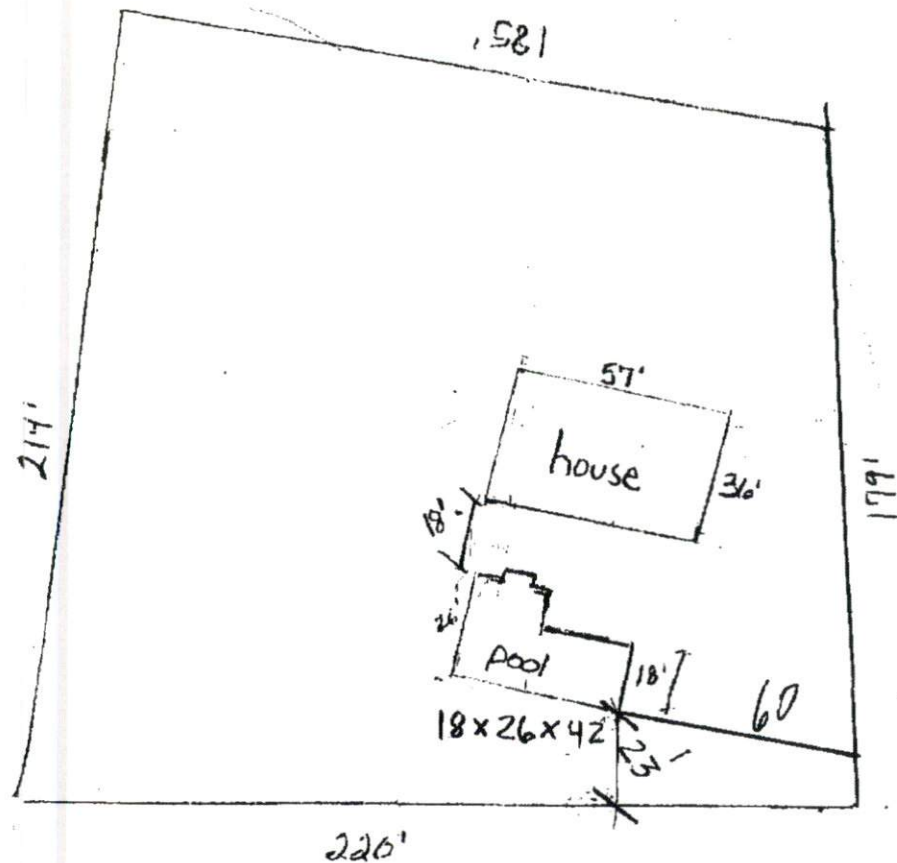
5/21/14
Date

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

Allen Lasater

Four Oaks Corner Ln


$$I'' = 50'$$

SITE PLAN APPROVAL
01/20 US

DISTRICT

#BEDROOMS

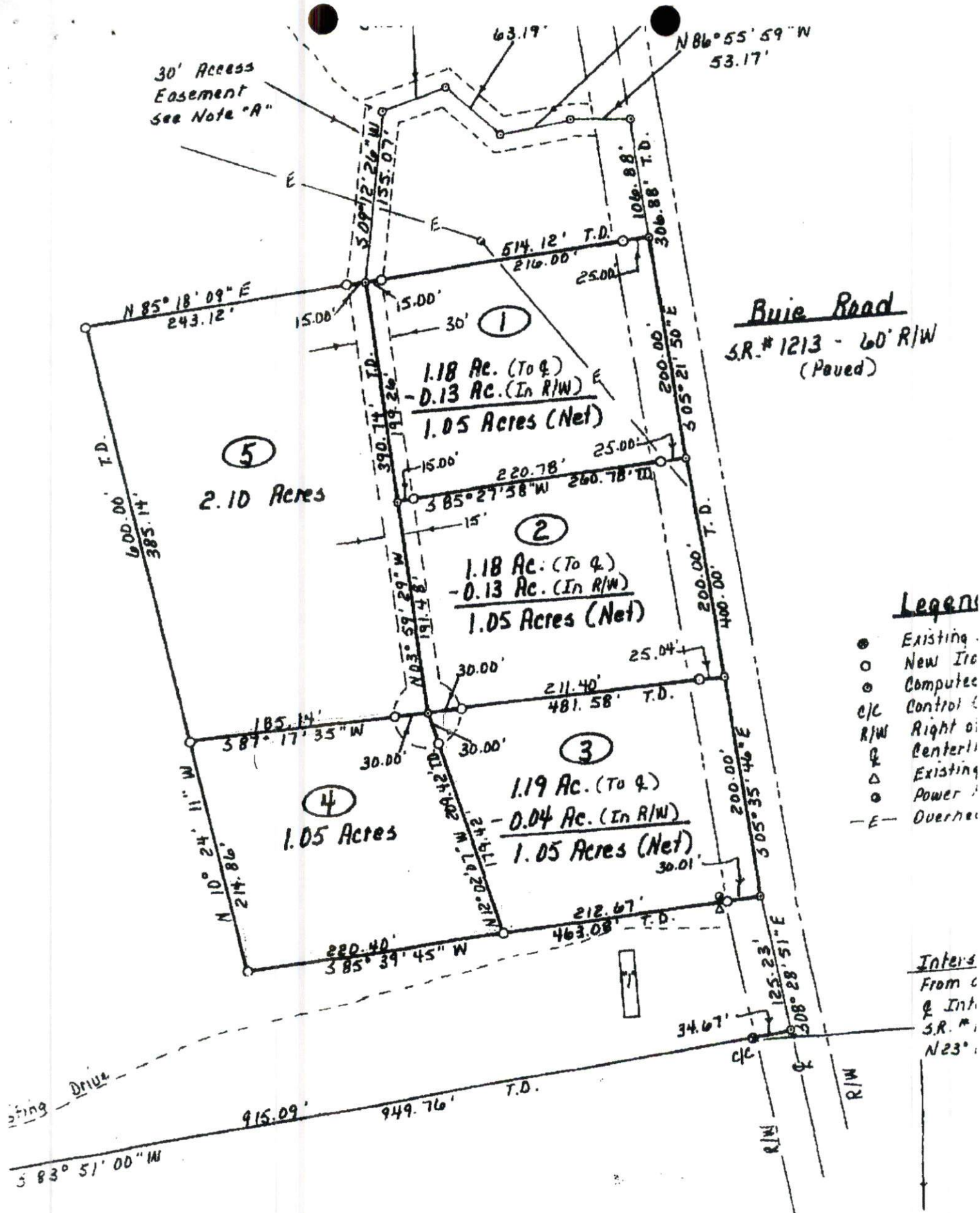
5
Date

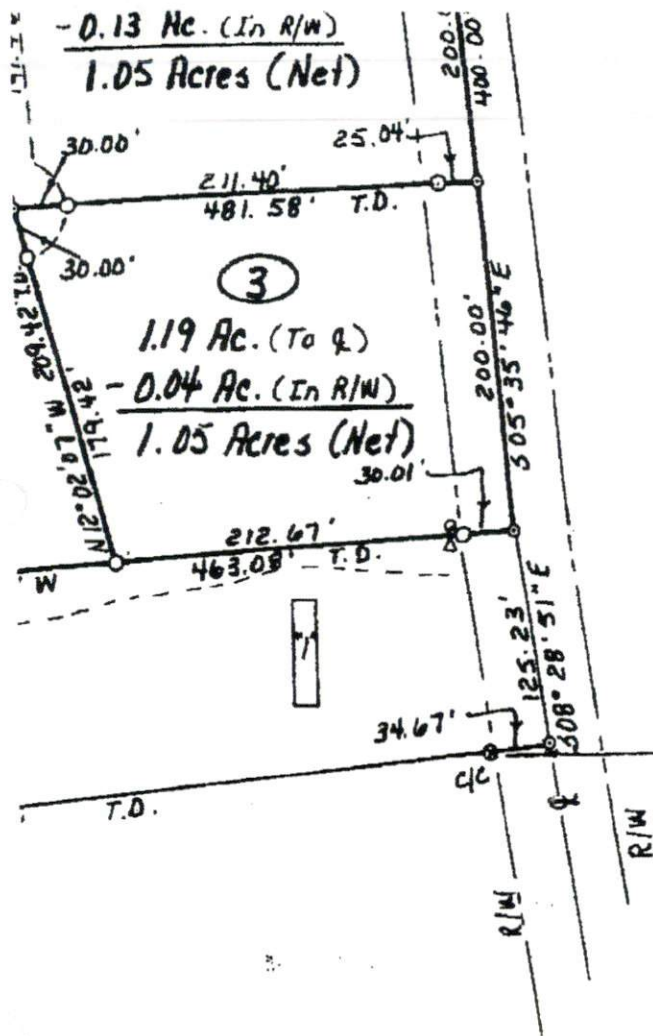
USE

Zoning Administrator

L Shaped In ^{brd} Pool

$$18 \times 26 \times 42$$





Legend

- Existing Iron Pipe
- New Iron Pipe (Set)
- Computed point
- C/C Control Corner
- R/W Right of Way
- Q Centerline
- △ Existing Well
- Power Pole
- E - Overhead Electric

Intersection Tie:

From an Existing R/W Nail in
Q Intersection of NC 27 &
S.R. #1213 to Control Corner.
N23°15'44"W 992.42'

I hereby certify that this Record Plat complies with the Subdivision Regulations of Harnett County, NC, and that this Plat has been approved for recording in the Register of Deeds in Harnett County.

8-19-97

Date

Tom King
Planning Director

Certification of Ownership, Dedication and Jurisdiction

I (we) hereby certify that I am (we are) the owner(s) or agent of the property shown and described hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish the minimum building setback lines, and dedicate all streets, alleys, walks, parks, and other sites and easements to public or private use as noted, and all of the land shown hereon is within the subdivision regulation jurisdiction of Harnett County except:

19

9598-61-9073
Parcel ID Number
Thomas S. Lasater
Owner
(Owner)

"I, Dowell G. Eakes, do hereby certify that this division of land does not allow more than six(6) lots to be created on any easement."

Dowell G. Eakes
Surveyor-Owner



Graphic Scale: 1"=100'

Reference:

Being a Portion of Deed Book 841,
Page 263.
Harnett County Registry.

to be serviced by Public Water &

Property of:	
Thomas S. Lasater & wife Nancy S. Lasater P.O. Box 53 Lillington, NC 27546	Dowell G. Eakes, RLS 8024 Eakes Road Sanford, NC 27330 Phone: (919) 776-4680 Date: 8-15-97 Scale: 1"=100'
Roanoke Township	Sub M

02-5-4420

HARRIETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 15662

OPERATIONS PERMIT

Name: (owner) Larator Allen + Angela ☒ New Installation ☒ Septic Tank
Property Location: SR# 1213 ☐ Repairs ☒ Nitrification Line
Subdivision _____ Lot # 4
TAX ID# _____ Quadrant # _____
Contractor: OH: S. Strickland Registration # _____

Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 100 ft.

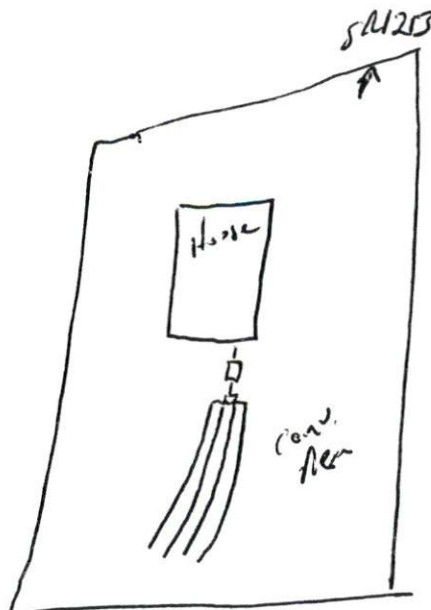
Following are the specifications for the sewage disposal system on above captioned property.

Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 8-24 in.

French Drain: _____ Linear feet

Date: 7/29/2002

PERMIT NO. _____

Inspected by: [Signature]
Environmental Health Specialist

02-5-4420

HARNE COUNTY HEALTH DEPARTMENT

No 18125

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) LASATER, ALLEN & ANGELA☒ New Installation ☒ Septic TankProperty Location: SR#1213 BLUE RD☐ Repairs☒ Nitrification LineSubdivision _____ Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: _____Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 80 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet

This permit is subject to revocation if site plans or intended use change.

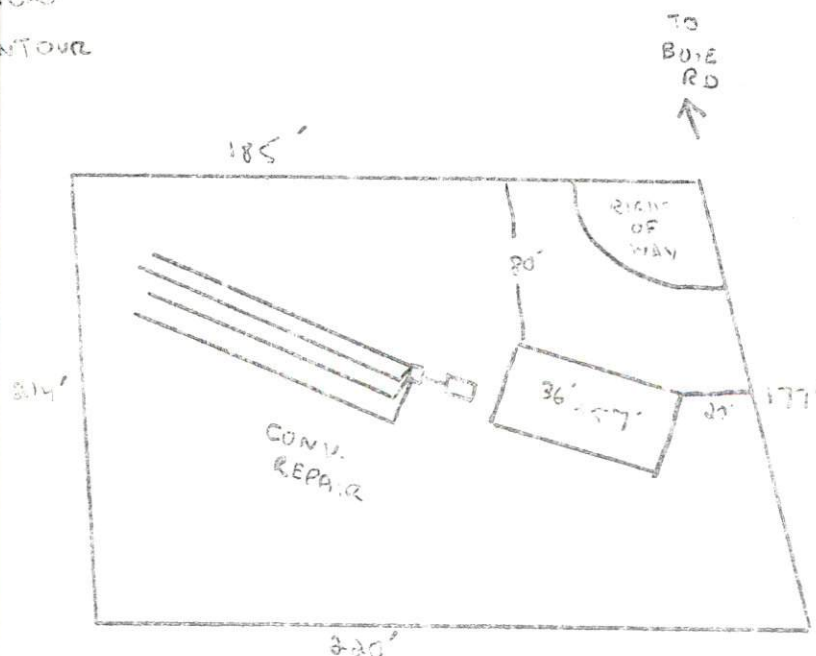
Date: 4/22/02

Signed: _____

Environmental Health Specialist

DRAWING
NTS

* MAINTAIN ALL SETBACKS
* RUN LINES ON CONTOUR



NAME: _____

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 System** Code 800

- **All property lines 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.

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

() Accepted () Innovative () Conventional () Any
() 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 () NO Does the site contain any Jurisdictional Wetlands?
- () YES () NO Do you plan to have an irrigation system 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 on this property?
- () YES () NO Is any wastewater going to be generated on the site other than domestic sewage?
- () 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 () 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.

Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
ate Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
e Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE

521,14