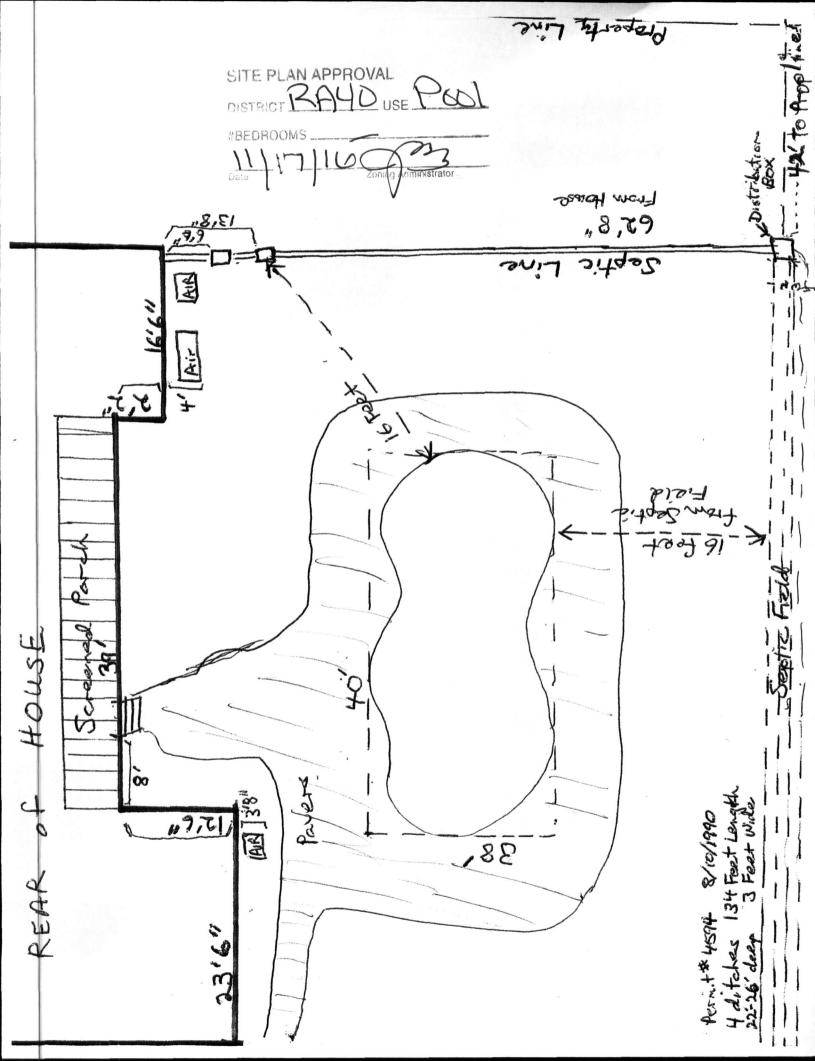
Initial Application Date: 11-08-16 Application = 1000999
CUFCOUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: William L. Dooley Mailing Address: 80 High Meadow Drive
City: Angies state: NCzip: 2750 Contact No: 919) 47-4333 Email: dooley d 23 Qyahoo.com
APPLICANT*: Mailing Address
City: State: Zip: Contact No: Email:  Please fill out applicant information if different than landowner
CONTAGT NAME APPLYING IN GENER
CONTACT NAME APPLYING IN OFFICE: Phone #
PROPERTY LOCATION: Subdivision: All Screek Farms Lot # 11 Lot Size 3.01 Acres
State Road # State Road Name: High Meadow Drive Map Book & Page: 2007, 800
Parcel: 04 04 63 0004 PIN: 0663-54-7967-000
Zoning: KBHOFlood Zone: Watershed: NA Deed Book & Page: 300 / 343 Power Company*:
*New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.
PROPOSED USE:
Monolithic  SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:  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 (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
D Home Occupation: # Rooms: Use: Hours of Operation: #Employees:
Addition/Accessory/Other: (Size 38x40) Use: Fragourel POO! 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 (X_) no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments I am Requesting to relocate
Front Minimum Actual 86. Repair field to Sept. System to be
Rear Pool 16 frances behind the existing septic Field (freezely InFront
Closest Side 19.8   Recently had Septic System thoroughly Sidestreet/corner lot
Sidestreet/corner lot
on same lot Residential Land Use Application Page 1 of 2  Rox Installed.  03/11
APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIO	NS TO THE	PROPERTY FROM LILLING	STOK: 210	to	Same	SNO	rns_
120	to	whoole	C 0	to	Hah	Moa	den
$O_{C}$ .					2		
				NVM-SEAM alle de dependant en la legen en en le en le en legen en en le en legen en en legen en legen en legen			Section (Control of Control of Co
	marenna armanente dan ana-busar						
	-						
f permits are granted	I agree to cor	nform to all ordinances and	laws of the State of I	North Carolina	regulating such wo	k and the specifica	itions of plans submitted
hereby state that for	egoing statem	ents are accurate and corre	ect to the best of my	knowledge. Pe	ermit subject to revo	cation if false infor	mation is provided.
2	MILL	1 Wood			11-08~ Date	2016	
	51	gnature of Owner or Owner	er's Agent		Date		
		U					

