Initial Application Date: 2/2/18 Applica	ation#_18-50043222					
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICA Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fa	CU# ATION ax: (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: Thomas Shave Commings Mailing Address: 12a Commings Rd						
City: Lillinger State: NCZip: 17546 Contact No: 410 890 9458 Email: sccmmings Chamett						
	S. C.					
APPLICANT*: Mailing Address:						
City: Zip: Contact No:* Please fill out applicant information if different than landowner	Email:					
CONTACT NAME APPLYING IN OFFICE: Phon						
PROPERTY LOCATION: Subdivision:	Int# IntSize: 4.3 names					
State Road # 1263 State Road Name: Cummings Rd	Man Book & Page:					
Parcel: 0021-23-1391.000 PIN: 130621 005	55					
Zoning: PA 30 Flood Zone: X Watershed: IV Deed Book & Page: 2927 / 600 Pon						
	from Progress Energy.					
PROPOSED HOE						
PROPOSED USE:	Monolithic					
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (0	Crawl Space: Slab: Slab: if yes add in with # bedrooms)					
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Butter (Is the second floor finished? () yes () no Any other site built additions?						
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site	e built?) Deck:(site built?)					
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	_					
□ Home Occupation: # Rooms: Use: Hours of Operation:						
Addition/Accessory/Other: (Size 2Y'x 24') Use: Shelter	<i>t</i> . •					
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final						
Sewage Supply: MR New Septic Tank (Complete Checklist) NIR 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): PYOPOSIO SWITCH						
Required Residential Property Line Setbacks: Comments:						

Front Minimum 35 Actual 35 |

Rear 25 | 58 |

Closest Side | 0 | 35 |

Sidestreet/corner lot |

Nearest Building _____ on same lot _____ Residential Land Use Application

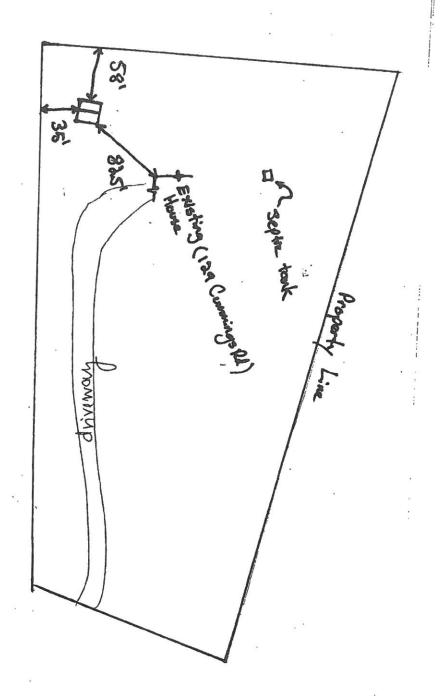
Page 1 of 2
APPLICATION CONTINUES ON BACK

03/11

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
f 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 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's Agent Date

This application expires 6 months from the initial date if permits have not been issued

^{***}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.***



Cummings Rd NCSR 1263 W

DISTRICT PLAN APPROVAL

DISTRICT PLAN APPROVAL

2/2/18 (PA)

9/2

	NAME:	:		APPLICATION #:_	18-50043222		
			*This application to be filled out when app				
	Cou	*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 I	NFORMATION	IN THIS APPLICATION IS FALSIFIED, CHANG	ED. OR THE SITE IS ALTERED.	THEN THE IMPROVEMENT		
	dependin	OK AUTHORIZ	ATION TO CONSTRUCT SHALL BECOME INV ation submitted. (Complete site plan = 60 months; (ALID. The permit is valid for either complete plat = without expiration)			
		910-893-752:	option 1	CONFIRMATION #_			
	D En	vironmental F	lealth New Septic System Code 800				
	•	All property	Irons must be made visible. Place "piniclearly flagged approximately every 50 fee	k property flags" on each co	irner Iron of lot. All property		
	•	Place "orange	house corner flags" at each corner of the	proposed structure. Also fia	a driveways, garages, decks		
	•	out buildings,	swimming pools, etc. Place flags per site i	plan developed at/for Central	Permitting.		
	•	Place orange	Environmental Health card in location that	is easily viewed from road to	assist in locating property.		
	•	evaluation to	hickly wooded, Environmental Health require performed. Inspectors should be able to	ilres that you clean out the <u>u</u> o walk freely around site. Do	ndergrowth to allow the soil		
	•	All lots to be	addressed within 10 business days after	er confirmation. \$25.00 retu	rn trip fee may be incurred		
		for failure to	uncover outlet lid, mark house corners	and property lines, etc. onc	e 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 n	umber given at end of recording for proof of	of request.			
	./•	Use Click2Go	or IVR to verify results. Once approved,	proceed to Central Permitting	for permits.		
			ealth Existing Tank Inspections Code instructions for placing flags and card on pl		¥8		
J			spection by removing soil over outlet en		es and lift lid straight up /if		
4	1 . 1	possible) and.	then put lid back in place. (Unless inspec	tion is for a septic tank in a m	nobile home park)		
135			E LIDS OFF OF SEPTIC TANK ng outlet end call the voice permitting sys	tom at 010 000 7505 anti-	4 0		
		if multiple per	mits, then use code 800 for Environmen	tal Health inspection. Pleas	e note confirmation number		
	9	given at end o	recording for proof of request.	•	•		
	SEPTIC	Use Click2Gov	or IVR to hear results. Once approved, pr	oceed to Central Permitting f	or remaining permits.		
			on to construct please indicate desired system typ	e(s): can be ranked in order of pr	reference, must choose one.		
	{}} .Ac	ecepted	[_] Innovative (] Conventions	al () Any			
	{_}} Ali	ternative	() 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 Wetle	ands?			
	{_}}YES	() NO	Do you plan to have an <u>irrigation system</u> now	v or in the future?	W.		
	{_}}YES	(_) NO	Does or will the building contain any drains?	Please explain.			
	{}}YES	() NO	Are there any existing wells, springs, waterling	nes or Wastewater Systems on the	his property?		
	_ YES	(<u> </u>) NO	Is any wastewater going to be generated on the	he site other than domestic sewa	ge?		
	_ YES	[_] NO	Is the site subject to approval by any other Pu	iblic Agency?			
	()YES	[] NO	Are there any Easements or Right of Ways or	n this property?	•		
	{}}YES	[_] NO	Does the site contain any existing water, cabl	e, phone or underground electric	c 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.							
DE OPERATE ON OPERATE DE LE CAL PERDECENTATIVE STONATURE DE OLUMENTO.							