

| Initial Application Date:  | Application #   |   |  |
|--|---|---|--|
| 2011)71  |   | CU#   |  |
|  | DF HARNETT RESIDENTIAL LAND USE APPLIC<br>ton, NC 27546 Phone: (910) 893-7525 ext:1                           | Fax: (910) 893-2793 www.harnett.org/permits   |  |
| **A RECORDED SURVEY MAP, RECORDED DEED (                           | OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRE   | D WHEN SUBMITTING A LAND USE APPLICATION**  |  |
| LANDOWNER: Lee Watley  | Mailing Address: 169 Red  | Cedar Way   |  |
| City: Fuquay-Varina State: NC                                      | Zip: 27526 Contact No: 3017522148   | Email: [watley@terpmail.umd.edu   |  |
| APPLICANT*: EMPWR Solar LLP/Paola Rocha                            | Mailing Address: 1007 Johnnie Dodds   | s Blvd, Suite 111   |  |
| City: Mount Pleasant State: SC                                     | Zip: 29464 Contact No: 843-867-3962   | <sub>Email:</sub> permits@empwrsolar.com  |  |
| "Please fill out applicant information if different than landowner |   |   |  |
| ADDRESS: 169 Red Cedar Way, Fuquay-V                               |   |   |  |
| Zoning: Flood: Watershed:  |   |   |  |
| Setbacks - Front: Back: Side:                                      | Corner:   |   |  |
| PROPOSED USE:  |   | Monolithic  |  |
| □ SFD: (Sizex) # Bedrooms:# Bath                                   |   | · — · — —   |  |
| TOTAL HTD SQ FT GARAGE SQ FT (Is                                   | the bonus room finished? () yes () no w/ a c  | closet? () yes () no (if yes add in with # bedrooms   |  |
| ☐ Modular: (Sizex) # Bedrooms# B                                   | Raths Rasement (w/wo hath) Garage:  | Site Built Deck: On Frame Off Frame   |  |
| TOTAL HTD SQ FT (Is the se   | -   |   |  |
|  | <u>(</u>  | <u> </u>  |  |
| ☐ Manufactured Home:SWDWTW (Si                                     | zex) # Bedrooms: Garage:  | (site built?) Deck:(site built?)  |  |
| ☐ Duplex: (Sizex) No. Buildings:                                   | No. Bedrooms Per Unit:  | TOTAL HTD SQ FT   |  |
|  |   |   |  |
| □ Home Occupation: # Rooms: Use                                    | : Hours of Operation:   | #Employees:   |  |
| ☐ Addition/Accessory/Other: (Sizex) Us                             | e:  | Closets in addition? () yes () no   |  |
| TOTAL HTD SQ FT GARAGE   |   |   |  |
|  |   |   |  |
| Water Supply: County Existing Well                                 | New Well (# of dwellings using well   |   |  |
| Sewage Supply: New Septic Tank Expansion                           | on RelocationExisting Septic Tank   |   |  |
| Does owner of this tract of land, own land that contains           | <mark>list on other side of application if Septic)</mark><br>a manufactured home within five hundred feet (50 | 0') of tract listed above? () yes () no   |  |
| Does the property contain any easements whether under              | erground or overhead () yes () no   |   |  |
| Structures (existing or proposed): Single family dwelling          | s: Manufactured Homes:  | Other (specify):  |  |
| If permits are granted I agree to conform to all ordinance         |   |   |  |
| I hereby state that foregoing statements are accurate an Paola Rol |   | bject to revocation if false information is provided.  0/14/2022  |  |
| Signature of Owner o   |   | Date  |  |
| ***It is the owner/applicants responsibility to provide            | le the county with any applicable information a   | about the subject property, including but not limited<br>nty or its employees are not responsible for any |  |

APPLICATION CONTINUES ON BACK

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\*\*



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

\*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

- <u>All property irons must be made visible</u>. 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

## "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

| <u>SEPTIC</u> |                   |  |
|---------------|-------------------|--|
| If applying f | for authorization | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.   |
| {}} Acce      | pted              | {}} Innovative {}} Conventional {}} Any  |
| {}} Alter     | native            | {}} Other  |
|               |                   | 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 <u>drains</u> ? 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?  |
|               |                   | 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.