

Initial Application Date: 824/18

Application # 5F01808-6034

COUNTY OF HARNETT RESIDENTIAL LAND USE APP Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext.:	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQU	ζ,
LANDOWNER: Tinofly & Cardife Cowan Mailing Address: (62	w cst.
City: State: NC Zip: 28334 Contact No: 910-228-8	
APPLICANT*: Mailing Address:	
City: State: Zip: Contact No: 'Please fill out applicant information if different than landowner	Email:
ADDRESS: ANTIOCH Cheurch Rol PIN: 0591	Phone #
DEED OR OTP:	0-80-0442.000
PROPOSED USE:	
SFD: (Size 60 x 58) # Bedrooms: 5 # Baths: 3 Basement(w/wo bath): Garage: (Is the bonus room finished? (()) yes (()) no w/ a closet? (()) yes (())	Deck: Crawl Space: Slab: Slab: Slab: Deck: Crawl Space: Slab: Slab
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: (Is the second floor finished? (☐) yes (☐) no Any other site built ad	
Manufactured Home: SW DW TW (Size x) # Bedrooms: Garage	e:site built? Deck:site built?
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use: Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
Nater Supply: County Existing Well New Well (# of dwellings using well (Need to Complete New Well Application a Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank (Complete Environmental Health Checklist on other side of application if Septic) Does owner of this tract of land, own land that contains a manufactured home within five hundred feet	at the same time as New Tank) County Sewer
Does the property contain any easements whether underground or overhead () yes () no	
Structures (existing or proposed): Single family dwellings: Manufactured Homes:	Other (specify):
f permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regularies hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit	lating such work and the specifications of plans submitted. subject to revocation if false information is provided.
Signature of Owner or Owner's Agent	8-24-18 Date
It is the owner/applicants responsibility to provide the county with any applicable information to: boundary information, house location, underground or overhead easements, etc. The cincorrect or missing information that is contained within the *This application expires 6 months from the initial date if permits	on about the subject property, including but not limited ounty or its employees are not responsible for any ese applications.

APPLICATION CONTINUES ON BACK

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"This application expires 6 months from the initial date if permits have not been issued."

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)

□ - Environmental Health New Septic System

- <u>All property irons must be made visible</u>. 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 <u>undergrowth</u> 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.

Environmental Health Existing Tank Inspections

- · 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

Accessible So That A Complete Site Evaluation Can Be Performed.

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC		DIGNERAL OFFICE AND THE RESOURCE TO COMPLETE WAT HOLD COLORS
If applying fo	or authorizatio	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Accep	ted	[_] Innovative { Conventional {} Any
{}} Altern	ative	{}} Other
		the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES	(NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	€ NO	Do you plan to have an <u>irrigation system</u> 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	OK (_)	Are there any Easements or Right of Ways on this property?
{_}}YES	(<u>/</u> } №	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	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
Officials Are	Granted Right	t Of Entry To Conduct Necessary Inspections To Determine Compliance With Amilicable Laws And Pulos I

strong roots • new growth

Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site

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 invalid.

APPLICANT INFORMATION

Timothy Cowan Go. (910) 228.8706 Applicant/Owner Phone Number 102 W C St. Erwin NC 28339
102 W C St. Erwin NC 28339
Street Address, City, State, Zip Code
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show: 1. existing and/or proposed property lines and easements with dimensions; 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 disposal systems within 100 feet or the proposed well; 5. the location of any existing wells within 100 feet of the property; surface water bodies; 6. above ground and/or underground storage tanks; 7. and any other known sources of contamination within 100 feet of the proposed well site.
The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County
Division of Environmental Health if any of the following occur prior to well construction:
 there is a relocation of the proposed facility; there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or

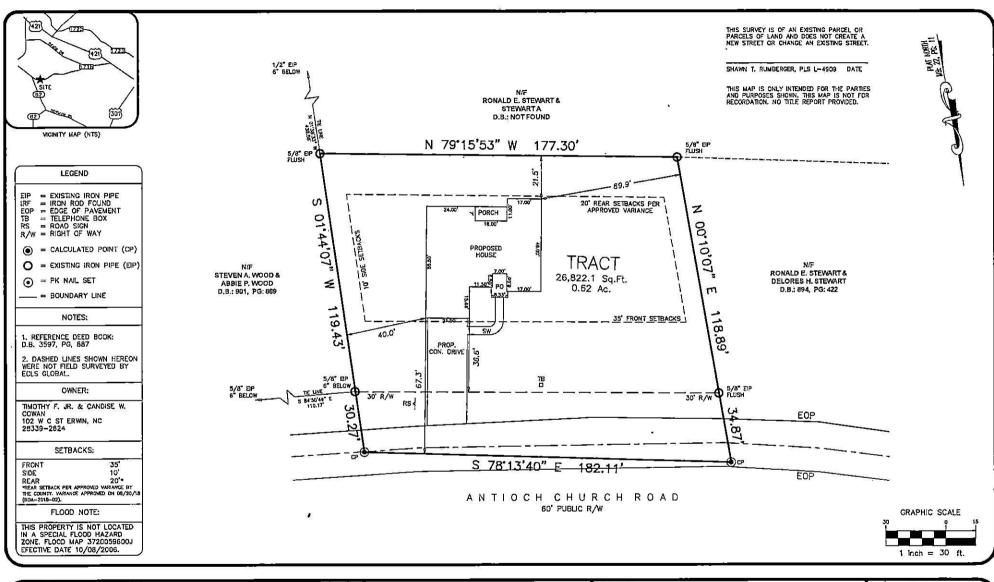
Contact information: Environmental Health Division - 910-893-7547

4. there are landscape changed that affect site drainage.

Property Owner's of Owner's Legal Representative Signature Required

PROPERTY INFORMATION

Proposed use of well Single-Family ✓ Multifamily □ Church □ Restaurant □ Business □ Irrigation □	
Street Address A Cheuch RG Subdivision/Lot # PIN # OS9 to · 8te - 69	450
<u>Directions to the Site</u>	
	_
I have thoroughly read and completed this Application and certify that the information provided herein is true, complete an 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, ar making the site accessible so that a will can be properly constructed according to the permit.	nd
The Carl- 8-24-18	



	PROJECT:	1B-160
	DRAWN BY:	CLM
I	SCALE:	1"=30"
(D)	DATE:	08-22-2018

TIMOTHY F. & CANDISE W. COWAN

ANTIOCH CHURCH RD, DUNN, NC 28334 DUKE TWP., HARNETT CO., N. C. DB: 3597, PG: BB7, PIN:0595-86-6945.000 PRELIMINARY PLOT PLAN REVISION:





Town of Erwin

Zoning Application & Permit

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Planning	& In	spections	Do	nas		
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	Permit	#
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Each application should be submitted shape, existing and proposed building dimensions.	ed with an attached n	lot/site =1		
dimensions	ngs, parking and load	ling areas assets the	proposed use/s	tructure showing lot
shape, existing and proposed buildidimensions. Name of Applicant		areas, access driv	ves and front, re	ar, and side yard
Home Add	COWUN	Property Owner	1	
	c st	Home Address	(
City, State, Zip Enin	NC 28379		(1	
Telephone 910- 2	28-8706	City, State, Zip	-61	
Email	0 /00	Telephone	(,	
Address of Proposed Property		Email	/	
Parcel Identification Number(s) (PIN	Need to ob	tain an author		
What is the anali	0596-86	7011	D GWIES)
What is the applicant requesting to be the proposed use of the metric.	uild / what is		d Project Cost	
L 1 Posed use of the subject prope	rty? Re specifi- /	Vew SFD		
Description of any proposed improvement to the building or property	te	- 00		
What was the Previous Use of the	New	SPD		
		ag//cuture		
Number of dwelling/structures on the	Dronoute al	405		
TO THE THE PARTY OF THE PARTY O	Acoust 1	O Property	/Parcel size	- 51
MUST circle one that applies to property	tershedYesN	O Waller I		-) /
	Existing/Proposed Serviction	ontia Cont	7-10	PA
0-	Existing/Proposed C	Ountre/City C		4 11
On the undersigned property owner, or duly automore, statements, and other information had belief. The undersigning party understant plication. Upon issuance of this permit, the		Dond 1 or		
d belief. The undersigning party understant plication. Upon issuance of this permit, the gulations, and the laws of the State of North a undersigning party authorizes the Town of this application as approved.	with the party age	100-1-	, and the High Le	VOCATION (of IL.)
dans application as approved.	Teview dus r	equest and conduct a si	te inspection to en	Isure compliance
Timothy Fleyd Cowan Jo	UMTE	1		Pnance
sit I valle	ignature of Owner or Repr	Conf	8-22-	18
TILLE OBE	- Wher or Repi	esentative	Date	pd pd
oning District R_15 Exist	ing Nonconforming Use			- F
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ature of Town Representative:	Bouch			
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