Lillington Zoning Permit
+$750.00

Application # 1350030571

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Environmental Health Permit in Towns/Areas Zoned by Municipalities

Land Owner Information:
Name: Rickey E Smith Sr
Address: 311 Womble Drive
Lillington NC 27546
Phone: 910-890-1894

Applicant Information:
Name: McNeill Masonry & Const.
Address: 2195 Bailey Rd Coats
NC 27521
Phone: 910-591-8432

Property Location:
E911 Address: 1705 NC 27 W Lillington, NC 27546
PIN or Parcel Number: #0549-85-2875.000
Subdivision: _____ Lot Number: _____
Lot Size: .56 Zoning: Lillington Power Co: _____

Specific Directions to Job from Lillington: Hwy 27 W go .1 pass Stewart-Clark LN Lot on Left.

Proposed Use:

(X) Single Family Dwelling (Size: 26 x 42) # of Bedrooms: 3
Basement: _____ Basement w/ Plumbing: ____ Deck: 8X4 Slab or Crawl Space

( ) Multi Family Dwelling # of Units: _____ # of Bedrooms/Units: _____

( ) Manufactured Home (Size: _____ x _____) # of Bedrooms: _____
Garage: _____ Deck: _____

( ) Business Square Footage Retail Space: _____ Type: _____

( ) Industry Square Footage: _____ Type: _____

( ) Home Occupation # of Rooms: _____ Use: _____

( ) Addition to Existing Building Size: _____ Use: _____

( ) Other: _____

Water Supply: ( ) County ( ) Well ( ) Other
Sewage: ( ) New Septic Tank (Complete new tank checklist) ( ) Existing Septic Tank ( ) Sewer
There is a $250.00 charge for new tanks, $100 for existing tanks. This approval is subject to revocation if the intended use of the septic system changes or if false information is provided on this application. Your signature below certifies all information above is correct.

Applicant Signature: [signature] Date: Feb 2013

2/08

NAME: _____ APPLICATION #: 135 00305 71

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)

910-893-7525 option 1 CONFIRMATION #_____

☑ ***Environmental Health New Septic System*** Code 800

- **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.***
- After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code **800** (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

☐ ***Environmental Health Existing Tank Inspections*** Code 800

- 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**
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

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 {✓} NO 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 {✓} 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.

_____ 6/Feb/13

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) **DATE**

TOWN OF LILLINGTON

ZONING PERMIT

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546 • phone 910-893-2654 • fax 910-893-3693

Required Attachments: Submit a site plan showing the driveway, streets, parking, open space, sidewalk, utility lines, major landscape features, and any existing and new structure(s) located in relation to the lot lines.

Name of Applicant	McNeill Masonry	Property Owner	Rickey Smith sr
Home Address	2195 Bailey Rd	Home Address	311 wo m ble Drive
City/State /Zip	Coats NC 27521	City/State /Zip	Lillington NC 27546
Telephone	910-591-8432	Telephone	910-890-1894
Email	Calvin.a.mcneill@us.Army.mil	Email	

Property Address: 1705 ~~[illegible]~~ 27 W Lillington NC 27546	What are you requesting to build / what is the proposed use of the property? Be specific. Single family 3 Bed Rm Bath and 1/2 (Stick built)	Does property access DOT road? yes
		Number of dwellings / structures on the property already: NA
Parcel Identification Number(s): 0549-85-2875.000		Property / parcel size: .56
		Lot number(s):

Owner / Applicant Must Read and Sign

AFFIDAVIT: The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the foregoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief, WITH THE UNDERSTANDING THAT ANY INCORRECT INFORMATION SUBMITTED MAY RESULT IN THE REVOCATION OF THIS APPLICATION. I hereby authorize the Town of Lillington to review this request and conduct a site inspection to insure compliance to this application. I also understand that this Zoning Permits will expire six (6) months from the date of issuance, if the permit is not acted upon.

McNeill Masonry	Calvin A. McNeill	17 Feb 13
Print Name	Signature of Owner or Representative	Date

FOR OFFICE USE

Zoning District: R20	Watershed District: ☐ Not located in one ☐ Cape Fear - Critical ☒ Cape Fear - Protected	Is property located in floodplain according to the FEMA map? ☒ No ☐ Yes
Front Setback: 30		
Side Setback: 10	Exempt from Watershed Regulations? ☐ No, more than one acre of land will be disturbed throughout entire (including phases) project area. ☒ Yes, less than one acre	Planner's Signature
Rear Setback: 20		2/6/13 Date

FAX TO FIRE MARSHAL'S OFFICE: (910) 893-5025 & NCDOT (910) 437-2529

~~30' from front~~ (will check with Env. Health for septic approval.)

Site Plan