

Initial Application Date: 3.5.18

Application # 18-50043461

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\*\***

LANDOWNER: HAROLD CALE BARNES Mailing Address: 235 SWAN LN, ANGLIER, NC 27501  
City: Anglier State: NC Zip: 27501 Contact No: 919-464-9464 Email: \_\_\_\_\_

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: Popes Lake Lot #: 3 Lot Size: 1.29

State Road # 1630 State Road Name: Swan Ln. Map Book & Page: 99 / 16

Parcel: 040092 0006 16 PIN: 0692-28-5285.000

Zoning: RA-30 Flood Zone: X Watershed: No Deed Book & Page: 2256 / 150 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # 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: (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 30' x 37') Use: IN-GROUND POOL Closets in addition? ( ) yes (X) 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 (X) no

Does the property contain any easements whether underground or overhead ( ) yes (X) no

proposed inground pool

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: \_\_\_\_\_ Other (specify): out building

**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	<u>35</u>	<u>35+</u>
Rear	<u>10</u>	<u>10+</u>
Closest Side	<u>10</u>	<u>32.5'</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

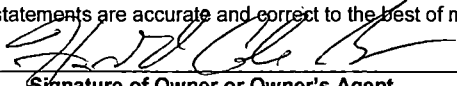
**Comments:**

Please call Cale Barnes @ 919.464.9464 to meet you on site for Environmental Inspection.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Hwy 210 TO ANGLON (R) HWY 55 GO ~ 4 MILES  
(L) ON OLD STAGE RD, GO ~ 1 MILE (R) ON  
LANBODIN RD, GO ~ 0.2 MILES (L) POPES LAKE R,  
ENTER POPES LAKE S/D TURN (L) ON SWAN LN  
& AT VERY END 2<sup>nd</sup> CUL-DE-SAC, BRCK HOME  
ON LEFT 235 SWAN LN,

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

3/5/08  
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\*\*

NAME: Bames

APPLICATION #: 18-50043461

**\*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 # 3/5/18 (BP) 026566

**Environmental Health New Septic System** Code 800

*Leave message - call homeowner*

- **All property irons 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.

**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.**

*Harold Cole*  
**PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**

3/5/18  
**DATE**



HTE# 07-5-18249R

# Harnett County Department of Public Health

20117

PERMIT # 24135

## Operation Permit

New Installation  Septic Tank  Repair  Nitrification Line  Expansion

PROPERTY LOCATION: SR 1566

Name: (owner) Harold Cale Barnes

SUBDIVISION Pop's Lake

LOT # 3

System Installer: Jason Matthews

Registration # \_\_\_\_\_

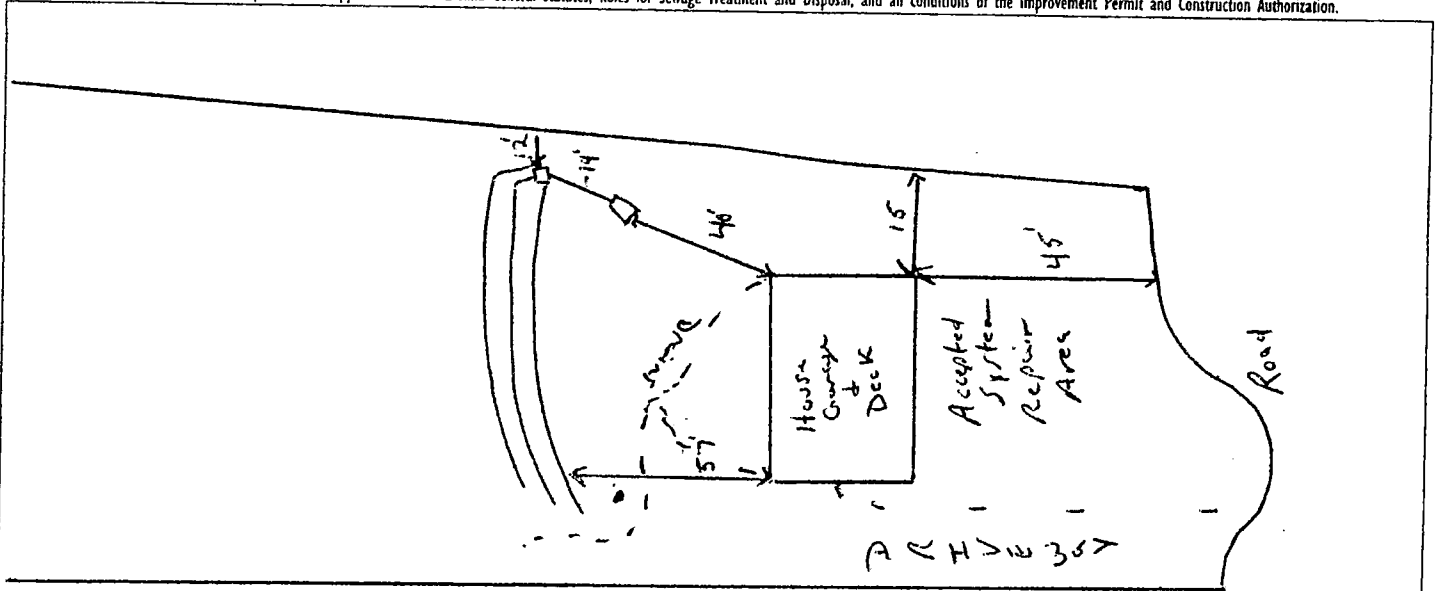
Basement with plumbing:  Garage  Number of Bedrooms 3

Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: III G 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.



\* Tank + Lines + D-Box OK 11/15/09  
 \* Needs cover (6" min) + foundation drains run around system area

### PERMIT CONDITIONS:

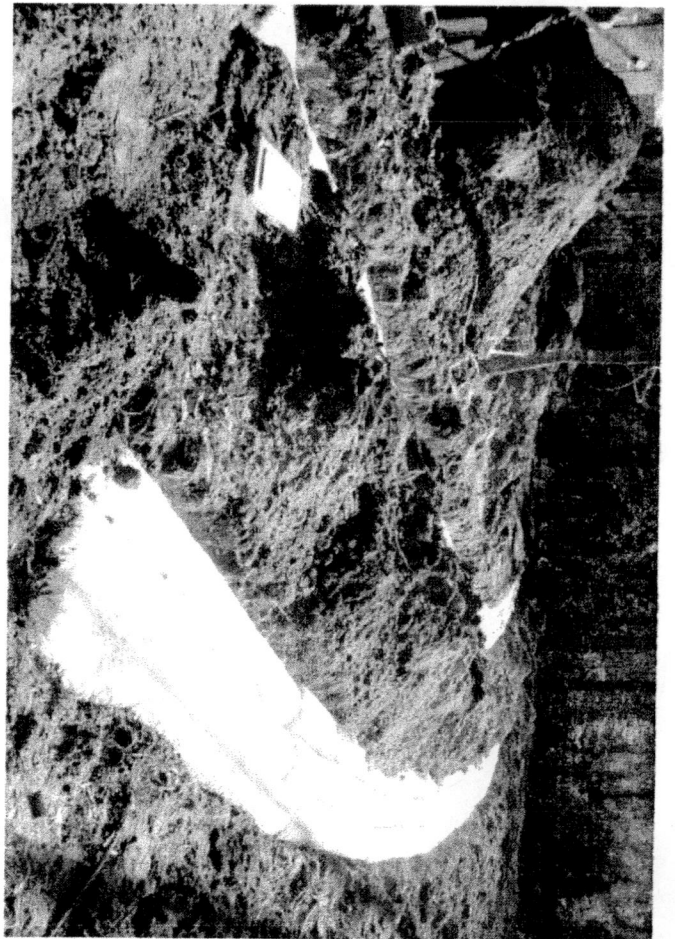
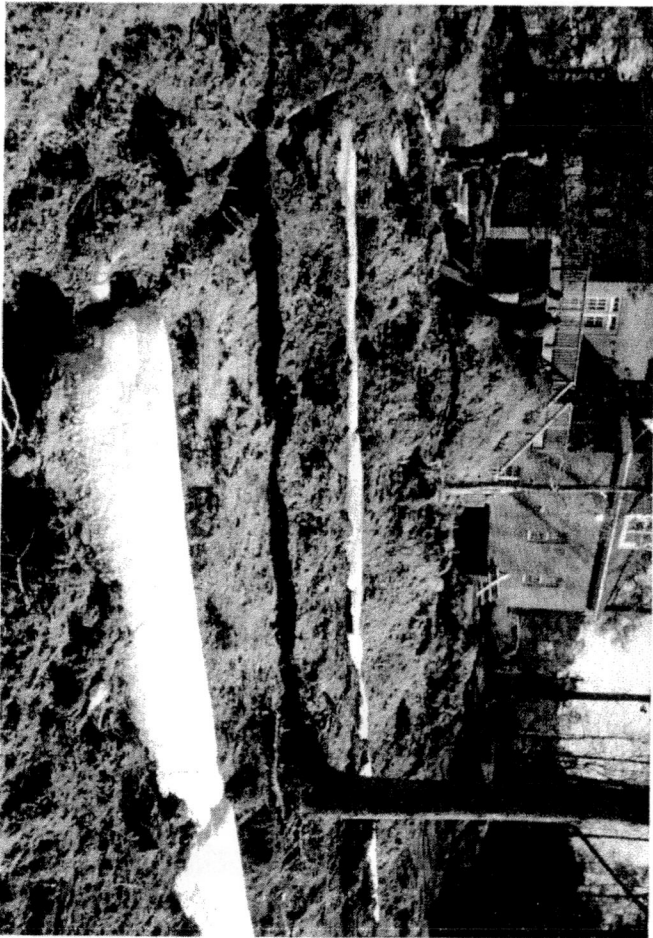
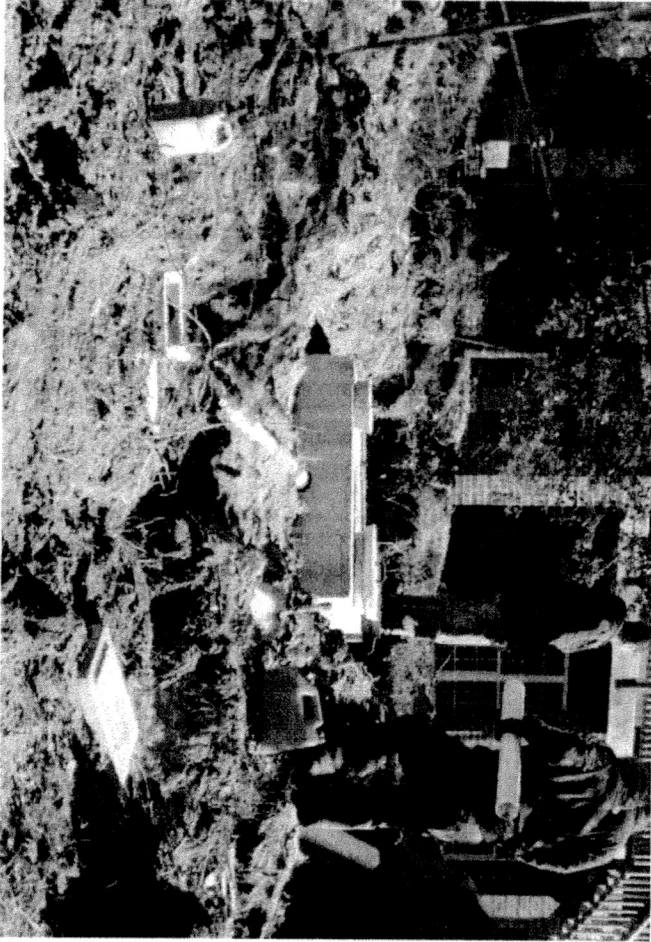
- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: \_\_\_\_\_  
 Subsurface system operator required? Yes  No   
 If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: \_\_\_\_\_
- V. Other: \_\_\_\_\_

