6 <sub>1</sub>	
Initial Application Date: 10/11/17	Application #
COUNTY OF HARNETT RESIDENTIA	CU#
	10) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SIT	'E PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: CLINTON DAVIS Mailing A	ddress: 470 TRESBARK LN
City: CAMERON State: NC Zip: 28326 Contact No:	910 987 6570 Email: 9/512 and 6/14 P
APPLICANT*: SAWL Mailing Address:	910624-3386 JAHOD. COM
City: State: Zip: Contact No:	
Please fill out applicant information different than landowner 910 - 987 6	570-bong private drive-she well
on tool,	.1
CONTACT NAME APPLYING IN OFFICE: help guide you to i	Phone #
	Nula
PROPERTY LOCATION: Subdivision:	Lot #:Lot Size: 17.43
State Road # State Road Name: Wist Rd.	Map Book & Page:
Parcel: 099564 0065 PIN:	9564-82-6052.000
Zoning: PA-202 Flood Zone X Watershed: WS-III Deed Book & Page:_	2055 / 250 Power Company*:
New structures with Progress Energy as service provider need to supply premise nur	mber from Progress Energy.
PROPOSED USE:	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath):_	Monolithic  Garage: Deck: Crawl Space: Slab: Slab:
(Is the bonus room finished? () yes () no w/a clo	oset? () yes () no (if yes add in with # bedrooms)
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath)_	Garage: Site Built Deck: On Frame Off Frame
(Is the second floor finished? () yes () no Any o	other site built additions? () yes () no

Manufactured Home: \_\_SW \_\_DW \_\_TW (Size 14 x 100 ) # Bedrooms: \_2 Garage: \_\_(site built?\_\_\_) Deck: \_\_(site built?\_\_\_) Duplex: (Size \_\_\_\_x \_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: Use:\_\_\_\_\_ Hours of Operation:\_ Home Occupation: # Rooms: Addition/Accessory/Other: (Size x ) Use: Closets in addition? (\_\_\_) yes (\_\_\_) no Water Supply: \_\_\_\_ County \_\_\_ Existing Well \_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_ ) \*Must have operable water before final Sewage Supply: \_\_\_\_\_ New Septic Tank (Complete Checklist) \_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_ County Sewer 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 Manufactured Homes: | pyposed Other (specify): Structures (existing or proposed): Single family dwellings: comments: Fixture garage shown on sik plan Required Residential Property Line Setbacks: Front Rear

Page 1 of 2

APPLICATION CONTINUES ON BACK

Closest Side

Sidestreet/corner lot Nearest Building on same lot

Residential Land Use Application

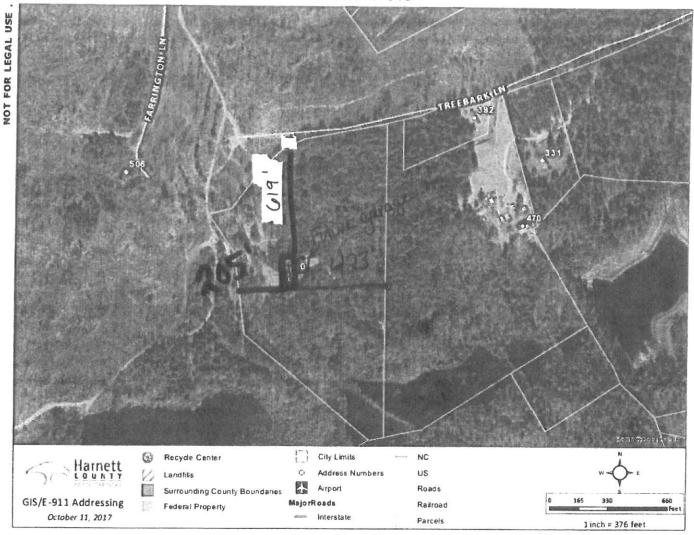
03/11

10/12/17

SPECIFIC DIRECTIONS TO THE PROPERTY CAMERON 4	RTY FROM LILLINGTON:			24 LEFT	
TO CAMERON H APPROX Zmi, LEI Imile to 720 TR	4 ON WEST	RO 7 mi	to TREE	SBARK LN.	Appeax
Incle to 720 TR	EBBARK LA	J			
				. ,	
If permits are granted I agree to conform to I hereby state that foregoing talements are Signature	all ordinances and laws of the beautiful and correct to the b	est of my knowledge. Pe	regulating such work ermit subject to revoor	and the specifications ation if false information 2017	of plans submitted

\*\*\*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\*\*



Front-205! Side - 619' Rear - 423' 14x (e) SWMH in Saml 8pot as previous mobile Home

DISTRICT RA-200	ISE SED
	-001
#PEDROOMS	(DP
1411/17	24
· at	Zoning Administrator
1/2	( A)
X/LA	5.600
100	

NAME:	APPLICATION #: 17-5004253			
PERMIT OR AUTHORIZ	*This application to be filled out when applying for a septic system inspection.*  Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration tation submitted. (Complete site plan = 60 months; Complete plat = without expiration 024332 10/11/  5 option 1 CONFIRMATION			
Environmental I  All property Ilnes must be Place "orange out buildings, Place orange If property is evaluation to All fots to be for failure to After preparin 800 (after sele confirmation r Use Click2Go Environmental H Follow above Prepare for in possible) and DO NOT LEAV After uncoveri if multiple per given at end o	Health New Septic System Code 800  Irons must be made visible. Place "pink property flags" on each corner iron of lot. All property clearly flagged approximately every 50 feet between corners. The house corner flags at each corner of the proposed structure. Also flag driveways, garages, decks, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.  Environmental Health card in location that is easily viewed from road to assist in locating property, thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil be performed. Inspectors should be able to walk freely around site. Do not grade property. In addressed within 10 business devs after confirmation. \$25.00 return trip fee may be incurred uncover outlet ild, mark house comers and property lines, etc. once lot confirmed ready.  If you have a site call the voice permitting system at 910-893-7525 option 1 to schedule and use code ecting notification permit if multiple permits exist) for Environmental Health inspection. Please note number given at end of recording for proof of request.  If you have the results. Once approved, proceed to Central Permitting for permits.  It is a black in place. (Unless Inspection is for a septic tank in a mobile home park)  If then put ild back in place. (Unless Inspection is for a septic tank in a mobile home park)  If the put ild back in place. (Unless Inspection is for a septic tank in a mobile home park)  If the put ild back in place is permitting system at 910-893-7525 option 1 & select notification permit mits, then use code 800 for Environmental Health inspection. Please note confirmation number of recording for proof of request.  If the proof of request.  If the proof of request.			
If applying for authorizati  () Accepted	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  {} Innovative {} Conventional {} Any			
[_] Alternative	{} Other			
The applicant shall notify question. If the answer is	y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:			
	Does the site contain any Jurisdictional Wetlands?			
	Do you plan to have an irrigation system now or in the future?			
{_}}YES	Does or will the building contain any drains? Please explain.			
	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
	Is any wastewater going to be generated on the site other than domestic sewage?			
	Is the site subject to approval by any other Public Agency?			
	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.			
Have Read This Applicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And			
State Officials Are Granted	d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.			
Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making				
the Blan Autressible So The	Complete Site Evaluation Can Be Performed.			
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE			