

Initial Application Date: ~~8/23/18~~
10/15/18

Application # SFD1808-0032 R
CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE 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****

LANDOWNER: Precision Custom Homes and Renovations Mailing Address: 256 Briar Hill Rd.
City: Roxford State: NC Zip: 28376 Contact No: 910-988-8172 Email: shaun@precisionpropertiesnc.com

APPLICANT*: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Shaun Gardner Phone # 910-988-8172

PROPERTY LOCATION: Subdivision: Summerlin Lot #: 14 Lot Size: .58 acres

State Road # 287 State Road Name: Apache Trail Map Book & Page: 1

Parcel: _____ PIN: 099567 0054 42

Zoning: RA-20M Flood Zone: _____ Watershed: _____ Deed Book & Page: 3499, 319 Power Company*: Central EMC

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE: 35 4 2.5 2 car Monolithic Slab:

SFD: (Size 60 x 35) # Bedrooms: 4 # Baths: 2.5 Basement(w/w bath): _____ Garage: 2 car Deck: _____ Crawl Space: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/w 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: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms: _____ Garage: _____ (site built? _____) Deck: _____ (site built? _____)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: 1 County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: 1 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

Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

| | Minimum | Actual |
|------------------------------|-----------|------------|
| Front | <u>35</u> | <u>36</u> |
| Rear | <u>25</u> | <u>175</u> |
| Closest Side | <u>10</u> | <u>25</u> |
| Sidestreet/corner lot | _____ | _____ |
| Nearest Building on same lot | _____ | _____ |

Comments: BUYER IS INTERESTED IN INSTALLING POOL AFTER PURCHASE + WOULD LIKE TO KNOW IF WE HAVE SPACE.

* WILL BOX OUT POOL BEHIND HOUSE CORNERS *

* Added Future Pool to Site Plan *

NAME: Precision Custom Homes + Renovations

APPLICATION #: _____

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

- **All property irons must be made visible.** 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.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**
- 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 **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
- After uncovering **outlet end** 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.

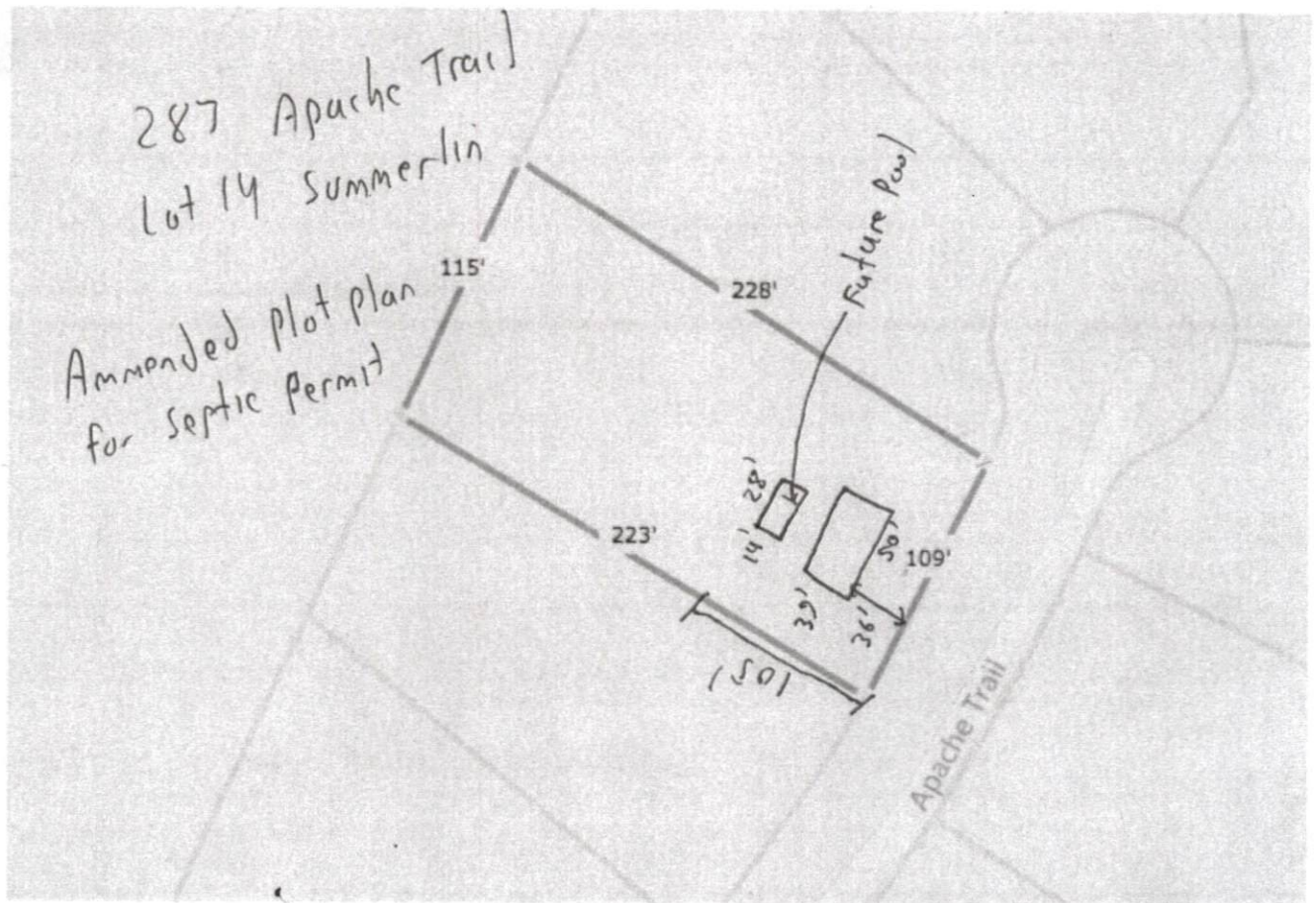
I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Shirley Dault

8/73/10

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE



House + future pool centered on lot

House = ~~50~~ 50' wide x 39' deep / 36' from front
 pool = 14' deep x 28' wide, 15' from back of house

SITE PLAN APPROVAL

DISTRICT RA-20M USE SED

#BEDROOMS 4

10/15/18

Date

Zoning Administrator

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

SUBDIVISION: Summerlin

LOT 14

INITIAL SYSTEM: Gravity APPROVED 25% REDUCTION

REPAIR Gravity APPROVED 25% REDUCTION

DISTRIBUTION: serial

DISTRIBUTION Serial

BENCHMARK: 100.0

LOCATION Box left front

NO. BEDROOMS: 4

LTAR 0.4 GPD/FT²

| LINE | FLAG COLOR | ELEVATION | LENGTH |
|--------|------------|-----------|------------------|
| I } 1 | B | 93.83 | 40 |
| 2 | W | 93.16 | 60 |
| 3 | B | 92.91 | 75 |
| 4 | W | 92.33 | 95 |
| 5a | B | 91.75 | 30 |
| | | | <u>300</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| R } 5b | B | 91.75 | 65 |
| 6 | W | 91.17 | 95 |
| 7 | B | 90.42 | 95 |
| 8 | W | 89.59 | 95 |
| | | | <u>350 AVAIL</u> |

BY B.C. Rayner

DATE 05/07/2017

TYPICAL PROFILE

THERE SHALL BE NO GRADING,

0-30 LS fri gran

CUTTING, LOGGING OR OTHER SOIL

30-42 SCL SBK firm

DISTURBANCE IN SEPTIC AREA

cr 2 > 40"

ANY DISTURBANCE MAY CAUSE A SITE

TO BECOME UNSUITABLE