

Initial Application Date: 7/12/18

Application # 1850044474
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.hamett.org/permits

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

LANDOWNER: Feliciano Aviles & Melissa Aviles Mailing Address: 5675 Christian Light Rd FU: 275
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-398-1326 Email: Avilesroofingnc@gmail.com

APPLICANT: Feliciano Aviles Mailing Address: 5675 Christian Light Rd.
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-398-1326 Email: Avilesroofingnc@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Feliciano Aviles Phone # 919-398-1326

PROPERTY LOCATION: Subdivision: Sherrad Forest Lot #: 1 Lot Size: 1.51
State Road # 1412 State Road Name: Christian Light Map Book & Page: PC # 123B
Parcel: 050634 003901 PIN: 0634-91-1580.000
Zoning: RA30 Flood Zone: XV Watershed: WA Deed Book & Page: 1763 454 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: _____ 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 18 x 36) Use: In 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: Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>154</u>
Rear		<u>25</u>		<u>138</u>
Closest Side		<u>10</u>		<u>40.2</u>
Sidestreet/corner lot				
Nearest Building on same lot		<u>10</u>		<u>17 from garage</u>

Comments: _____

7-12-18
N

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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.

Richard A. [Signature]
Signature of Owner or Owner's Agent

7/12/18
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

HTE 03-5-6676

FLETCHER COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

16426

OPERATIONS PERMIT

Name: (owner) Felisciano Avilez

New Installation

Septic Tank

Property Location: SR# 1412 Christian Light

Repairs

Nitrification Line

Subdivision Shenod Forest

Lot # _____

Tax ID # _____

Quadrant # _____

Contractor: Ed Hudson

Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

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

Type of system: Conventional Other Pump to Conventional

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

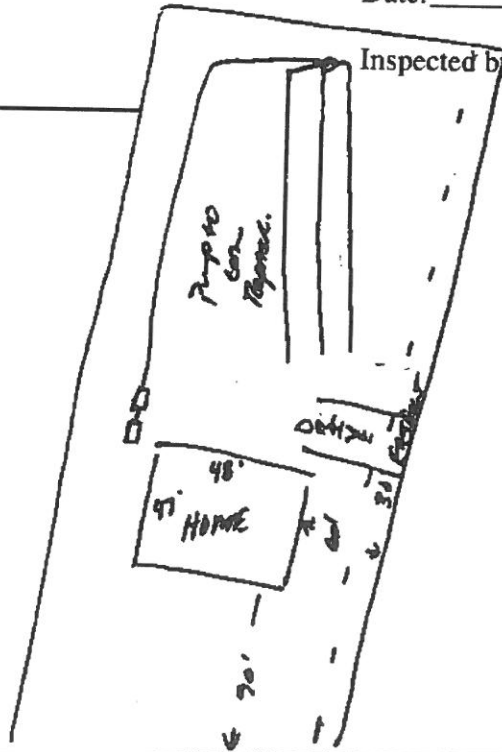
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: - Linear feet