\*\*\*!t 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\*\*

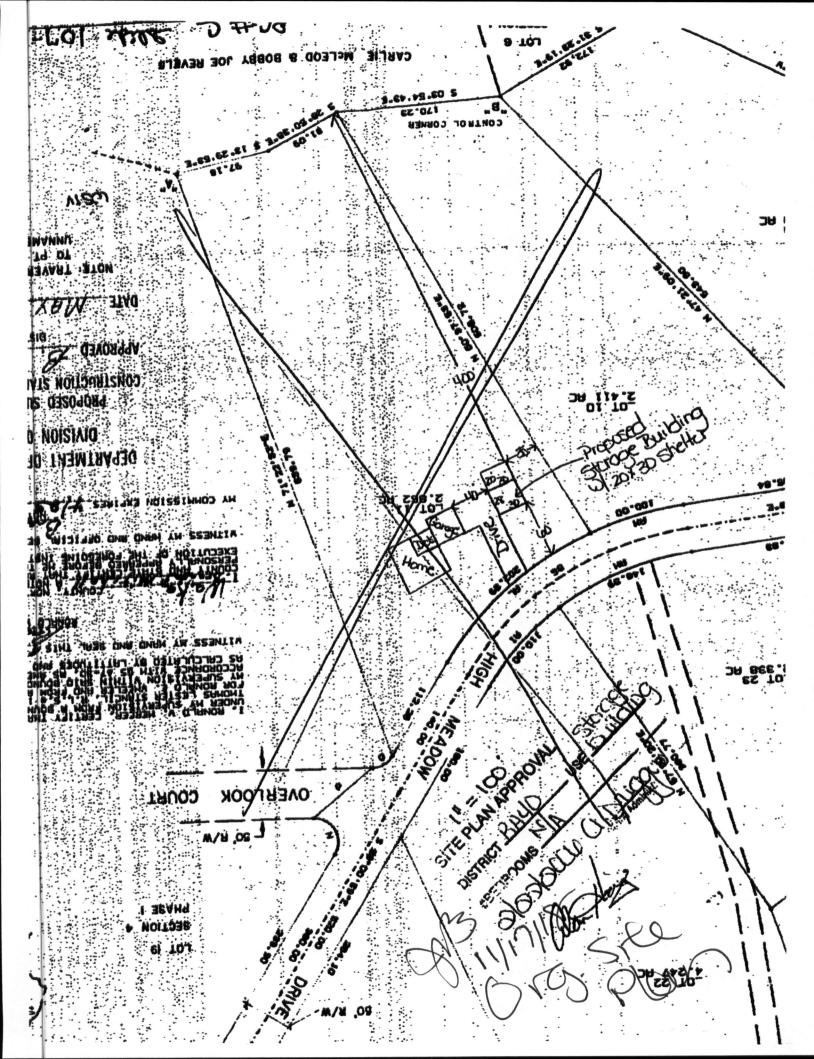


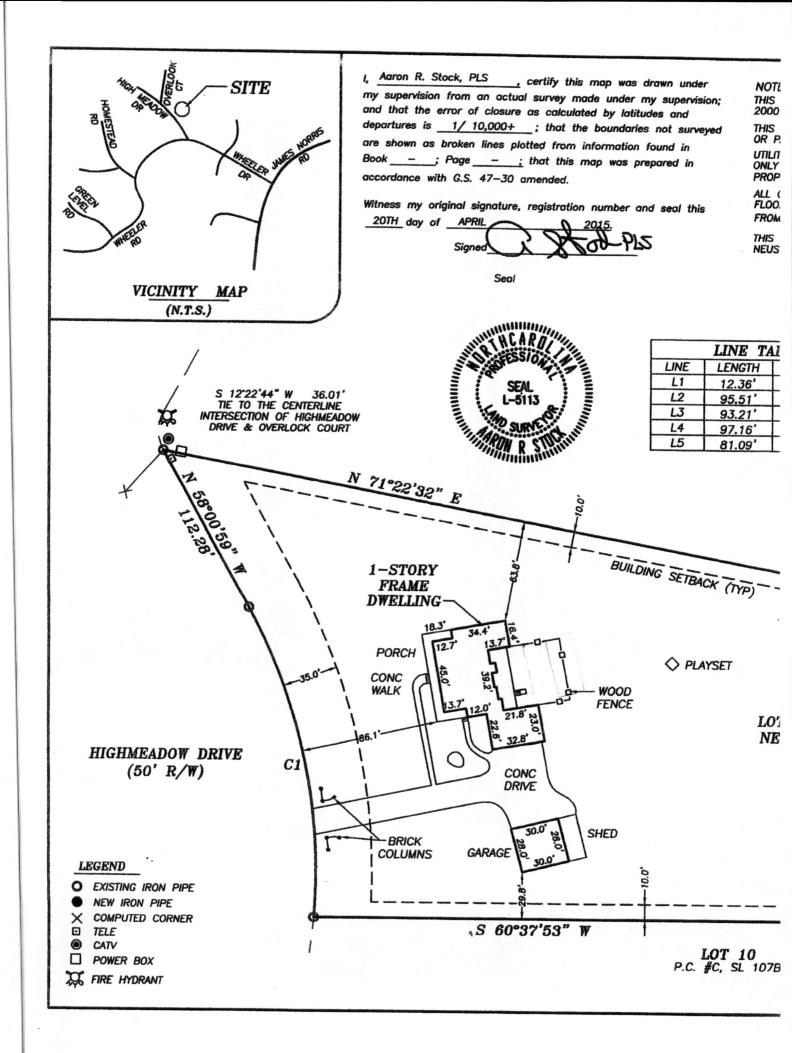
## HARNETT COUNTY HEALTH DEPARTMENT

Nº 4596

## **Certificate of Completion**

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	Jerry	MUST BE FILL	ED IN)					(MAILING ADDRES	is)	
ontractor	J Ciry	reasen			_Addre	ess				
ocation of P	remises	SR 1440	o N	eills C	reek	Farms	Lot	# //	SS)	
		(SUBD	IVISION, ST	REET OR RO	AD NAME	OR NUMBER	. LOT NO.)			
	*****				-					
			Deta	ils of Sep	tic Tan	k System				
ind of Materia or Tank:	al Cond	crete		Other	-			***		
ize of ank:		ty _/000								
ubsurface rainage Field	No. of Ditches	Exac of ea	t Length ch Ditch _	134	w Ft. Di	idth of tches	3	Depth ofFt. Ditches _	22-26 In	che
quare Feet in	Absorption :	Field /60	8					Surface D Required	rainage Li	near Ft.
					Inspec	eted by	Mike	Eake		
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NAME: _		APPLICATION #:
Coun IF THE IN PERMIT Codepending Envi	The Health Desire FORMATION IN PARTITION IN THE PARTITION	This application to be filled out when applying for a septic system inspection.*  partment Application for Improvement Permit and/or Authorization to Construct THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT TON TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration on submitted. (Complete site plan = 60 months; Complete plat = without expiration)  ption 1  CONFIRMATION #  Inth New Septic System Code 800  Instruction and the septic system Code 800  Instruction and s
• /	After preparing	proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code
		ting notification permit if multiple permits exist) for Environmental Health inspection. <u>Please note</u> mber given at end of recording for proof of request.
/ · 1	Jse Click2Gov	or IVR to verify results. Once approved, proceed to Central Permitting for permits.
		alth Existing Tank Inspections Code 800
• [	-ollow above in Prepare for inc	structions for placing flags and card on property.  Dection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up (if
• [	possible) and the DO NOT LEAVE	en <b>put lid back in place</b> . (Unless inspection is for a septic tank in a mobile home park)  LIDS OFF OF SEPTIC TANK
• !	After uncovering	g outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit
		hits, then use code <b>800</b> for Environmental Health inspection. <u>Please note confirmation number</u> recording for proof of request.
