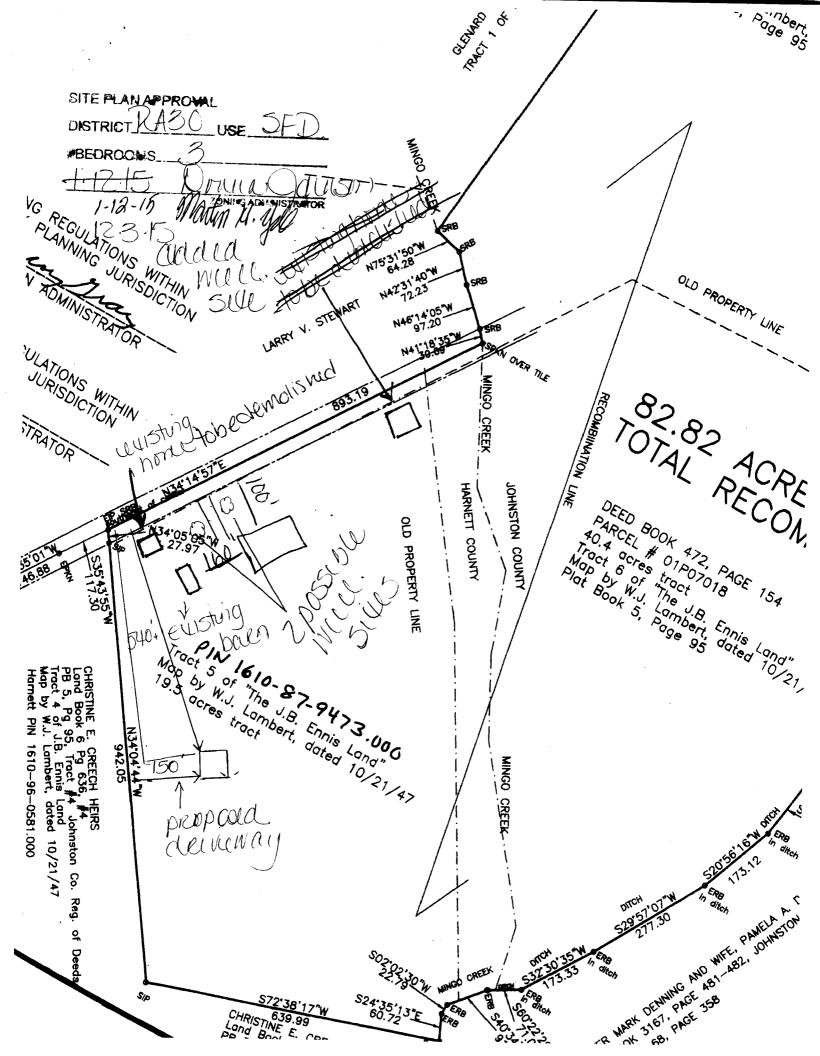
Initial Application Date: 41245 10-23-15
COUNTY OF HARNETT RESIDENTIAL LAND LISE APPLICATION
, Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
City:
Most a dela Marie 6 1. 101
APPLICANT*: ////////////////////////////////////
CONTACT NAME APPLYING IN OFFICE: Martin Yde Phone # 919-796-8683
PROPERTY LOCATION: Subdivision:   OR FIULS  Lot #: 5 Lot Size: 10 5 HC
State Road # State Road Name: CUIC FINIS Road Map Book & Page: ZCC7/7371  Parcel: PIN: 1010.87.9473
Zoning Flood Zone: Watershed: NA Deed Book & Page: Power Company*:
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE:    SFD: (Size
□ Mod: (Sizex) # Bedrooms # Baths Basement (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 (SizeX ) # Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
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 1
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () yes () yes
Does the property contain any easements whether underground or overhead () yes (_\(\frac{1}{2}\)) no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments: DKD)CSCC KD)CCC
Rear Rear Actual TO (A) (K, TV) (U) (U) (U) (U) (U) (U) (U) (U) (U) (U
Closest Side 10 HED 175 WILL DURCHASE A (NO) WORLD Fox
Sidestreet/corner lot C A CCUIS TOTAL (MINCS)
Nearest Building on same lot DECITY DECITY DECITY OF A CONTROL
Residential Land Use Application Page 1 of 2  APPLICATION CONTINUES ON BACK  03/11

SPECIFIC DIRECTIONS TO THE	PROPERTY FROM LILLINGTON:	HWY 27 7	hey Low	F3
3-4 M	iles part Li	pats left	on Chic	ENNIS FOL
to stop	sign straign	+ across p	raperty	011 139117
	conform to all ordinances and laws of the			

\*\*\*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\*\*



# **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 INFORMATION** 

Martin H. Vale	(919) 196-8687
Applicant/Owner	Phone Number
Street Address, City, State, Zip Code	LOUTS 11/6 2/1521
The Applicant <u>must submit a Site Plan</u> . The Site Plan is a map/ 1 existing and/or proposed property lines and easements with dimer	drawing of the property and must show:
2. the location of the facility and appurtenance; 3. the location for the proposed well:	
4. the location of existing or proposed sewer lines and/or sewage dis 5. the location of any existing wells within 100 feet of the property;	posal systems within 100 feet or the proposed well;
o. above ground and/or underground storage tanks:	
7. and any other known sources of contamination within 100 feet of	
The Applicant shall notify the Harnett County Health Director Division of Environmental Health if any of the following occur p	through or by way of the Harnett County rior to well construction:
2. there is a change in the intended use of the facility:	
<ol> <li>there is a need for installing the waste water system in an area other.</li> <li>there are landscape changed that affect site drainage.</li> </ol>	
Contact information: Environmental Health Div	vision - 910-893-7547
PROPERTY INFOR	MATION
Single-Family Multifamily Church Rest	well aurant  Business  Irrigation
Street Address Chic EMB Rd. Sul Parcel #	odivision/Lot # IN #
	IIV #
take United Directions to the S	Site Control of the C
total left now Chil English	Balls apart 7 miles
proceed staight property on	PH STORY SHA
I have thoroughly read and completed this Application and certify that the correct to the best of my knowledge and is give in good faith. Page 1991	e information provided herein is true, complete and
correct to the best of my knowledge and is give in good faith. Representati state officials are granted right of entry to conduct necessary inspections to	ves of the Harnett County Health Department and determine compliance with applicable rules.
I understand that I am solely responsible for the proper identification and label making the site accessible so that a will can be properly constructed according	ing of all property lines, underground utility lines, and
The state of the s	1) III
Property Owner's of Owner's Legal Representative Signature Required	12-3-15
= 1 · · · · · · · · · · · · · · · · · ·	LISTE

## **Harnett County Department of Public Health**

### Well Abandonment Permit Application

#### **APPLICANT INFORMATION**

Applicant/Ourses	Phone Number
Applicant/Owner	/ none i vamber
Street Address, City, State, Zip Code	<del></del>
PROPERTY INI	FORMATION
Street Address	Subdivision/Lot #
Parcel #	PIN #
Directions to	o the Site
Brief description of the well location (ex. front y	ard, behind out building, front yard, etc.)
*Please include a <u>Site Plan</u> of your property well is underground, it must be uncovered p	showing the location of the well. If the prior to the department's site visit.
Please Complete the Following Information	:
Date Well Was Constructed Above Ground \(  \) or Below Ground \(  \)	Grouted: Yes ☐ No ☐ Total Depth of Well
Well Type! Drilled ☐ Bored ☐ Hand dug ☐	Diameter inches
I have thoroughly read and completed this Applicat herein is true, complete and correct to the best of my Representatives of the Harnett County Health Depar entry to conduct necessary inspections to determine	/ knowledge and is give in good faith. rtment and State Officials are granted right of
I understand that I am solely responsible for the proper underground utility lines, and making the site accessible according to the permit.	identification and labeling of all property lines, e so that a will can be properly constructed
Property Owner's of Owner's Legal Representative Sign	nature Required Date

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