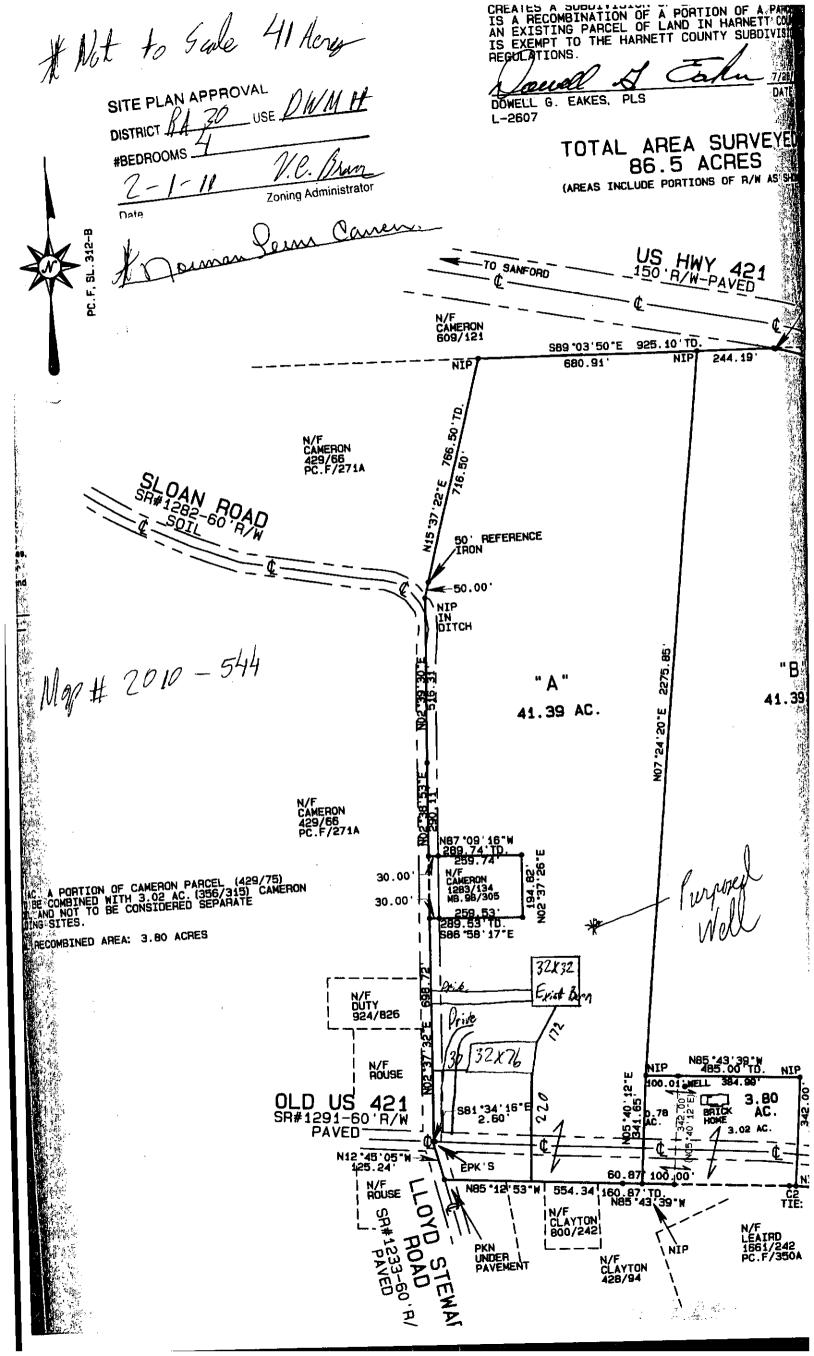
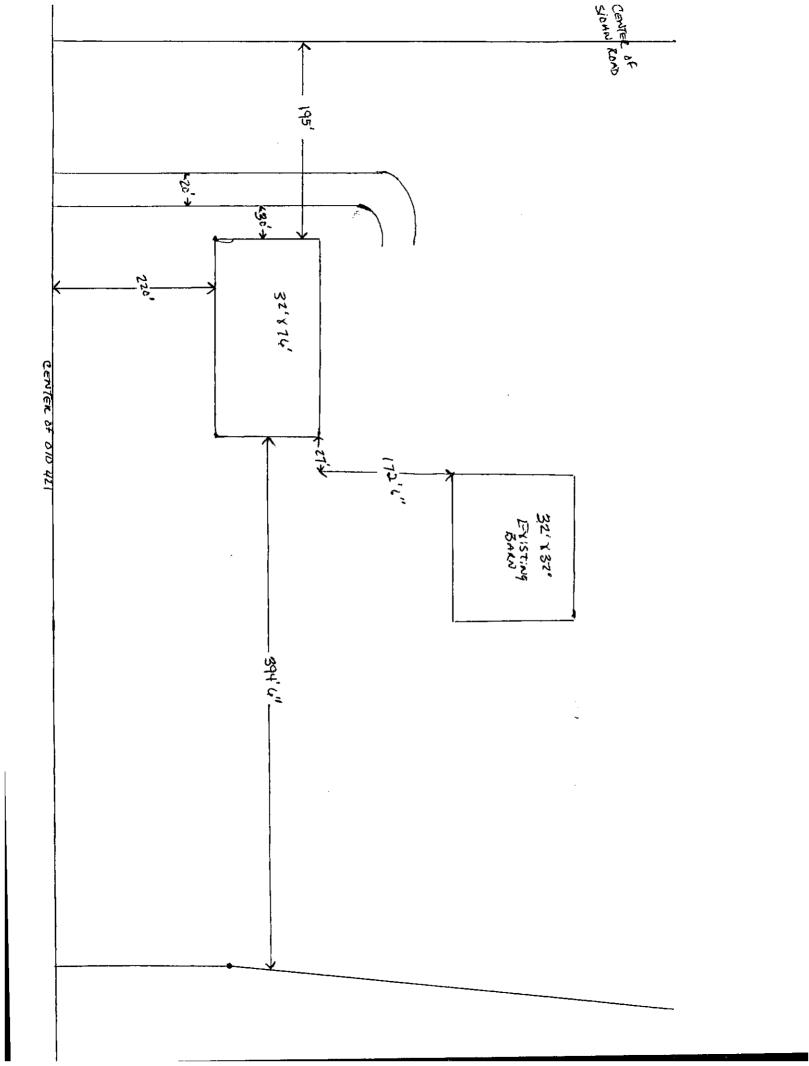
Initial Application Date: 2-1-11 Application # 11500 25 990	
CU#COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits	
LANDOWNER: Norman Levon Cameron Mailing Address: P.D. Box 334	
City: Broadway State: NC Zip: 27505 Contact # 919 - 170 - 0918 Email:	
APPLICANT : Norman Levon Cameron Mailing Address: P. D. But 336	
City: Broadway State: NC Zip: 27505 Contact # 919-770-0918 Email:	
CONTACT NAME APPLYING IN OFFICE: SAME Phone #Phone #	
PROPERTY LOCATION: Subdivision:Lot Size: 91, 37	
State Road # 113 11 542 State Road Name: 010 115 42 Map Book&Page: 2010 544 Parcel: 13 0610 0085 PIN: 0600 18 - 6895, 000 Zoning: 11 30 Flood Zone: X Watershed: 11 Deed Book&Page: 2010 544 Power Company*:	
*New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
51d 421 - Property at corner old 421 + Slann Ral.	
PROPOSED USE: SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:	
SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath):Garage:Deck:Crawl Space:Slab:	` \ \1
SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:) V1
SFD: (Sizex) # Bedrooms:# Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: _	2/1
SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:	21
SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath);Garage:Deck:Crawl Space:Slab:) DV //
SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath): Garage: Deck: Crawl Space: Slab:	> V1
SFD: (Sizex) # Bedrooms:# Baths:Basement(w/wo bath): Garage:Deck:Crawl Space:Slab:Slab: Slab: (Is the bonus room finished? () yes nowi a closet? () yes)no (If yes add in with # bedrooms) Mod: (Sizex) # Bedrooms# BathsBasement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? () yes)no Any other site built additions? () yes)no Manufactured Home:SWDWTW (Size 72 x 34) # Bedrooms: Garage: (site built?) Deck: (site built?) Duplex: (Size x) No. Buildings: No. Bedrooms Per Unit: #Employees: Hours of Operation: #Employees: Closets in addition? () yes ()no 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 Structures (existing or proposed): Single family dwellings: Manufactured Homes: fur proc.u Other (specify): Exist 220	> \

