

Initial Application Date: 8-24-09

Application # 0950022710

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Kenneth Johnson Mailing Address: 142 Lake Shore Dr.

City: Benson State: NC Zip: 27504 Home #: 919-794-3893 Contact #: 919-795-5223

APPLICANT: Kenneth Johnson Mailing Address: same

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner  
CONTACT NAME APPLYING IN OFFICE: Ametta Johnson Phone #: 919-796-0612

PROPERTY LOCATION: Subdivision w/phase or section: \_\_\_\_\_ Lot #: 3 Lot Acreage: .51

State Road #: 1560 State Road Name: Old Mail Lane Map Book&Page: 2009/154

Parcel: 07 1610 0054 29 PIN: 11610-18-5247.000

Zoning: R20M Flood Zone: X Watershed: NA Deed Book&Page: 2607, 706 Power Company: Prog Energy

\*New homes with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hy 27 E past Coats to Festus Rd.  
Left on Festus; About 1.5 miles turn right on Old Mail Lane  
3rd lot on right.

**PROPOSED USE:**

Circle:

- SFD (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_ Crawl Space / Slab  
(Is the bonus room finished? \_\_\_\_\_ w/ a closet \_\_\_\_\_ if so add in with # bedrooms)
- Mod (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage \_\_\_\_\_ Site Built Deck \_\_\_\_\_ ON Frame / OFF  
(Is the second floor finished? \_\_\_\_\_ Any other site built additions? \_\_\_\_\_)
- Manufactured Home: X SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size 14 x 20) # Bedrooms 3 Garage NO (site built? \_\_\_\_\_) Deck NO (site built? \_\_\_\_\_)
- Duplex (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_
- Home Occupation # Rooms \_\_\_\_\_ Use \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees \_\_\_\_\_
- Addition/Accessory/Other (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_ Closets in addition(\_\_\_\_)yes (\_\_\_\_)no

Water Supply:  County  Well (No. dwellings \_\_\_\_\_) **MUST** have operable water before final

Sewage Supply:  New Septic Tank (Complete Checklist)  Existing Septic Tank (Complete Checklist)  County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above?  YES  NO

Structures (existing & proposed): Stick Built/Modular \_\_\_\_\_ Manufactured Homes  Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks: \_\_\_\_\_ Comments: \_\_\_\_\_

Front Minimum 35 Actual 40 from Easement 90 total

Rear 25 71

Closest Side 10 20

Sidestreet/corner lot \_\_\_\_\_

Nearest Building on same lot 6 \_\_\_\_\_

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.

Ametta Johnson  
Signature of Owner or Owner's Agent

8-24-09  
Date

\*\*This application expires 6 months from the initial date if no permits have been issued\*\*

