| Initial Application Date: | 5 | 15 | 18 | |
|---------------------------|---|----|----|--|
| | _ | | 1 | |

| Application # _ | 1850044023 | |
|-----------------|------------|--|
| | 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.hamett.org/permits

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION LANDOWNER: Curr-Well Developments, LLC Mailing Address: 21 Little Farm Circle

City: Angier State: NC Zip: 27501 Contact No: 9196327255 Email: currie@adamshowell.com Mailing Address: 3300 Battleground Ave. Ste 101 APPLICANT*: WJH,LLC City: Greensboro State: NC Zip: 27410 Contact No: 919-995-5654 Email: Trabitz@wadejurneyhomes.cor
Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Tara Rabitz PROPERTY LOCATION: Subdivision: Quail Hollow Zoning: RA 20 Flood Zone: N Watershed: N Deed Book & Page: 150 / 0963 Power Company: Duke *New structures with Progress Energy as service provider need to supply premise number ______ PROPOSED USE: SFD: (Size 28 x 29) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: V Deck: Crawl Space: Slab: Slab: V (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/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: ___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 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 (Does the property contain any easements whether underground or overhead (___) yes __(✓) no Structures (existing or proposed): Single family dwellings: Proposed Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Comments: Front Rear Closest Side Sidestreet/comer lot

Nearest Building on same lot

| ntinue on S Main St. Take US-421 S and NC-27 E to Eber | nezer Church Rd | in Coats | <u></u> | |
|---|-----------------------|------------------------|---------------------------|--------------------------|
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| | | | ··· | |
| rmits are granted I agree to conform to all ordinances and laws o | of the State of North | Carolina regulating si | uch work and the spec | ifications of plans subm |
| eby state that foregoing statements are accurate and correct to | the best of my know | ledge. Permit subject | to revocation if false in | nformation is provided. |
| Tara Rabitz | | 5l2 | ોાજ | |
| Signature of Owner or Owner's A | gent | | ate | |

^{***|}t 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.***

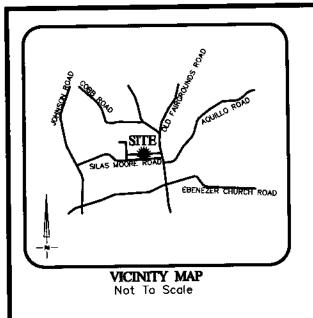
^{**}This application expires 6 months from the initial date if permits have not been issued**

| NAME: Wade Juney | Homes |
|------------------|-------|
|------------------|-------|

| APPLICATION #: | |
|----------------------------|------|
| 121 1 21 21 21 21 21 21 21 | |

| *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 8 00 |
| All property irons must be made v isible. Place "pink p roperty flags" on each corner i ron 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. • After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code |
| After preparing proposed site call the voice permitting system at 910-093-7525 option 1 to scriedule and use code 800 (after selecting notification permit if multiple permits exist) for En vironmental 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 Cod e 800 |
| Follow above instructions for placing flags and card on property. Prepare for inspection by removing soil over <u>over outlet end</u> as diagram indicates, and lift lid straight up (if |
| Prepare for inspection by removing soil over <u>over outlet end</u> as diagram indicates, and lift lid straight up (if possible) and then close back down. (Unless inspection is for a septic tank in a mobile home park) |
| After uncovering outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit |
| multiple permits, then u se code 800 for Environmental Health ins pection. 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. |
| <u>SEPTIC</u> |
| 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 |
| The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property is |
| question. If the answer is "yes", applicant must attach supporting documentation. |
| {_}}YES {X} NO Does the site contain any Jurisdictional Wetlands? |
| {}}YES {X} NO Do you plan to have an <u>irrigation system</u> now or in the future? |
| {}}YES {X} NO Does or will the building contain any drains? Please explain |
| {}YES {_X} 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 {X} 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 An |
| 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. |
| Kurlabet |
| PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE |

12/10



8 99, PG 19-20 NOTE

ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTISTS RENDITION, EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS, PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.

DATÉ CUSTOMER

DATE CUSTOMER

DATE WADE JURNEY REPRESENTATIVE

APPROVAL FOR STAKING:

THIS PLOT PLAN AS PREPARED BY RESIDENTIAL LAND SERVICES, IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE SHOWN BELOW.

WADE JURNEY HOMES REPRESENTATIVE

DATE

SETBACKS:

FRONT - 35' REAR - 25'

SIDE - 10'

SITE PLAN APPROVAL

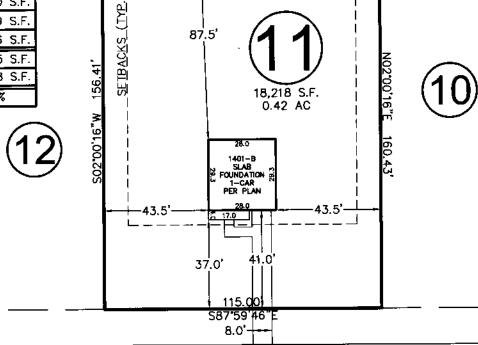
DISTRICT (RESOURCES)

#BEDROOMS

Zoning Administrator

| IMPERVIOUS SURFACE AREA | | |
|-------------------------|-------------|--|
| DESCRIPTION | AREA | |
| HOUSE w/ PORCH | 890 S.F. | |
| DECK/PATIO/HVAC | 9 S.F. | |
| DRIVEWAY & WALKS | 386 S.F. | |
| TOTAL (PROPOSED)= | 1,285 S.F. | |
| LOT AREA = | 18,218 S.F. | |
| % IMPERVIOUS AREA | =7.1% | |

REVISIONS



N89*59'40"W 115.07

87.5

DEANNE LANE

50' PUBLIC R/W

HARNETI COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: JBROCK Type: CP Drawer: 1
Date: 5/15/18 52 Receipt no: 357071

Year Number Amount 2018 50044023 91749 TECH 2 LILLINGTON, NC 27546 B4 DP - ENV HEALTH FEES \$750.00

NEW TANK

WJH LLC

Fender detail CK CHECK PAYMEN Total tendered Total payment \$750.00 \$750.00 \$750.00 15563

Trans date: 5/15/18 Time: 10:59:43

** THANK YOU FOR YOUR PAYMENT **