Initial Application Date:	-30-	G
middi Application Date		

Residential Land Use Application

Application #	750040646
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01.14			

**Central Permitting** 

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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 Seremian - Karen Hudson Mailing Address: 239 Copper Loop
City: Sanford State NC zip: 27332 Contact No: Email:
APPLICANT: PARNELL POOL AWS SPAMAIling Address: 1380 Linkhaw Road
City: Liember Line State: NC Zip: 2835 Contact No: 910-425-6138 Email: MBAXlege And SPA.
CONTACT NAME APPLYING IN OFFICE: MCKLY BOXILY Phone #911-425-6138
PROPERTY LOCATION: Subdivision:
State Road #State Road Name: 39 COOP Book & Page: 30 5 / 108
Parcel: 03958713 0020 76 PIN: 9587-90-2814.000
Zoning: A 20R Flood Zone: Watershed: Deed Book & Page: 3083 / 199 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:  Monolithic Slob: Slob
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:
☐ 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:
Addition/Accessopy/Other: (Size 24 x 16) Use: OVA 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 \( \sum_{\cup} \) no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments:
Front Minimum Actual
Rear
Closest Side
Sidestreet/corner lot
Nearest Building

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
permits are granted I agree to conform to all ordinances and laws of the State of I	North Carolina regulating such work and the specifications of plans submitte
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	/ 30-17 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\*\*

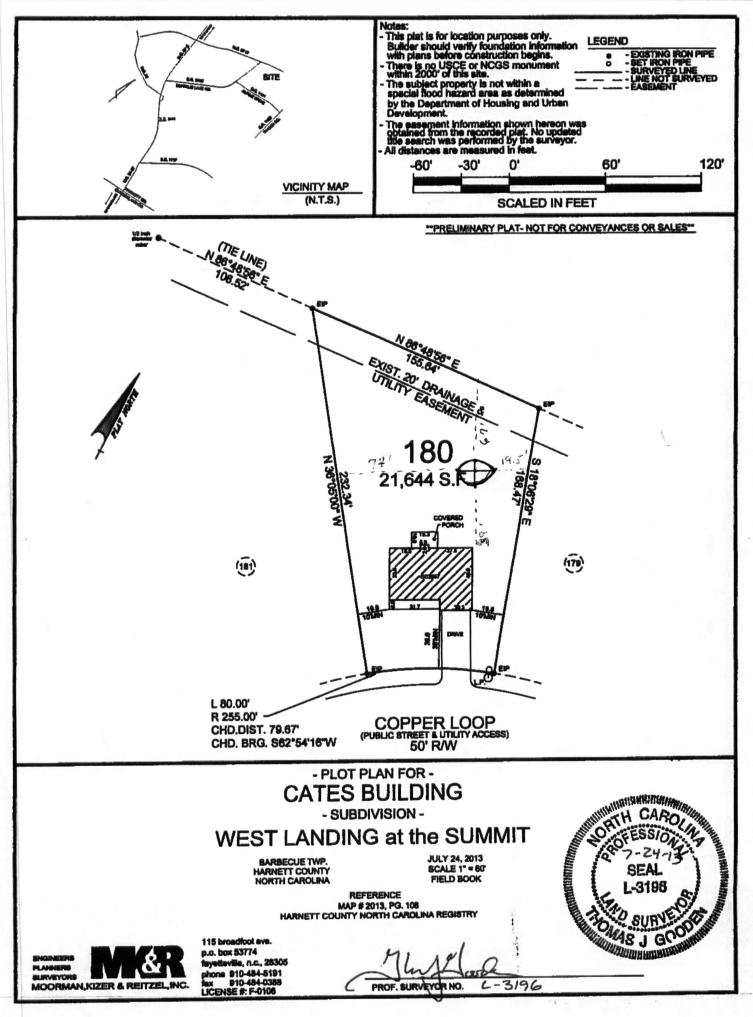
		. 1 1.6
NAME:	APPLICATION #:	40646
*This application	n to be filled out when applying for a septic system inspec	ction.*
County Health Department A  IF THE INFORMATION IN THIS APPLICA  PERMIT OR AUTHORIZATION TO CONST depending upon documentation submitted. (C  910-893-7525 option 1  Environmental Health New Sept  • All property irons must be	pplication for Improvement Permit and/or Authorion IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, TRUCT SHALL BECOME INVALID. The permit is valid for eithe complete site plan = 60 months; Complete plat = without expiration)  CONFIRMATION #_ ic System Code 800 made visible. Place "pink property flags" on each co	THEN THE IMPROVEMENT or 60 months or without expiration
<ul> <li>Place "orange house corner flout buildings, swimming pools</li> <li>Place orange Environmental for the property is thickly wooded, evaluation to be performed.</li> </ul>	ags" at each corner of the proposed structure. Also flags, etc. Place flags per site plan developed at/for Central lealth card in location that is easily viewed from road to Environmental Health requires that you clean out the unspectors should be able to walk freely around site. Do	I Permitting.  assist in locating property.  Indergrowth to allow the soil  not grade property.
All lots to be addressed with far failure to upper outlet.	hin 10 business days after confirmation. \$25.00 retu lid, mark house corners and property lines, etc. onc	ce lot confirmed ready.
<ul> <li>After preparing proposed site 800 (after selecting notification confirmation number given at</li> </ul>	call the voice permitting system at 910-893-7525 option nermit if multiple permits exist) for Environmental Heend of recording for proof of request.  y results. Once approved, proceed to Central Permitting	n 1 to schedule and use code ealth inspection. Please note
□ Environmental Health Existing		
<ul> <li>Follow above instructions for</li> <li>Prepare for inspection by rerpossible) and then put lid bate</li> <li>DO NOT LEAVE LIDS OFF OF</li> </ul>	olacing flags and card on property. noving soil over <b>outlet end</b> of tank as diagram indica <b>ck in place</b> . (Unless inspection is for a septic tank in a r	mobile home park)
if multiple permits, then use	code <b>800</b> for Environmental Health inspection. <u>Pleas</u>	se note confirmation number
	results. Once approved, proceed to Central Permitting	for remaining permits.
<b>SEPTIC</b> If applying for authorization to construct p	ease indicate desired system type(s): can be ranked in order of I	preference, must choose one.
{} Accepted {} Innovati		
{} Alternative {} Other		
The applicant shall notify the local health	department upon submittal of this application if any of the fort MUST ATTACH SUPPORTING DOCUMENTATION	ollowing apply to the property in :
{_}}YES {} NO Does the site of	ontain 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 <u>drains</u> ? Please explain	
{}}YES {}NO Are there any	existing wells, springs, waterlines or Wastewater Systems on	this property?
{}YES {}NO Is my wastew	ater going to be generated on the site other than domestic sev	vage?
{}}YES {} NO s the site subj	ect to approval by any other Public Agency?	
{}}YES	Easements or Right of Ways on this property?	
(	contain any existing water, cable, phone or underground elect	
If yes please	call No Cuts at 800-632-4949 to locate the lines. This is a fre	ee service.