		or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC	ooo ollonzaav	si titi to float 1000ito. Office approved, proceed to contrait offiniting for fernanting permits.
If applyin	g for authorization	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Ac	cepted	{}} Innovative
{}} Alt	ternative	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}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 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	$\{ \overline{\lambda} \}$ 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 Re	ead This Applicat	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Offi	cials Are Granted	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Underst	and That I Am S	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site	tocessible So Tha	A Complete Site Evaluation Can Be Performed.
PROPE	RTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

Application #		
Application #		

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: Willian Dooley	Phone: 919- 4/17- 4/333
Owner (s) Mailing Address: 80 High Meadow Prive	Angier NC 27501
Land Owner Name (s):	Phone:
Construction or Site Address:	
PIN # Parcel #	
Job Cost (Required):Description of Work to be done	Inground Pool
Mechanical: New Unit With Ductwork New Unit Without Ductwork	vork Gas Piping Other
Electrical*: 200 Amp <200 Amp Service Change Service For Progress Energy customers we need the premise	
Plumbing: Water/Sewer Tap Number of Baths	Water Heater
Specific Directions to Job from Lillington:  In ground Swimming Pool	
Subdivision: Neil Creek Fac ms Lot	#:
1 Comeron Seth Bradely will provide the Swimming Pool (Contractors Name) (Tr	labor on this structure.
I am the building owner or my NC state license number is	
perform such work on the above structure legally. All work shall com	ply with the State Building Code and all
other applicable State and local laws, ordinances and regulations.	
Seth's Landscaping LLC Contractor's Company Name	916- 308-1325 Telephone
2963 Thrower Rd Hope Mills NC 28348 Address	Agua irrigations @ Yahoo co.
License #	
Structure Owner / Contractor Signature:	Date: //- /2- /6
By signing this application you affirm that you have obtained permissipurchase permits on their behalf. If doing the work as owner you under the listed property for 12 months after completion of the listed work	

\*Company name, address, & phone must match information on license Faxed or Mailed application could have a 1-3 day process time

Ringel Electrical Contractor Fay 28304