Initial Application Date: 5		15	118
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Residential Land Use Application

Application #	1850044034
	CU#

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

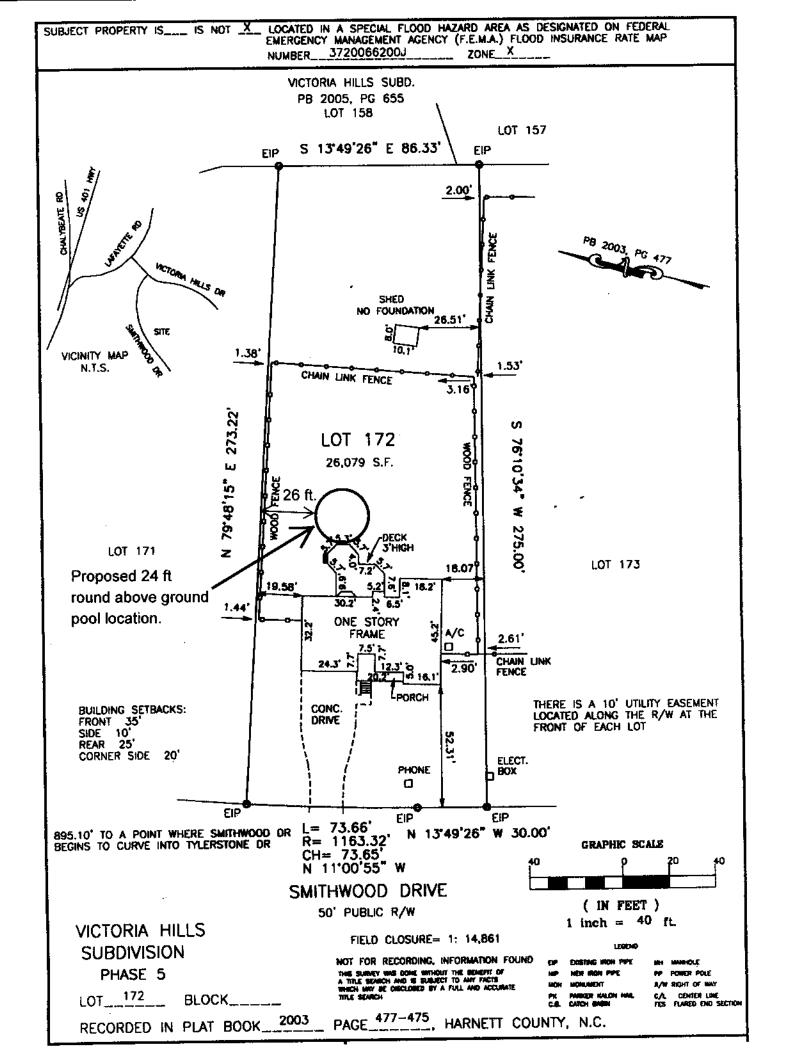
108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* LANDOWNER: JONATHAN BROOME Mailing Address: 185 SMITHWOOD DR. URMAY-VARINA State: NC zip: 27526 Contact No: 919-271-4641 Email: 10nbroome@ gmail. col APPLICANT\*: SAME \_\_\_\_ Mailing Address:\_\_\_ \_ Zip:\_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_ City: \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: VICTORIA HILLS II Lot #: 172 Lot Size: , 6 ACRES State Road Name: SMITHWOOD DR. Parcel: 08 0053 61 00557 PIN: 0003-04-3832.00 \_\_\_ Deed Book & Page: 3400 | 287 Power Company\*: \_\_\_ Zoning KA30 lood Zone: X Watershed: 1V \*New structures with Progress Energy as service provider need to supply premise number... PROPOSED USE: Monolithic 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:\_\_\_\_ Addition/Accessory/Other: (Size 24 ROUND ABOVE GROUND 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: 1 8 4 4 Manufactured Homes: Other (specify): 10 CC Required Residential Property Line Setbacks: Comments:\_\_ Front Rear Closest Side Sidestreet/corner lot Nearest Building on same lot

SPECIFIC DIRECTIONS	S TO THE PROPER			401 PN+2	NORTH	RIGHT
RIGHT	DNTO	TYLER	RIGHT SYONE,	RIGHT	T ONTO	5MITHWOOD
		<del></del>				
f permits are granted I a hereby state that forego	oing statements are	all ordinances and la accurate and correct	to the best of my kn	orth Carolina regul owledge. Permit	ating such work and subject to revocation  5-/5-/8  Date	the specifications of plans sul if false information is provided

