



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, 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 REQUIRED WHEN SUBMITTING A LAND USE APPLICATION****

LANDOWNER: James Mangum Mailing Address: 3861 US-401 N
City: Fuquay-Varina State: NC Zip: 27526 Contact No: 919) 285-8495 Email: 1739justme@gmail.com

APPLICANT*: Top Tier Solar Solutions LLC/Michael Whitson Mailing Address: 1530 Center Park Dr.
City: Charlotte State: NC Zip: 28217 Contact No: 855-997-1213 Email: NC@toptiersolarsolutions.com
*Please fill out applicant information if different than landowner

ADDRESS: 3861 US-401, Fuquay-Varina, NC 27526 **PIN:** 0651-15-0767.000

Zoning: RA-30 - 2.33 **Flood:** _____ **Watershed:** _____ **Deed Book / Page:** 3463:0057

Setbacks – Front: _____ **Back:** _____ **Side:** _____ **Corner:** _____

PROPOSED USE:

☐ SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
TOTAL HTD SQ FT _____ **GARAGE SQ FT** _____ (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

☐ Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (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?)

☐ Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____ **TOTAL HTD SQ FT** _____

☐ Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

☒ Addition/Accessory/Other: (Size _____ x _____) Use: Installing 14 roof mounted PV modules on existing structure Closets in addition? () yes () no
TOTAL HTD SQ FT 449 **GARAGE** N/A

Water Supply: _____ County ☒ 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)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank ☒ 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: 1 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.

Signature of Owner or Owner's Agent

3/4/2025
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.*****

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

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**

- **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 **undergrowth** 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"

SEPTIC

If applying for authorization 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 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 | <input checked="" type="checkbox"/> NO | Does the site contain any Jurisdictional Wetlands? |
| {__} YES | <input checked="" type="checkbox"/> NO | Do you plan to have an <u>irrigation system</u> now or in the future? |
| {__} YES | <input checked="" type="checkbox"/> NO | Does or will the building contain any <u>drains</u> ? Please explain. _____ |
| <input checked="" type="checkbox"/> YES | {__} NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? |
| {__} YES | <input checked="" type="checkbox"/> NO | Is any wastewater going to be generated on the site other than domestic sewage? |
| {__} YES | <input checked="" type="checkbox"/> NO | Is the site subject to approval by any other Public Agency? |
| {__} YES | <input checked="" type="checkbox"/> NO | Are there any Easements or Right of Ways on this property? |
| <input checked="" type="checkbox"/> 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.