

Initial Application Date: 11/13/18 Application # COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION **Central Permitting** 08 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 PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" State: NC Zip: 27332 Contact No: 80 x-207 Email: Cam. Scar latelli poconte. Alternative Energy Inc. Mailing Address: 1104 State: VA Zip: 23005 Contact No: 804.299.3296 + 207 Email: pam. scar latelli @pegalte CONTACT NAME APPLYING IN OFFICE: DADDRESS:_ PIN: DEED OR OTP: PROPOSED US Monolithic.) # Bedrooms __ # __ths:___ Basement(w/wo bat __ □arage: Deck: Crawl Space:___ Slab: (Is the bonus room finished? (res (o w/ a close l) no (if i add in with # bedrooms) П П Mod: (Size # Baths ement wo ba Gara e Bu_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?___) 📗) No. Buildings:_ _____ No. Bedrooms Per Unit: Home Occupation: # Rooms: _Hours of Operation:__ Roof mount Solar PV 9.15 kW Closets in addition? (_) yes (_) no Addition/Accessory/Other: (Size _ x) Use: Water Supply: Existing Well New Well (# of dwellings using well ____) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Relocation ___ Existing Septic Tank ___ Expansion County Sewer (Complete Environmental Health Checklist on other side of application if Septic) 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):_ 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. 11/21/18 Signature of Owner or Owner's Agent 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.**

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

documentary.	
 All property be clearly flag Place "orang buildings, sw Place orange If property is to be perform 	ealth New Septic System rons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must ged approximately every 50 feet between corners. house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out mining 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. hickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation ed. Inspectors should be able to walk freely around site. Do not grade property. addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for cover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
 Follow above Prepare for interpretation 	fealth Existing Tank Inspections. Instructions for placing flags and card on property. Inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) Ilid back in place. (Unless inspection is for a septic tank in a mobile home park) VE LIDS OFF OF SEPTIC TANK
SEPTIC If applying for authoriz	*MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION" tion 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 not question. If the answer	fy the local health department upon submittal of this application if any of the following apply to the property in is "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	Does or will the building contain any drains? Please explain.
{}}YES	Are there 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?

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.

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.

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?

NO

{ } NO

{_} } NO

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PO B	Harnett County Central Permitting
	ox 65 Lillington, NC 27546 - Ph. 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits Certification of Work Performed By Owner/Contractor
	(Individual Trade Application)
II.	ucture: Frank Barlow Phone: (919) 895-1150
Owner (s) Mailir	ng Address: 320 Fair-fax Drive
	Sanford, NC 27332
Land Owner Na	me (s): Frank Barlow Phone: (919) 895-1150
Construction or	Site Address: 320 Fairfax Drive Sanford NC 27332
PIN#	Parcel #
	129 Description of Work to be done Photovoltaic solar modules to be installed roof mount
Mechanical: N	ew Unit With Ductwork New Unit Without Ductwork Gas Piping Other
Electrical*: 2	00 Amp <200 Amp Service Change Service Reconnect Other For Progress Energy customers we need the premise number
Plumbing:	Water/Sewer Tap Number of Baths Water Heater
Specific Direction	ns to Job from Lillington:
Subdivision:	Lot #:
1 Joe Ora	ta will provide the <u>Electrica</u> labor on this structure.
I am the building	owner or my NC state license number is 50.544.32042, which entitles me to
	ork on the above structure legally. All work shall comply with the State Building Code and all
	State and local laws, ordinances and regulations.
PEG ALTE	RNATIVE ENERGY, INC. 804.299.3296 (x-207)
Contractor's Col	npany Name Telephone
11044 Riel	rardson Rd., Ashland, VA 23005 pam. scarlatelliopegalte.com
Address 50.5fd.32 License#	Email Address J
2.501100 #	
Structure Owner	/ Contractor Signature: Date: 11/21/18
purchase permit	pplication you affirm that you have obtained permission from the above listed license holder to son their behalf. If doing the work as owner you understand that you cannot rent, lease or sell ty for 12 months after completion of the listed work.

Application #

*Company name, address, & phone must match information on license