

Initial Application Dates

mos Application Date:		7		
	COUNTY OF HARNETT R	ESIDENTIAL LAND USE APPLI	CATION	homett org/namits
	Front Street, Lillington, NC 27546			
_ /	AP, RECORDED DEED (OR OFFER TO PU			
LANDOWNER: Hawingh.	. Propostruot NG. LLC	Mailing Address:265	9 San Lee Dill	
city: <u>Sanford</u>	State: NC Zip: 2783	Contact No: 919-720-5	967 Email: Branden oh	grington proporties of
APPLICANT*:	Mailing Add			
City:*Please fill out applicant information if d	State: Zip: (Contact No:	Email:	
Please fill out applicant Information II d ADDRESS: Lot 5 Se	MISEL Read/GVL	y Acres Drive	A	
Zoning:Flood:Setbacks - Front:	Watershed: Dee Back: 137 Side: 6	d Book / Page: 2021	Pase 270	
PROPOSED USE: SFD: (Size 6 D Y 1 P) # B (Is th	edroom:	(w/wo bath);	Deck:Crawl Space: Ono (if yes add in with # bedr	Monolithic Slab:Slab: coms)
(is th	edrooms# Baths Basement e second floor finished? () yes (DWTW (Sizex) no Any other site built addition	ons?() yes () iio	
	lo. Buildings:No. B			
Home Occupation: # Rooms:	Use:	Hours of Operation:	·	Employees:
Addition/Accessory/Other: (Siz	ex) Use:		Closets in addition	•
	Existing Well New Well (# (Need to Confine Tank Expansion Relocation	n_ Existing Septic Tank	_ County Sewel	
Does owner of this date of talks, own	nents whether underground or overh	ead yes no		
A CONTRACTOR OF THE PARTY OF TH	- ik dunlings	Manufactured Homes:		_
permits are granted I agree to conf	orm to all ordinances and laws of the onts are accurate and correct to the b	State of North Carolina regulations of my knowledge. Permit se	ing such work and the specific teravocation if false inf	cations of plans submitted. ormation is provided.
All al	V			
Sign Tit is the owner/applicants respo	nature of Owner or Owner's Agent nsibility to provide the county with se location, underground or overh incorrect or missing information s application expires 6 months fro			including but not limited t responsible for any

APPLICATION CONTINUES ON BACK

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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)

Environmental Health New Septic System

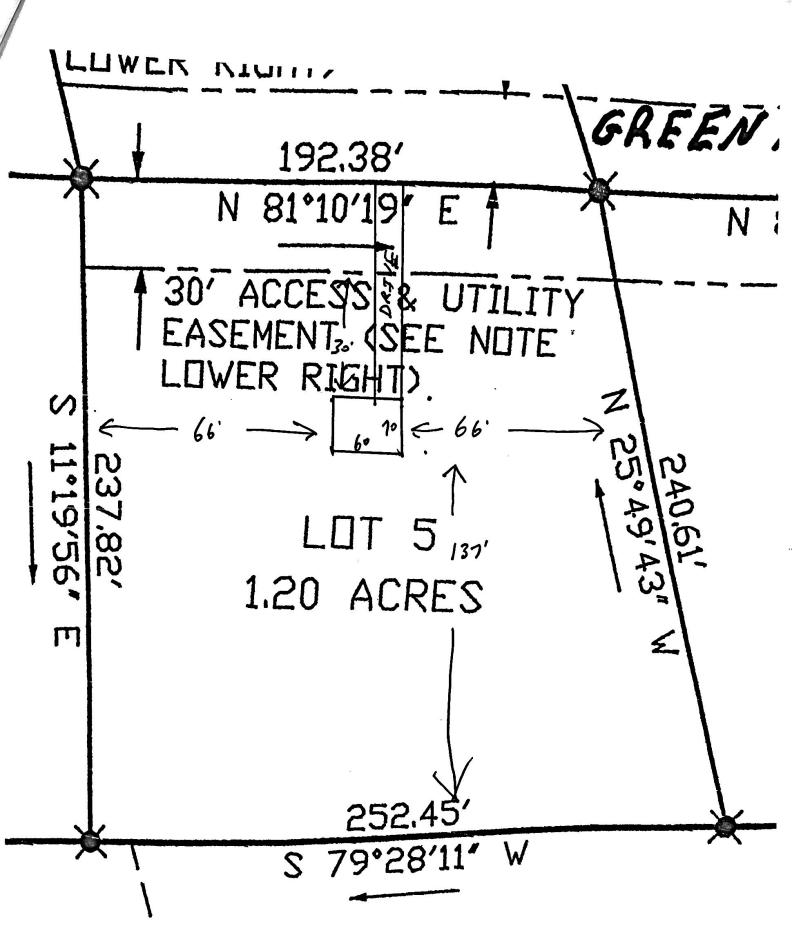
- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, 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 <u>undergrowth</u> 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.

Environmental Health Existing Tank Inspections

- 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

<u>SEPTIC</u>	MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"
If applying for authorizat	ion to construct please indicated
	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. { } Innovative { } Any
{ } Alternative	{ } Other_
The applicant shall notify question. If the answer is	y 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 YNO	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 (YNO	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?
YYES (_) 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
Have Read This Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct Anthonical Court And Court Anthonical Court And Co
inclus Are Granted Righ	Of Entry 16 Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Professional Profe
nderstand That I Am Sole	ly Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site
ccessible So That A Comp	lete Site Evaluation Can Re Performed

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Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become invalid.

MARIMSIM Propo	Harrington Propostics of NC, LCC (9/9) 770-5969 Applicant/Owner Phone Number 2659 San Les Driese Santas, NC 27830				
Applicant/Owner	۰ ۸. –		Phone Number		
2659 San	Les Osida San	ford, NC	27330		
treet Address, City,	State, Zip Code		*		
The Applicant must submit. existing and/or proposed proposed proposed proposed proposed from the facility and the location for the proposed.	operty lines and easements with and appurtenance;	a map/drawing of h dimensions;	the property and must show:		
the location of existing or p the location of any existing above ground and/or under	proposed sewer lines and/or sever wells within 100 feet of the property of the	operty; surface wat	,		
2					
Division of Environmental I 1. there is a relocation of the 2. there is a change in the into 3. there is a need for installin	Health if any of the following proposed facility; ended use of the facility; g the waste water system in an	occur prior to wel			
4. there are landscape change Contact information	ed that affect site dramage. : Environmental Hea	lth Division -	910-893-7547		
	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	PROPERTY IN	IFORMAT	ION		
	Proposed	use of well			
Single-Family M	ıltifamily⊟ Church □	Restaurant	☐ Business ☐ Irrigation ☐		
~	75 , 0 ,		on/Lot #		
Street Address 50	Seminola 1000	Subdivisi	on/Lot#		
Parcel #		PIN #			
	TD:4'	to the Site			
421 104	ds Sanford Af	interection	of 421 + Seminola R		
421 town tight.	ods Sanford Af Proparty is an s	intersection the left	. ot 42/ + Seminola K .3 tenths of a mile be		

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and

making the site accessible so that a will can be properly constructed according to the permit.

Property Owner's of Owner's Legal Representative Signature Required