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

SITE PLAN APPROVAL

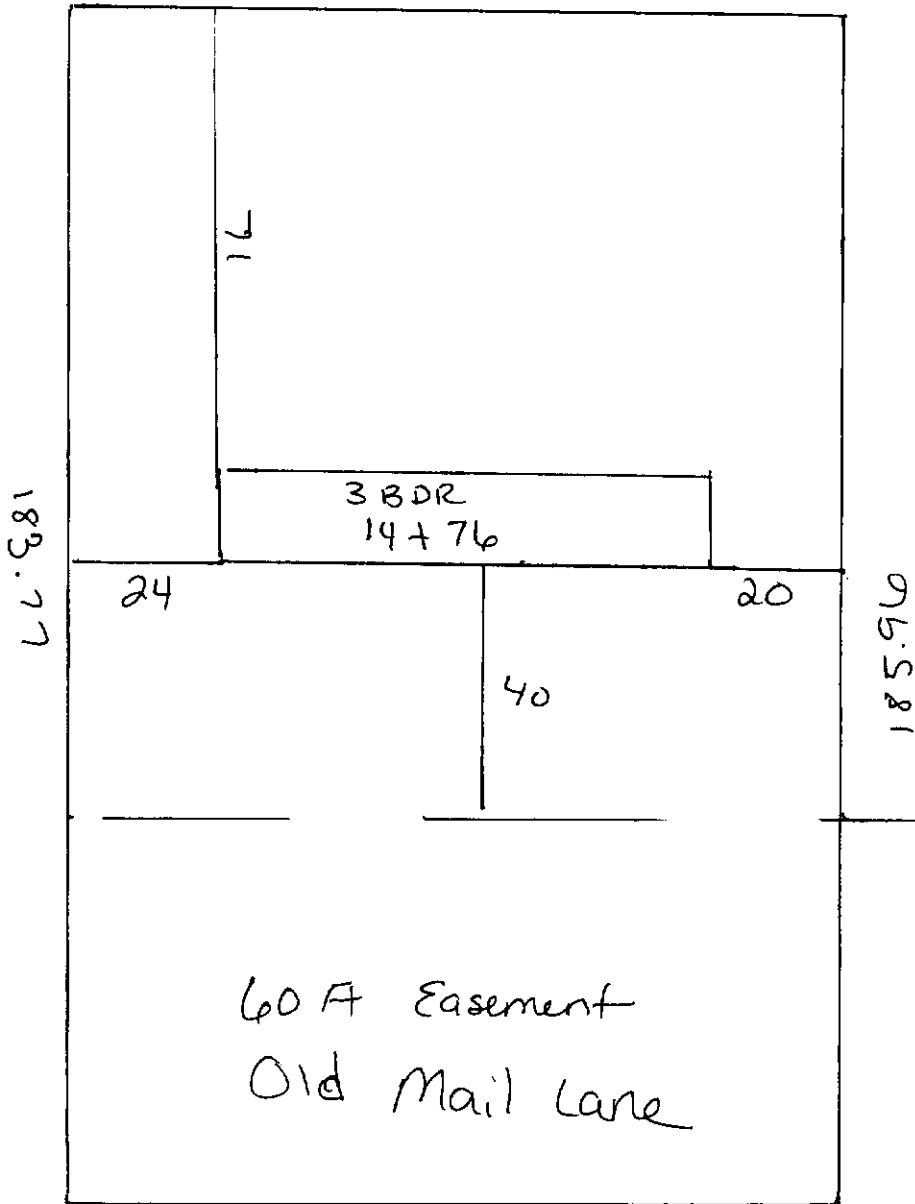
DISTRICT RA20M USE SWMH

#BEDROOMS 3

Date 8/24/09

*[Signature]*  
Zoning Administrator

119.94



120.01

NAME: Keneth Johnson

APPLICATION #: 22710

**\*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

- 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.**
- Call No Cuts to locate utility lines prior to scheduling inspection. 800-632-4949 (This is a free service)
- 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 door as diagram indicates. Loosen trap door cover. (Unless inspection is for a septic tank in a mobile home park)
- After preparing trapdoor 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.**

Anneta Johnson  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

8-24-09  
DATE

0950022710R

# Harnett County Department of Public Health

## Well Abandonment Permit Application

### APPLICANT INFORMATION

Shirley Johnson  
~~Applicant/Owner~~

(919) 796-0612  
~~Phone Number~~

32 Old Mail Lane Coats NC 27521  
~~Street Address, City, State, Zip Code~~

### PROPERTY INFORMATION

Street Address 32 Old Mail Lane Subdivision/Lot # \_\_\_\_\_

Parcel # Coats NC 27521 PIN # \_\_\_\_\_

#### Directions to the Site

Hwy 27 thru Coats, Left on Festus Rd; Right on  
 Old Mail Lane, between 32 Old Mail Lane + next lot on right.

~~Brief description of the well location~~ (ex. front yard, behind out building, front yard, etc.)

behind trailer between 32 + Old Mail Lane  
Lot 3

**\*Please include a Site Plan of your property showing the location of the well. If the well is underground, it must be uncovered prior to the department's site visit.**

#### Please Complete the Following Information:

Date Well Was Constructed previous owner Grouted: Yes  No   
Above Ground  or Below Ground  Total Depth of Well \_\_\_\_\_  
Well Type: Drilled  Bored  Hand dug  Diameter \_\_\_\_\_ inches