This application expires 6 months from the initial date if permits have not been issued
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION





Harnett County Department of Public Health

Well Construction Permit Application

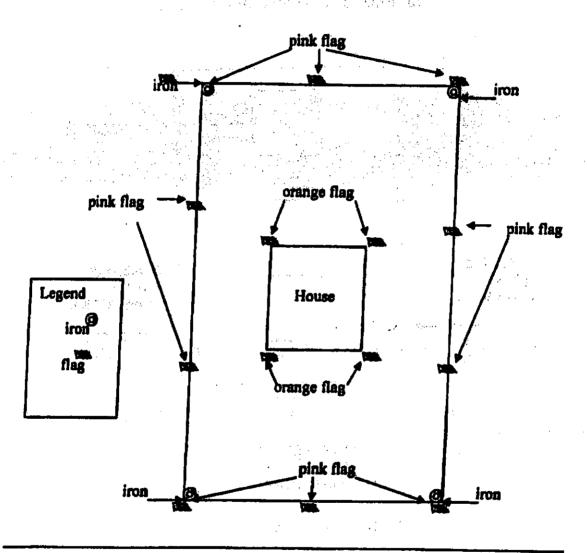
If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become <u>invalid</u>.

APPLICANT INFORMAT	CION
Applicant/Owner PO:Bux 336 Broadway n.C.	(919) <u>770-0918</u>
Applicant/Owner	Phone Number
POBIX 336 Broadway N.C.	27505
Street Address, City, State, Zip Code	
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the existing and/or proposed property lines and easements with dimensions; the location of the facility and appurtenance; the location for the proposed well; the location of existing or proposed sewer lines and/or sewage disposal systes; the location of any existing wells within 100 feet of the property; surface was above ground and/or underground storage tanks; and any other known sources of contamination within 100 feet of the proposed. The Applicant shall notify the Harnett County Health Director through or Division of Environmental Health if any of the following occur prior to we have is a relocation of the proposed facility; there is a change in the intended use of the facility; there is a need for installing the waste water system in an area other than independent the proposed of the facility. Contact information: Environmental Health Division —	ems within 100 feet or the proposed well; iter bodies; sed well site. r by way of the Harnett County of the construction:
PROPERTY INFORMAT	.
Proposed use of well Single-Family Multifamily Church □ Restaurant	
Street Address Subdivision	on/Lot #
Parcel # PIN #_	
See Pix on LU Directions to the Site	
I have thoroughly read and completed this Application and certify that the informa correct to the best of my knowledge and is give in good faith. Representatives of the state officials are granted right of entry to conduct necessary inspections to determine I understand that I am solely responsible for the proper identification and labeling of all probability the site accessible so that a will can be properly constructed according to the period of the period o	Harnett County Health Department and ne compliance with applicable rules. broperty lines, underground utility lines, and
Property Owner's of Owner's Legal Representative Signature Required	Date
Property Owner's of Owner's Legal Representative Signature Required	Date

