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Residential Land Use Application

Application # _	1750040624
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## **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 PLANJARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* LANDOWNER: PAUL C. FOURNIER SINGRID Address: 77 CAROLINA DIKS CIRCLE INDEN State: NC Zip: 28356 Contact No: 910-221-0983 Email: fournier, paul. Com APPLICANT\*: Mailing Address: Zip:\_\_\_\_\_ Contact No: \_\_\_\_\_ Email: CONTACT NAME APPLYING IN OFFICE: Paul Fournier Phone # 910-221-0983 PROPERTY LOCATION: Subdivision: CSROLINA OIKS Lot #: 44 Lot Size: 0,43 ACRES Parcel: D10544 6012 44 PIN: 0534-95-8481.000 Zoning: KA-20 R Flood Zone: Watershed: \_\_\_ Deed Book & Page: 2583 10263 Power Company\*: SOUTH RIVER EMC \*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_\_ from Progress Energy. PROPOSED USE: Monolithic SFD: (Size \_\_\_\_x \_\_\_) # Bedrooms: \_\_\_ # Baths: \_\_\_ Basement(w/wo bath): \_\_\_\_ Garage: \_\_\_ Deck: \_\_\_ Crawl Space: \_\_\_ 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 12 x 28) Use: SHED/WORKSNOP 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): 5 HED Required Residential Property Line Setbacks: Comments: Front Minimum\_\_\_\_ Actual Rear Closest Side Sidestreet/corner lot\_\_\_ **Nearest Building** on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
2105- Elliot BRIDGERD, - Lou Will LUCAS
1ST NeighBorood on Right (CAROLINI ONKS)
1ST NeighBorroD on Right (CAROLINI OSKS)
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 Date

<sup>\*\*\*</sup>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.\*\*\*

<sup>\*\*</sup>This application expires 6 months from the initial date if permits have not been issued\*\*

NAME:	APPLICATION #:
	*This application to be filled out when applying for a septic system inspection.*
	epartment Application for Improvement Permit and/or Authorization to Construct
IF THE INFORMATION IN PERMIT OR AUTHORIZA	THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT TION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ion submitted. (Complete site plan = 60 months; Complete plat = without expiration)
910-893-7525	
	ealth New Septic System Code 800
	rons must be made visible. Place "pink property flags" on each corner iron of lot. All property elearly flagged approximately every 50 feet between corners.
	house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks,
	wimming pools, etc. Place flags per site plan developed at/for Central Permitting.
	Environmental Health card in location that is easily viewed from road to assist in locating property.
	nickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil e performed. Inspectors should be able to walk freely around site. <b>Do not grade property</b> .
	addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred
	incover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
800 (after sele	proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code cting notification permit if multiple permits exist) for Environmental Health inspection. Please note number given at end of recording for proof of request.
	or IVR to verify results. Once approved, proceed to Central Permitting for permits.
	ealth Existing Tank Inspections Code 800
	nstructions for placing flags and card on property. spection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up ( <i>if</i>
possible) and t	hen <b>put lid back in place</b> . (Unless inspection is for a septic tank in a mobile home park)  E LIDS OFF OF SEPTIC TANK
<ul> <li>After uncoverir</li> </ul>	ng outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit
	mits, then use code 800 for Environmental Health inspection. Please note confirmation number
	recording for proof of request.  or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.
SEPTIC	
If applying for authorizati	on 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 question. If the answer is	the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	Roes the site contain any Jurisdictional Wetlands?
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	Does or will the building contain any drains? Please explain
{}}YES	Are those any existing wells, springs, waterlines or Wastewater Systems on this property?
{_}}YES	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	s the site subject to approval by any other Public Agency?
{_}}YES {} NO /	Are there any Easements or Right of Ways on this property?
{_}}YES {} NØ	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.
	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Understand That I Am S	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So Th	at A Complete Site Evaluation Can Be Performed.
DEODEDTY OWNED	SOR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE
FROFERIT OWNER	LOW OWNERS LEGAL REI RESENTATIVE SIGNATURE (REQUIRED)