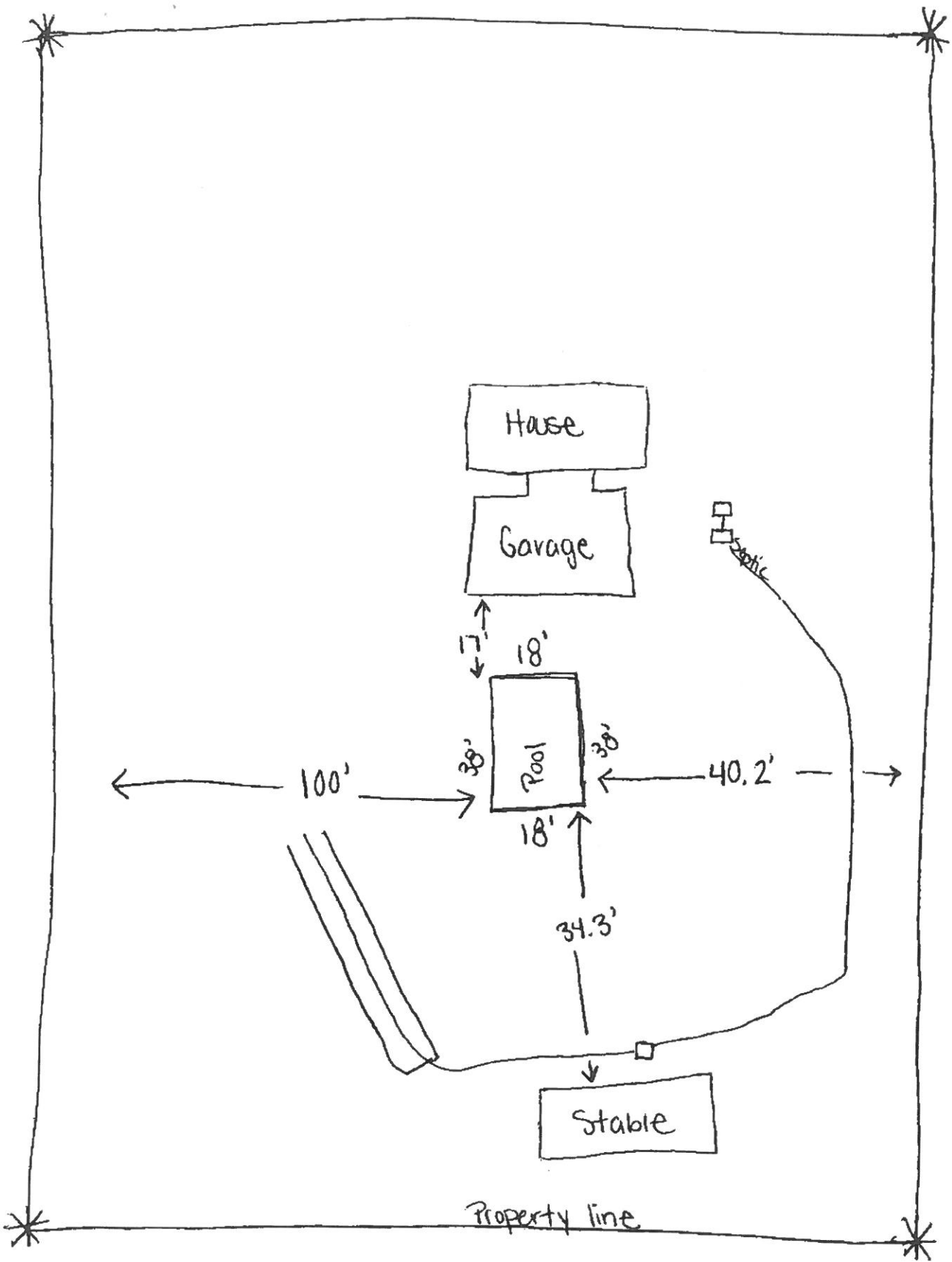
Date: 11-10-03

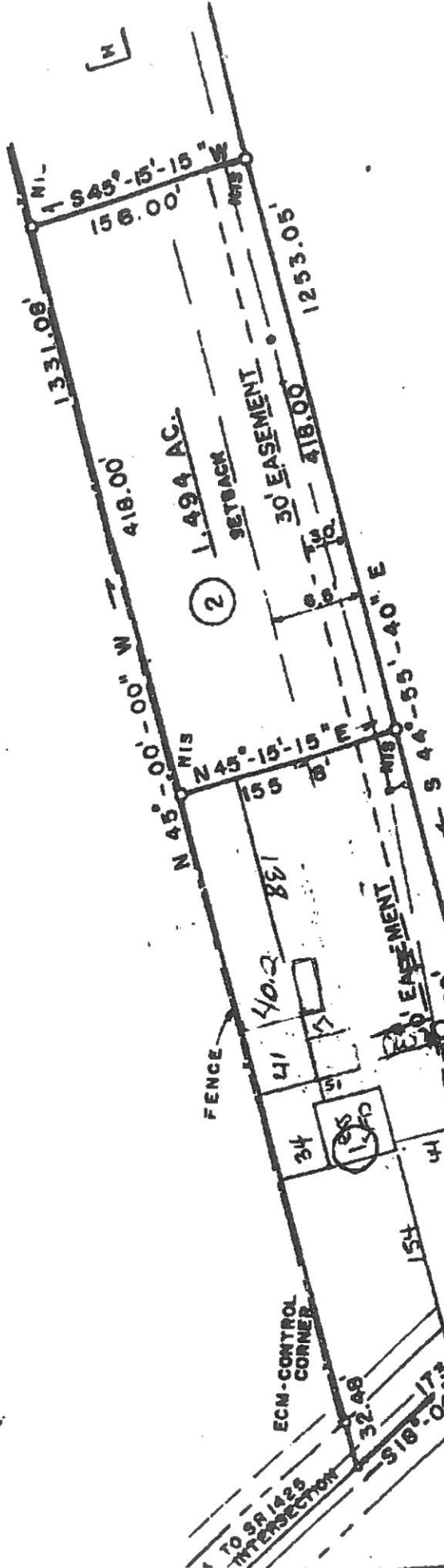
PERMIT NO. 1996Z

Inspected by: James E. Manhart ^{OKS}
Environmental Health Specialist



SR 1412 CHRISTIAN LIGHT RD





(NOW OR FORMERLY)
TYREE CENTER

15100

WE HEREBY CERTIFY THAT THIS RECORD PLAT COMES TO THE PUBLIC AS AN EXPLANATION OF WHAT IS SHOWN ON THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS IN HARNETT COUNTY.

John Paul Williams
 PLANNING JUNE 17, 2018

Took above put down above so this part can go in ground

SITE PLAN APPROVAL

DISTRICT BA30 USE Post

#BEDROOMS _____

Date 7/12/18

[Signature]
 Zoning Administrator

[Signature]

FINAL PLAT

SHERROD FOREST SUBDIVISION

BUCKHORN TWP. HARNETT COUNTY
 NORTH CAROLINA

SCALE 1" = 100'

WASLEY, A
 DIRECT. THIS
 PREPARATION AND
 2018. THIS
 D.M.

[Signature]
 OF DEEDS

THIS DIVISION
 IS TO BE

NORTH CAROLINA
 LYNN C. WASSLEY, A NOTARY PUBLIC OF THE COUNTY
 AND STATE AFORESAID CERTIFY THAT I, LYNN C. WASSLEY,
 A REGISTERED LAND SURVEYOR

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 irons must be made visible.** Place "plnk 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.

Feliana Auto
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2/12/18
DATE