\*\*\*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\*\*



HTE 03-8-7495

## HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

16322

## **OPERATIONS PERMIT**

Name: (owner) JAne JAckson	New Installation Septic Tank
Property Location: SR# 1447	
Subdivision V. etw 14:115	Lot #
Tax ID #	Quadrant #
Contractor: Ry More	Registration #
Basement with Plumbing:	
Water Supply:	ty
Distance From Well:ft.	
Following are the specifications for the sewage disposal	system on above captioned property.
Type of system:	
Size of tank: Septic Tank: 1000 gallons	Pump Tank:gallons
Subsurface No. of exact length of each ditch 400	
French Drain Required:Linear feet	
	Date: 10/23/2007
	Inspected by: By McLink. S.
PERMIT NO. 1936	Environmental Health Specialist
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NAME	: JONATHAN BROOME	APPLICATION #:
	*This application to be fille	ed out when applying for a septic system inspection.*
Co	unty Health Department Application	for Improvement Permit and/or Authorization to Construct
IF THE	INFORMATION IN THIS APPLICATION IS FAL	SIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT
PERMI	T OR AUTHORIZATION TO CONSTRUCT SHALL	LL BECOME INVALID. The permit is valid for either 60 months or without expiration
dependi	ing upon documentation submitted. (Complete site p	plan = 60 months; Complete plat = without expiration)
-	910-893-7525 option 1	CONFIRMATION #
Er	nvironmental Health New Septic System	Code 800
•	All property irons must be made visi	ble. Place "pink property flags" on each corner iron of lot. All property
	lines must be clearly flagged approximate	ely every 50 feet between corners.
•	Place "orange house corner flags" at each	ch corner of the proposed structure. Also flag driveways, garages, decks,
	out buildings, swimming pools, etc. Place	e 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.
•	<ul> <li>If property is thickly wooded, Environment</li> </ul>	ntal Health requires that you clean out the undergrowth to allow the soil
	evaluation to be performed. Inspectors s	should be able to walk freely around site. Do not grade property.
•	All lots to be addressed within 10 bus	siness days after confirmation. \$25.00 return trip fee may be incurred
	for failure to uncover outlet lid, mark l	house corners and property lines, etc. once lot confirmed ready.
•	After preparing proposed site call the voi	ice 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 reco	ording for proof of request.
•	Use Click2Gov or IVR to verify results. C	Once approved, proceed to Central Permitting for permits.
î!	nvironmental Health Existing Tank Inspe	
~•	Follow above instructions for placing flag	is 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 TAN	<b>1K</b>
•	After uncovering outlet end call the voice	ce 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 req	uest.
•		nce approved, proceed to Central Permitting for remaining permits.
<u>SEPT</u>	<u>IC</u>	
If app	lying for authorization to construct please indicate	e desired system type(s): can be ranked in order of preference, must choose one.
(_)	Accepted \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	{} Conventional {} Any

1	{}} Alte	rnative /	{}} Other		<del></del>		
	The applica	nt shall notify	y the local health dep	partment upon subini	ttal of this application if a	ny of the following	apply to the property in
	question. I	f the answer i	s "yes" applicant M	UST ATTACH SU	PPORTING DOCUMEN	NTATION:	1
	}YES	{NO	Does the site cont	ain any Jurisdictiona	l Wetlands?	/\	
	_}YES	$\{ \downarrow \}$ NO	Do you plan to ha	ve an irrigation syste	m now or in the future?	/ \	· ·
	YES	{ <b>∠</b> } NO	Does or will the b	uilding contain any s	rains? Please explain	/ \	
	{}_}YES	/} NO	Are there any exis	sting wells, springs, 1	aterlines or Wastewater	Systems on this pro	erty?
	{	/{} NO	Is any wastewater	going to be generate	ed on the site other than do	omestic sewage?	
	{\ldot\}YES	{_}} NO	Is the site subject	o approval by any o	ther Public Agency?	/	\ /
	{_\YES	{}} NO	Are there any Eas	ements or Right of V	Vars on this property?	/	\ /
	{_}} <b>VE</b> \$	{_}} NO	Does the site cont	ain any existing wat	er, dable, phone or underg	round 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 Offici	als Are Grant	ed Right Of Entry To	Conduct Necessary I	nspections To Determine C	Compliance With App	licable 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 A	cessible So Th	at A Complete Site E	valuation Can Be Per	formed.		5-15-18
	$\cap M$	11/11/11	Thin	EGAL DEDDEGEN	TAMES OF CRIADELES	/BEOUDED)	X DATE
١	(PROPER	TY'OWNER	S OR OWNERS LI	EGAL REPRESEN	TATIVE SIGNATURE	(KEQUIKED)	/ DATE