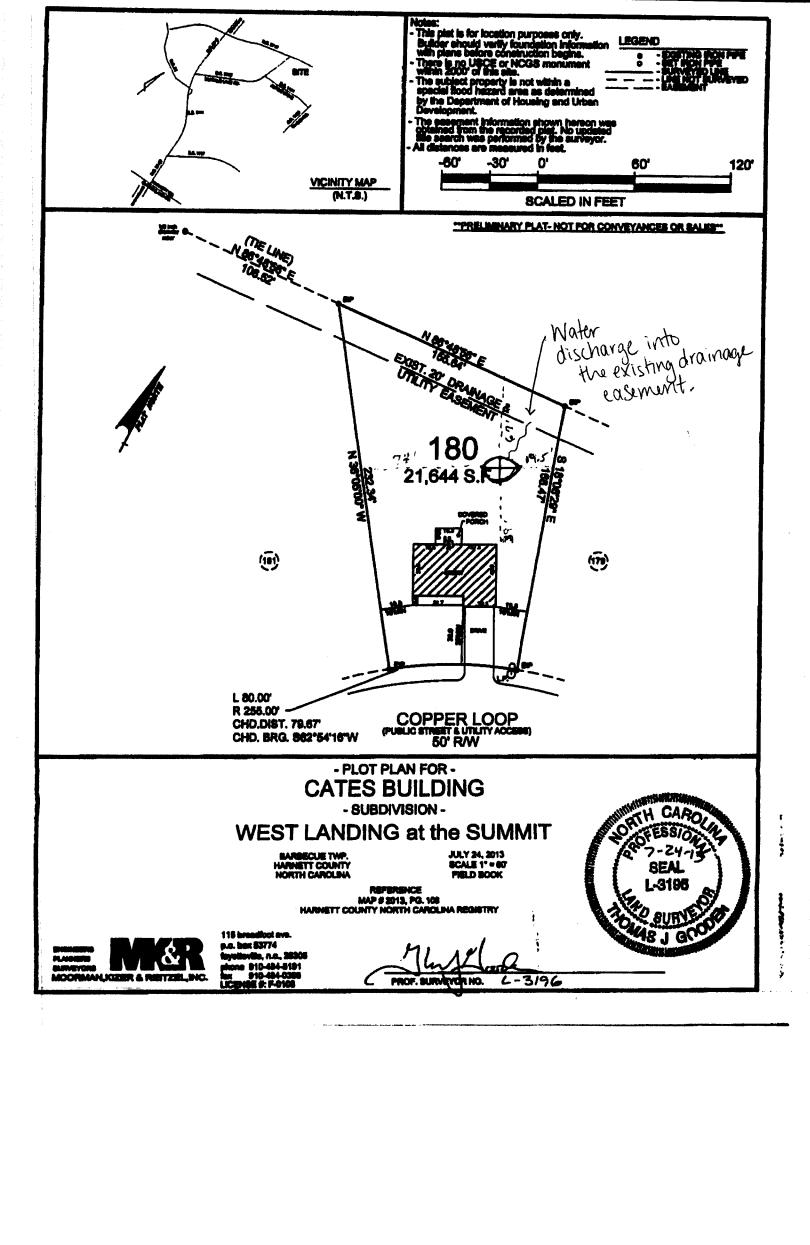
I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

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.

RROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)





HTE# 13-5-31858

Har. at County Department of Public lealth

23044 PERMIT # 27655 Operation Permit New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: ALONE OR BUILDING SUBDIVISION WEST LANDING TOI # 180 GARNER System Installer: Registration # Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: 

Community Public 

Well Distance from well 100 System Type: \_\_\_\_ Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. 232 168 POTE HOUSE COPPER LOOP PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule . 1961. 111. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes I No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: Pump Alarm H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other CHAMBEL QUE Septic Tank: 1600 gallons Pump Tank: Subsurface No. of exact length width of depth of Drainage Field of each ditch 200 ditches 24-36 inches ditches a French Drain Required: Linear feet

Authorized State Agent