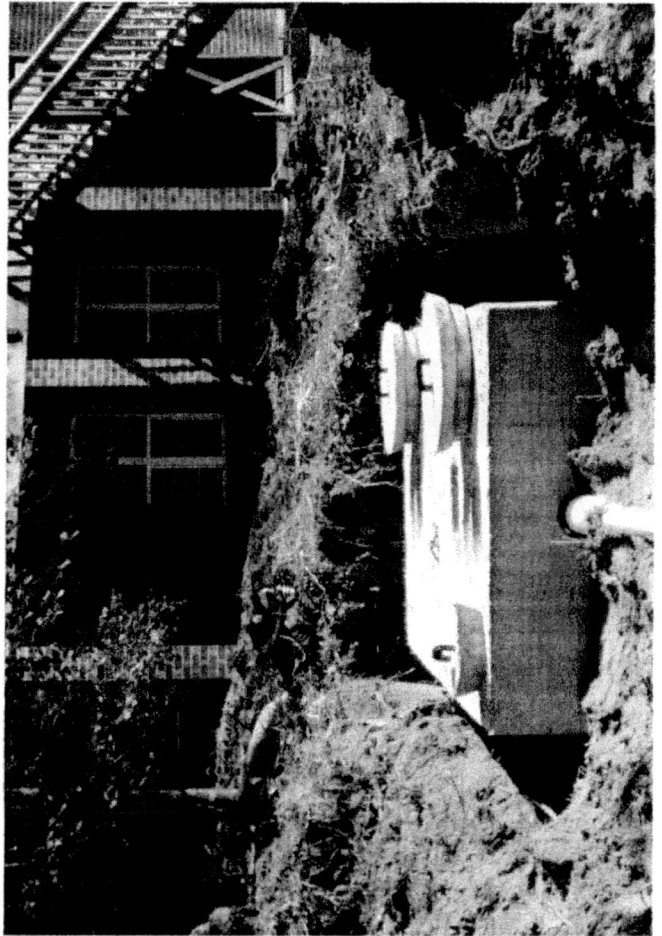
Following are the specifications for the sewage disposal system on the above captioned property.

Type of system:  Conventional  Other E2 Flow Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
 Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 feet width of ditches 3 feet depth of ditches 12 inches  
 French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent: Greg McSwain, R.S. Date 1/16/2009

07-5-18249R





07-5152492