Lillington Zoning

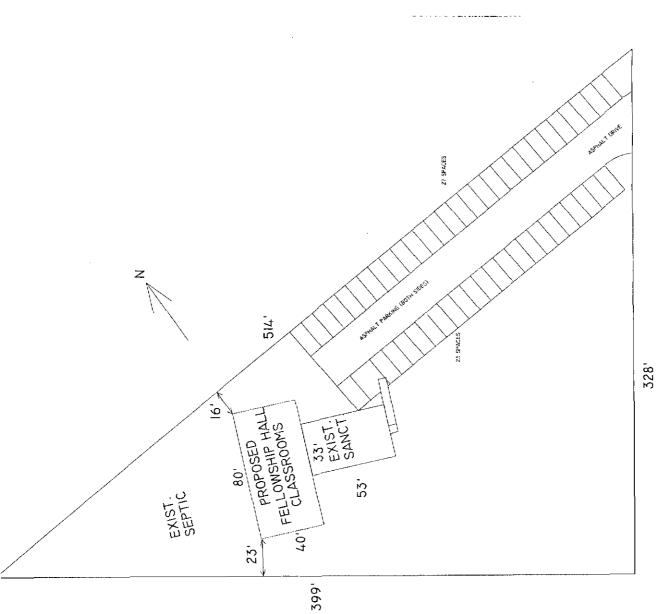
Application # 14-500 34 S 62

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

Phon Prope E911 PIN c	Owner Information: e: Holy Weliusance Karly Shame: ess: 1766 WC 27 West Address: Li Hirietan , W.C. 27546 e: 910 893-8468 Phone: Cen : 910 - 260 - 0983 erty Location: Address: 1766 Nt. 27 West or Parcel Number: 0549-75-8629 100549 0152 ivision: Lot Number: 20 Number: 20 Number: 20 Number: 20 Number: 20 Power Co: 20 Power Co: 20 Number: 20 Num
Speci	ific Directions to Job from Lillington: 1 Mile Dutside of Lillington pn 427 West. Beside Spring Hill Subdivision on Right,
Propo	osed Use:
()	Single Family Dwelling (Size: x) # of Bedrooms: Basement: Basement w/ Plumbing: Deck: 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: 80140 Use: Fellowship Hall @
)	Other:
Sewag There evoca provid	Supply: (County () Well () Other ge: () New Septic Tank (Complete new tank checklist) (Existing Septic Tank () Sewer is a \$250.00 charge for new tanks, \$100 for existing tanks. This approval is subject to ation if the intended use of the septic system changes or if false information is led on this application. Your signature below certifies all information above is correct. ant Signature: Marily M. Slord Date: 9-8-14



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1766 NC 27 WEST FAITH DELIVERANCE CHURCH PROPOSED FELLOWSHIP HALL/ CLASSROOM ADDTION (3200 SF) PIN 0549-75-8629

NAME:	

NAME: _				APPLICATION #:	14-7003126
	4	This application to be	e filled out when applying t	for a septic system inspect	tion.*
Count					orization to Construct
IF THE INF PERMIT OF depending u	ORMATION IN AUTHORIZA' pon documentati	THIS APPLICATION IS TION TO CONSTRUCT on submitted. (Complete	FALSIFIED, CHANGED, OF	R THE SITE IS ALTERED, T The permit is valid for either play = without expiration)	HEN THE IMPROVEMENT 60 months or without expiration
	10-893-7525 c			CONFIRMATION #_	006253
		alth New Septic Sys			
lin	es must be c	learly flagged approxi	imately every 50 feet bety	ween corners.	ner iron of lot. All property
OL	ut buildings, s	wimming pools, etc.	Place flags per site plan o	developed at/for Central I	
					assist in locating property.
ev	aluation to be	e performed. Inspecto	ors should be able to wall	k freely around site. <i>Do r</i>	ndergrowth to allow the soil not grade property.
					rn trip fee may be incurred
<u>fo</u>	<u>or failure to u</u>	ncover outlet lid, ma	ark house corners and p	property lines, etc. once	e lot confirmed ready.
/ 80	00 (after selec	ting notification perm	nit if multiple permits exis	it) for Environmental Hea	1 to schedule and use code alth inspection. Please note
			recording for proof of requests. Once approved, proce		for nermite
		alth Existing Tank I		sed to Central Lemmany	ioi perinta.
			flags and card on proper	tv.	
• Pi	repare for ins	pection by removing	soil over outlet end of	tank as diagram indicate	es, and lift lid straight up (ii
			lace. (Unless inspection i	is for a septic tank in a m	obile home park)
• Di	O NOT LEAVE	LIDS OFF OF SEPTIC	TANK	-+ 040 000 7505 amtiam :	1 0 salast matification normil
• A1	ner uncoverin	g outlet end call the	voice permitting system a	al 910-693-7525 option lealth inspection. Please	1 & select notification permit note confirmation number
		recording for proof of		icanii inopoctioni <u>i icaec</u>	7 TYOU GOTTH THE THE THE THE THE THE THE THE THE
• <u>U</u> :	se Click2Gov	or IVR to hear results	s. Once approved, procee	ed to Central Permitting fo	or remaining permits.
SEPTIC If applying	for authorization	on to construct please ind	licate desired system type(s):	can be ranked in order of pr	reference, must choose one.
{}} Acc			{}} Conventional		
{ } Alte	rnative	{ } Other			
The applica	ant shall notify	the local health departr		application if any of the fol	lowing apply to the property in
{_}}YES	{ ≥ } NO	Does the site contain a	any Jurisdictional Wetlands	?	
{}}YES	{ ≥ } NO	Do you plan to have a	n <u>irrigation system</u> now or i	n the future?	
{ ≥ }YES	{}} NO		ing contain any <u>drains</u> ? Plea		
{}}YES	(<u>≥<</u>) NO		wells, springs, waterlines o	•	
{}}YES	M NO	ls any wastewater going	ng to be generated on the sit	e other than domestic sewa	ge?
{}}YES	NO NO		pproval by any other Public		
{}}YES	≥≤ } NO	•	nts or Right of Ways on this		
{ ∠ IYES	{}} NO		any existing water, cable, ph		
		If yes please call No	Cuts at 800-632-4949 to loc	ate 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.

| A Complete Site Evaluation Can Be Performed.
| PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Harnett S Zoning Overlay Results COUNTY SOUTH (AFOLY) SOUTH (AFO



Map Scale = One Inch = 99 feet

Owner Information:

PID	100549 0152	
NAME	HOLY DELIVERANCE CHURCH OF GOD	
ADDRESS	1766 NC 27 W	2
CITYST	LILLINGTON, NC 27546-0000	
ACRES	1,505345	

Zoning Overlay Results

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and attention and amount of the artist	and the contraction of the contr		and the second	
237	LILLINGT	1.51		
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Download Results:

ZoningPolygon 100549 0152.zip