nitial Application Date:	91		/1	17	
nitial Application Date:_	//	01/	//	/	

Application #	7500	424	122
-	CU#		

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 Central Permitting

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: David P. Johnson Mailing Address: PO Box 922
City: Broadway State: NC Zip: 27505 Contact No: 919->>> 6060 Email: Nijohns on 10@ winds fream.
APPLICANT*: Mailing Address:
City: State: Zip: Contact No: Email:
CONTACT NAME APPLYING IN OFFICE: David R. Johnson Phone # 919- 777-6060
PROPERTY LOCATION: Subdivision: Wood Haven Acres
State Road # 1228 State Road Name: MCNeill Mill Rd Map Book & Page:
Parcel: 139491 0186 02 PIN: 9691-11-8530,000
Zoning (ASO Flood Zone: Watershed: NO Deed Book & Page: 1915/212 Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:
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 Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no
☐ 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: #Employees:
Addition/Accessory/Other: (Size 12 x 28) Use: Storage Closets in addition? (_) yes (_) no
2/10/2017
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 (\$00') of tract listed above? () yes () no
Does the property contain any easements whether underground or overhead (_) yes (_) no Proposed
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments:
Front Minimum Actual
Rear 2.5°
Closest Side 5
Sidestreet/corner lot
Nearest Building
Residential Land Use Application Page 1 of 2
APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPE	RTY FROM LILLINGTON:	
-		
	,	
1	all ordinances and laws of the State of North C accurate and correct to the best of my knowled of Owner or Owner's Agent	Carolina regulating such work and the specifications of plans submitted edge. Permit subject to revocation if false information is provided. 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**



12 x 28 Storage Bldng 5' From Closest side 25'+ From Rear



NAME:	APPLICATION #:_	42422
		10-10
Con	*This application to be filled out when applying for a septic system inspect	ction.*
IF THE I		
	THE CALL OF THE CALLON IS EVEN THE CALL OF THE CALL AND THE CALL OF THE CALL O	TELEVISION OF THE PROPERTY OF
depending	OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either upon documentation submitted. (Complete site plan = 60 months; Complete also with a mid-	60 months or without expiration
	910-893-7525 option 1	2011/08/ald
Env	OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration) 910-893-7525 option 1 CONFIRMATION #_ ironmental Health New Septic System Code 800	024188
	All property irons must be made visible. Place "pink property flags" on each cor	7/24/1
•	Place "orange house corner flags" at each corner of the proposed structure. Also flag	1
	iace didinge Environmental Health Card in location that is easily vioused from read to	and the second of the second o
	Proporty to unionly wooded. Environmental Health requires that you also and the	
	The political modelities should be able to walk trook around also be a	
	TO TO DE QUITESSEU WILLIA ILI DIISINGSE MOVE Offer confirmation for con-	
		Ith inspection Please note
	ise Click2Gov or IVR to verify results. Once approved proceed to Central Pormitting	for permits
S-1101	Control reality Existing Tank Inspections Code 800	or permits.
• 1	Ollow above instructions for placing flags and card on property.	
• -	repare for inspection by removing soil over outlet end of tank as discuss in the	s. and lift lid straight up (if
	The state of the s	bile home park)
	EELA E EIDO OLI OLIGERIIC IANK	
if	fter uncovering outlet end call the voice permitting system at 910-893-7525 option 1	& select notification permit
	multiple permits, then use code 800 for Environmental Health inspection. Please ven at end of recording for proof of request.	note confirmation number
SEPTIC	se Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for	remaining permits.
	for authorization to construct please indicate desired system type(s): can be ranked in order of pref	
{}} Acc	epted {_} Innovative {} Conventional {} Any	erence, must choose one.
{_}} Alte	rnative {_}} Other	
	int shall notify the local health department upon submittal of this application if any of the follo	
question. I	the answer is "ves" applicant MIST ATTACH CURPORTS application if any of the follo	wing apply to the property in

	, ioi admonizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{_}} Acc	epted	{} Innovative {} Conventional {} Any
{_}} Alte	rnative	{}} Other
The application. I	ant shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{}}YES	{} NO	Does the site contain 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 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?
	s	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read	This Application	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officia	ls Are Granted	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
I Understand	d That I Am Sol	lely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Acc	essible So That	A Complete Site Evaluation Can Be Performed.
PROPERT	Y OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE