

Initial Application Date:	Ар	plication #
COUNTY OF HAR	IETT RESIDENTIAL LAND USE APPLI	CU#
Central Permitting 108 E. Front Street, Lillington, NC 2		
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER	•	
LANDOWNER: Matthew Porter	Mailing Address: 155 St Cla	air Dr
City: Fuquay Varina State: NC Zip: 27	526 Contact No: 8649182951	Email: Jordan_Grant12@yahoo.com
APPLICANT*: BRS Field Ops, LLC Mail	ng Address:1403 N Research Way	
City: State: _UT _Zip: _84 *Please fill out applicant information if different than landowner	097 Contact No:385-482-0045	Email: permitting.department@blueravensolar.com
ADDRESS: 155 St Clair Dr, Fuquay Varina, North Carolin	a, 27526PIN:	
Zoning: Flood: Watershed:	Deed Book / Page:	
Setbacks – Front: Back: Side: C	orner:	
PROPOSED USE:		
□ SFD: (Size x) # Bedrooms: # Baths: Ba	sement(w/wo hath): Garage: F	Monolithic Neck: Crawl Space: Slab: Slab:
,	· /——	closet? () yes () no (if yes add in with # bedrooms
		······································
☐ Modular: (Sizex) # Bedrooms # Baths	Basement (w/wo bath) Garage:	Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FT (Is the second flo	or finished? () yes () no Any other	er site built additions? () yes () no
☐ Manufactured Home:SWDWTW (Size		
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	TOTAL HTD SQ FT
☐ Home Occupation: # Rooms:Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use: 4.68	kW PV Solar Panel Installation on	Roof Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE		
Water Supply: County Existing Well New	Well (# of dwellings using well	_) *Must have operable water before final
	d to Complete New Well Application at the RelocationExisting Septic Tank	
(Complete Environmental Health Checklist on of Does owner of this tract of land, own land that contains a manuf.	ner side of application if Septic)	•
Does the property contain any easements whether underground	·	<u></u>
	,, ,,	Other (enesity)
Structures (existing or proposed): Single family dwellings:		
If permits are granted I agree to conform to all ordinances and la I hereby state that foregoing statements are accurate and correct		
Lacu Hollidau	Permitting Coordinator 12	2 / 08 / 2022
Lacy Holliday Signature of Owner or Owner	's Agent	Date
		nty or its employees are not responsible for any e applications.***

APPLICATION CONTINUES ON BACK

strong roots • new growth



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 for authoriza	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		
	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	Does the site contain any Jurisdictional Wetlands?		
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?		
{}}YES	Does or will the building contain any <u>drains</u> ? 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?		
{}}YES	Is the site subject to approval by any other Public Agency?		
{}}YES	Are there any Easements or Right of Ways on this property?		
{}}YES	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.

Αрі	olication#	

Harnett County Central Permitting
PO Box 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)

Owner (s) of Structure	: Matthew Porter	Phone: 8649182951
Owner (s) Mailing Add	lress: 155 St Clair Dr, Fu	uquay Varina, North Carolina, 27526
Land Owner Name (s)	. Matthew Porter	Phone: 8649182951
Construction or Site A	ddress: 155 St Clair Dr,	Fuquay Varina, North Carolina, 27526
		Parcel #
Joh Cost: 4222.30	Description of Work	to be done
		el Installation on Roof
	1.00 KWT V COIGIT GIN	. Inclanation on recor
Mechanical: New Ur	nit With Ductwork I	New Unit Without Ductwork Gas Piping Other
		Service Change Service Reconnect Other 🗹 ers we need the premise number
Plumbing: Water	/Sewer Tap N	umber of Baths Water Heater
Specific Directions to	Job from Lillington:	
Subdivision:		Lot #:
BRS Field Ops, LLC	; will provide th Name)	e Residential Solar PV labor on this structure. (Trade)
I am the building owner	er or my NC state licens	se number is <u>U.31365</u> , which entitles me to
perform such work on	the above structure lec	ally. All work shall comply with the State Building Code and all
•	and local laws, ordinar	
BRS Field Ops, LLC		385-482-0045
Contractor's Company Name		Telephone
1403 N Research Way, Orem, UT 84097		permitting.department@blueravensolar.com
Address		Email Address
U.31365		
License #		
Structure Owner / Cor	itractor Signature:	Lacy Holliday Date: 12 / 08 / 2022
, , , , , , ,	,	have obtained permission from the above listed license holder to work as owner you understand that you cannot rent, lease or sel

the listed property for 12 months after completion of the listed work.