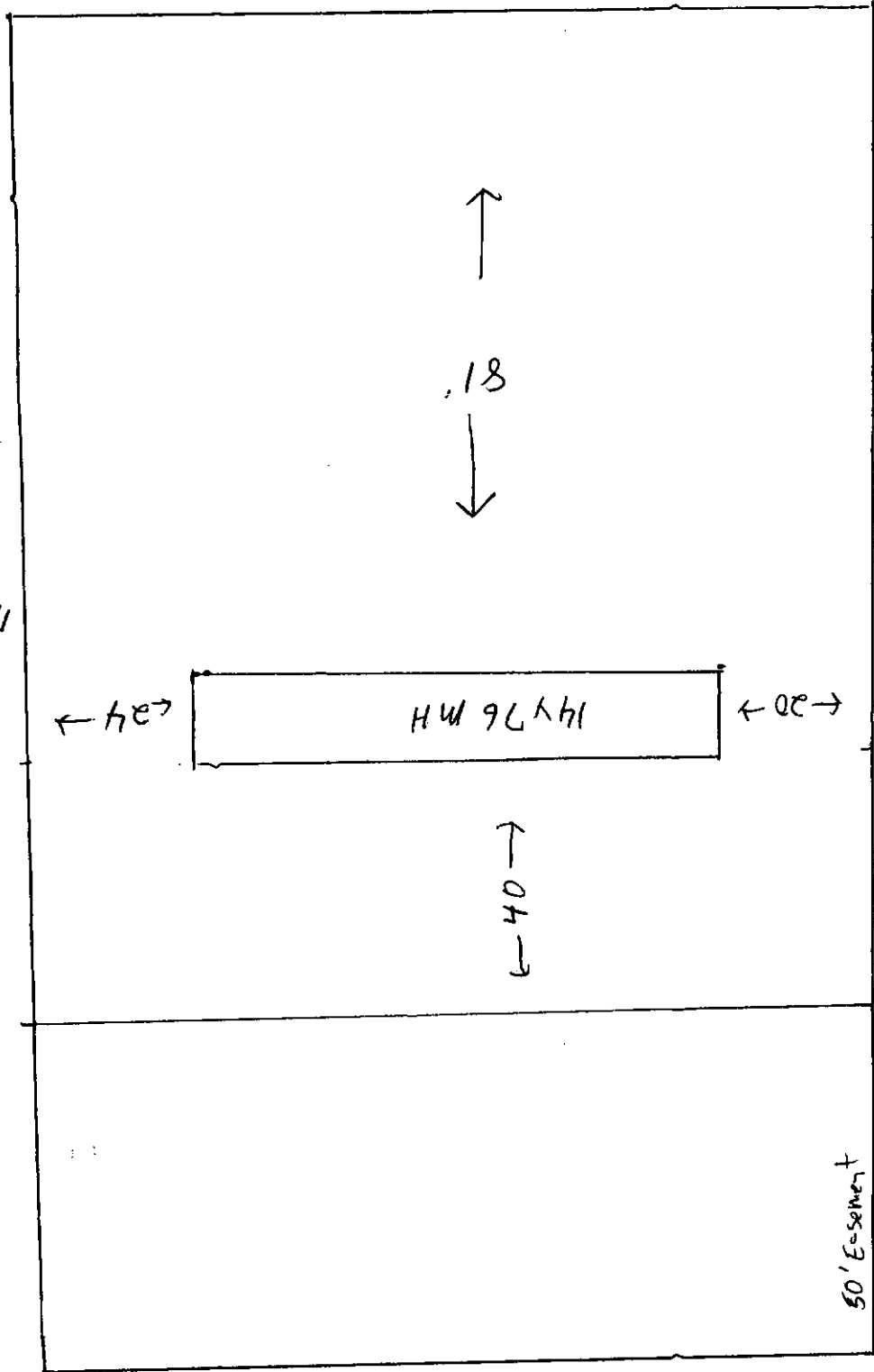
I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a will can be properly constructed according to the permit.

Shirley Johnson 9-4-09  
Property Owner's of Owner's Legal Representative ~~Signature Required~~ ~~Date~~

If you have any questions please contact Environmental Health Division at 910-893-7547

119.98



183.77

96.581

← 24 →

HW 96 MH

← 20 →

↑ 40 ↓

120.01

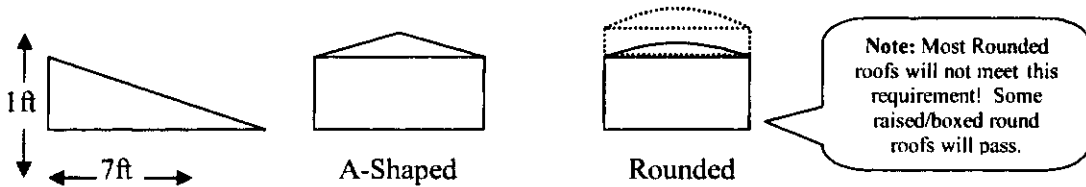
50' Easement

**PROCEDURES AND GUIDELINES FOR MANUFACTURED HOME INSPECTIONS**

**RA-20R & RA-20M Criteria Certification**

I, Kenneth Johnson, understand that because I'm located in a **RA-20R** or **RA-20M** Zoning District and wish to place a manufactured home in this district I must meet the following criteria, verified by zoning inspection approval, before I will be issued a certificate of occupancy for this home.

1. The home must have a pitched roof, for a manufactured home, whether A-shaped or rounded, which has a minimum rise (measured at center of home) of twelve (12) inches for every seven (7) feet of width. (See diagram) (Example: 14ft wide home must have 2ft rise)



2. The home must be underpinned, the underpinning must be designed for manufactured home & installed in good workmanship-like manner along the entire base of a manufactured home, except for ventilation and crawl space requirements, and consisting of the following: metal with a baked -on finish of uniform color; a uniform design and color vinyl; or brick, cinder block, and stone masonry as well as artificial stone masonry.
3. The homes moving apparatus removed, underpinned or landscaped.

*Kenneth Johnson*  
Signature of Property Owner/Agent

8-24-09  
Date

**\*By signing this form the owner/agent is stating that they have read and understand the information on this form**