NAME:	APPLICATION #: 1/ 500 2	5990
County Health F	*This application to be filled out when applying for a septic system inspection.* Department Application for Improvement Permit and/or Authorization to C	onstruct
IF THE INFORMATION I	IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPRO	OVEMENT
910-893-7525	tation submitted. (Complete site plan = 60 months; Complete plat = without expiration) CONFIRMATION # 1436	7
\ <i>\</i>	Health New Septic System Code 800	
All property in the second secon	irons must be made visible. Place "pink property flags" on each corner iron of lot. clearly flagged approximately every 50 feet between corners.	All property
 Place "orange out buildings. 	e house corner flags" at each corner of the proposed structure. Also flag driveways, gai 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 locatin	ig property.
evaluation to b	thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to be performed. Inspectors should be able to walk freely around site. <i>Do not grade prop</i>	perty.
 All lots to be 	addressed within 10 business days after confirmation. \$25.00 return trip fee may	<u>r be incurred</u>
After preparing 800 (after sele	uncover outlet lid. mark house corners and property lines, etc. once lot confirmed ag proposed site call the voice permitting system at 910-893-7525 option 1 to schedule a secting notification permit if multiple permits exist) for Environmental Health inspection.	and use code
confirmation n	number given at end of recording for proof of request.	
	by or IVR to verify results. Once approved, proceed to Central Permitting for permits.	
 Follow above i 	instructions for placing flags and card on property.	
 Prepare for in possible) and to 	nspection by removing soil over outlet end of tank as diagram indicates, and lift lid s then put lid back in place . (Unless inspection is for a septic tank in a mobile home par	straight up (<i>i</i> i rk)
- DO NOT I FAVI	/F LIDS OFF OF SEPTIC TANK	
if multiple per	ing outlet end call the voice permitting system at 910-893-7525 option 1 & select notifications, then use code 800 for Environmental Health inspection. Please note confirmations for expect of request	ation number
given at end o	of recording for proof of request. By or IVR to hear results. Once approved, proceed to Central Permitting for remaining pe	ermits.
CEDTIC .		
If applying for authorizati	tion to construct please indicate desired system type(s): can be ranked in order of preference, must ch	ioose one.
{}} Accepted	[_] Innovative [_] Conventional (_] Any	
{_}} Alternative	{}} Other	
The applicant shall notify question. If the answer i	fy the local health department upon submittal of this application if any of the following apply to t is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	the property in
YES	Does the site contain any Jurisdictional Wetlands?	
(_)YES {\(\frac{1}{4} \) NO	Do you plan to have an <u>irrigation system</u> 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?	
{_}}YES {\\ \ \ \ \ \ \ NO	Is any wastewater going to be generated on the site other than domestic sewage?	
(_}YES {X} NO	Is the site subject to approval by any other Public Agency?	
{}}YES {_X_}} NO	Are there any Easements or Right of Ways on this property?	
(_}YES (\(\frac{1}{4}\) 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 Applica	ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorize	ed County And
State Officials Are Grante	ted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable La	ws And Rules.
I Understand That I Am S	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners A	And Making
	hat A Complete Site Evaluation Can Be Performed.	
\sim .	2-	<u> - </u>
PROPERTY OWNERS	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DA	.1 E

How to Properly Mark Property for Soil Evaluation

(MUST MATCH SITE PLAN)



ROAD

PROCEDURES AND GUIDELINES FOR MANUFACTURED HOMES

RA-30 Criteria Certification

I. Dorman Levon (Ameron), landowner/agent of Parcel Identification Number
, located in an RA-30 Zoning District, do hereby certify the following:
The multi-section manufactured home shall meet the following appearance standards, verified by zoning inspection approval, prior to the issuance of a Certificate of Occupancy:
The structure must be a multi-section unit built to the HUD code for manufactured homes.
2. When located on the site, the longest axis of the unit must be parallel to the lot frontage.
3. The structure must have a pitched roof that is covered with material commonly used in standard residential roofing construction. Said material must be installed properly and be consistent in appearance.
4. The structure must have masonry underpinning that is continuous, permanent and unpierced except for ventilation and access.
5. The exterior siding must consist predominantly of vinyl, aluminum, wood, or hardboard; and must be comparable in composition, appearance, and durability to the exterior siding commonly used in standard residential construction. Said exterior siding shall be in good condition, complete, and not damaged or loose.
6. The minimum lot size must be one (1) acre excluding any street right-of-way and the minimum lot frontage must be 150 feet as measured at the right-of-way line or along an easement whichever applies.
 The tongue or towing device must be removed. The home must have been constructed after July 1st 1976.
By signing this form, I acknowledge that I understand and agree to comply with each of the seven (7) appearance criteria listed above for the multi-section manufactured home I propose to place on the above referenced property. I further acknowledge that a Certificate of Occupancy (CO) entitling me to apply for electric service will not be issued until each appearance criteria has been met and approved.
Signature of Landowner/Agent Date
*By signing this form the owner/agent is stating that they have read and understand the information on this form