Initial Application Date:	2	12	18
	1	1	

Application #		
	CU#	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

on same lot

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 (O	R OFFER TO PURCHASE) & SITE PLAN ARE	REQUIRED WHEN SUBMITTING A LAND USE APPLIC	ATION
LANDOWNER: Precision	(ustom Home) an	Mailing Address:	256 Brian Hill RU.	
city: Ruefor	State: NC	Zip: 28376 Contact No: 910-98	28-8172 Email: Shaun@precision prop	erties ne. 10
APPLICANT*:		Mailing Address:		
City:	State:	Zip: Contact No:	Email:	
*Please fill out applicant information	if different than landowner			
CONTACT NAME APPLYING I	N OFFICE: She	iun bardner	Phone # 910 - 988 - 8172	
PROPERTY LOCATION: Subdi	vision: Summe	dia	Lot #:_ 7	99 4615)
State Road #07)139	State Road Name:	Beautiful Lone	Lot #:Lot Size:	8 21 d
		PIN:		
	Watershed:	Deed Book & Page: 3499	Power Company*: Central	EM(
			from Progress Ene	
PROPOSED USE:				
050 (01- 50 W 39 D	" y " s	7.5	e: Deck: Crawl Space: Slab:	Monolithic
			e: Deck: Crawl Space: Slab: yes () no (if yes add in with # bedrooms)	Slab: X
(10	the bonds room imished	a: () yes () no w/a closet? ()	yes () no (ii yes add in with # bedrooms)	
		Basement (w/wo bath) Garag	e: Site Built Deck: On Frame Onuilt additions? () yes () no	ff Frame
Manufactured Home:S	SWDWTW (Siz	ex) # Bedrooms: G	Sarage:(site built?) Deck:(site built?	?
Duplex: (Sizex	_) No. Buildings:	No. Bedrooms Per Unit:		
Home Occupation: # Room	s:Use:_	Hours of Oper	ration:#Employee	es:
Addition/Accessory/Other: ((Sizex) Use		Closets in addition? ()	yes () no
Vater Supply: County	Existing Well	New Well (# of dwellings using well		final
			mplete Checklist) County Sewer	, III Mai
			d feet (500') of tract listed above? () yes () no
		ground or overhead () yes () no		
			es: Other (specify):	
variation (existing or proposed)	. Single family dwellings			
Required Residential Property	y Line Setbacks:	Comments: Please see	attached septic design from	
ront Minimum 35	Actual 3 L	independent soil	scienter	
ear 25	26		The second secon	- Tack
Closest Side 10	80			- 1
idestreet/corner lot				
Vearest Building				

SPECIFIC DIRECTIONS TO THE PRO	PERTY FROM LILLINGTON:	HWY. 77 (nest Ron 8	7 N L un	
Milton	welch Rd for .	7 miles. Right	on summerlin	Dr.	
-					12.5
				-	
-	m to all ordinances and laws of sare accurate and correct to the same accurate accurate and correct to the same accurate accurate accurate and correct to the same accurate	he best of my knowledge.	na regulating such work an Permit subject to revocation	d the specifications of pon if false information is	lans submitted

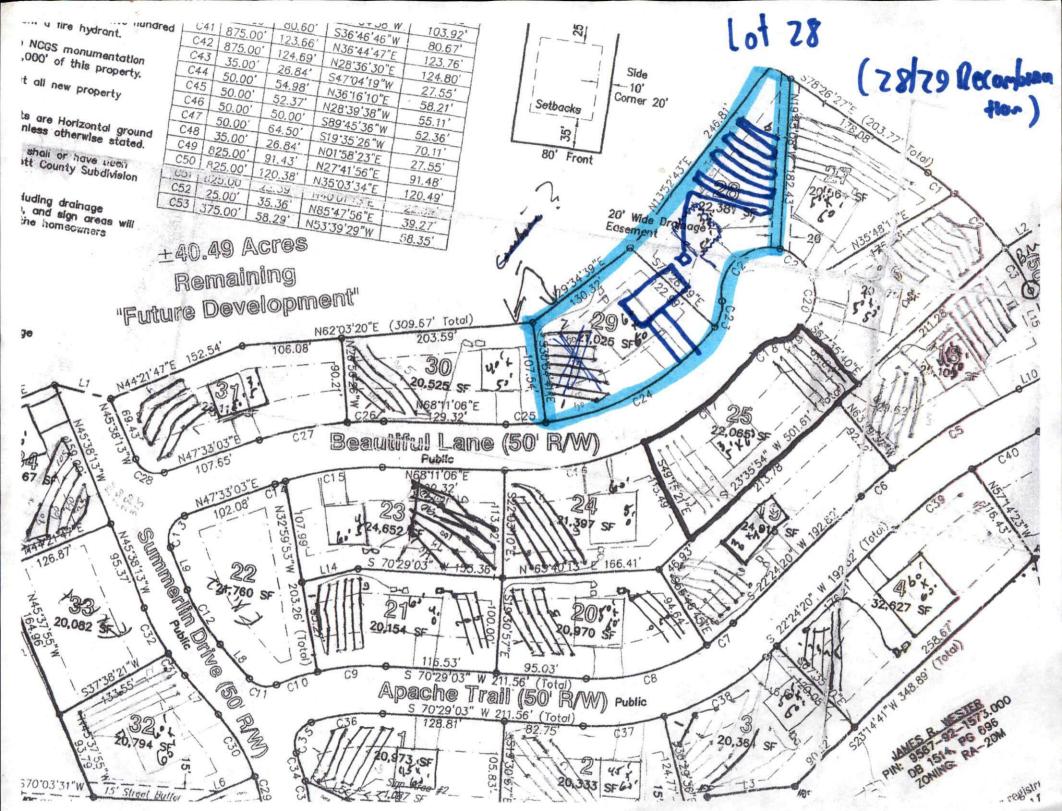
^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

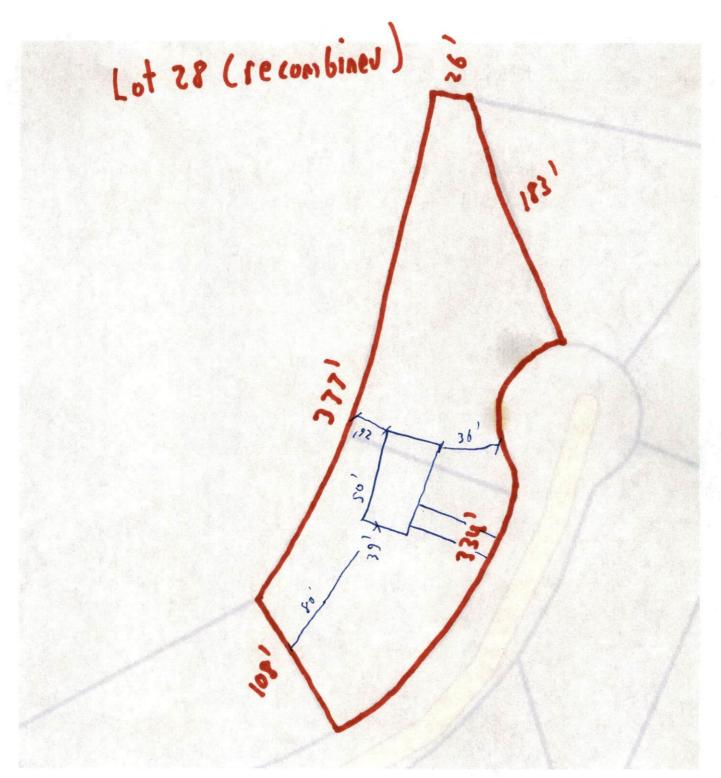
^{**}This application expires 6 months from the initial date if permits have not been issued**

SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	SUBDIVISION: Summerlin Gravity INITIAL SYSTEM: APPROVED 25% RECUC		28 Gravity RApproved 25% Reducti
	DISTRIBUTION: Serial	DISTR	IBUTION Serial
	BENCHMARK: 100.0	LOCAT	TION BC Iron 27/28
	NO. BEDROOMS: 4	LTAR	0.569/F7'
	LINE FLAG COLOR	ELEVATION	LENGTH
	/ β	111.42	95
1)	2 W	110.50	95
	3 B	109.58	80
	4a W	108,75	40
			3.00
			3
/	46 W	108.75	35
\	5 8	108.25	70
01	6 W	107.75	65
14	7 8	107.17	55
(8 W	106,34	50
	9 B	105,67	40
			315
	BY B.C. Raynor	1 1 1-	DATE 05/07/2017
	TYPICAL PROFILE		THERE SHALL BE NO GRADING,
	0-20 Ls frigran		CUTTING, LOGGING OR OTHER SOIL
	20-40 SCL Firm SBK		DISTURBANCE IN SEPTIC AREA
	20-40 SCL Firm SBK		ANY DISTURBANCEMAY CAUSE A SITE
			TO RECOME LINSUITABLE





SITE PLAN APPROVAL

DISTRICT COMUSE

*BEDROOMS

Date

Zonicg Administrator

NAME:	Precision	(unton	Humes +	Renovations

NAME	Trecision	(01100 HOME) T KE	noughtuns	APPLICATION #:	
~		*This application to be	e filled out when applying	a for a contingent of the state of	
Co	unty Health				
PERMIT	INFORMATION	IN THIS APPLICATION IS	FALSIFIED, CHANGED, O	OR THE SITE IS ALTERED, THEN THE IMPROVEMENT	
dependi	ng upon documen	tation submitted (Complete	SHALL BECOME INVALII	OR THE SITE IS ALTERED, THEN THE IMPROVEMENT D. The permit is valid for either 60 months or without expiration plete plat = without expiration)	
-	910-893-752	5 option 1	site plan = 60 months; Comp	piece plat = without expiration)	
En	vironmental F	Health New Septic Sys	stemCode 800	CONFIRMATION #	
•	All property	irons must be made	visible Place "nink nr	operty flags" on each corner iron of lot. All proper	
	lines must be	clearly flagged approxi	imately every 50 feet be	tween corners.	
•	riace orange	e nouse corner flags" at	each corner of the prov	noned atmost are Al (I	
•					
•	If property is	thickly wooded. Enviror	card in location that is earning	asily viewed from road to assist in locating property.	
				that you clean out the <u>undergrowth</u> to allow the so alk freely around site. Do not grade property .	
•					
•					
		Tourist incumount point	III II IIIUIUDIE Definits evi	SI) for Environmental Health income the	
•				quest. ceed to Central Permitting for permits.	
En	ni Ominicinai m	eaiui Exisuna Tank in	ispections Code 200		
	rollow above	instructions for placing	flags and card on propo	aut.	
•	Prepare for in	ispection by removing	soil over outlet and of	took on diament ! !	
•		E LIDS OFF OF SEPTIC		is for a septic tank in a mobile home park)	
•	After uncoveri	ng outlet end call the	voice permitting system	at 910-893-7525 option 1 & select notification perm	
				Health inspection. Please note confirmation numbers	
SEPTIC	Se Click2Go	v or IVH to near results.	. Once approved, procee	ed to Central Permitting for remaining permits.	
If applyi	ng for authorizat	ion to construct please indi-	cate desired system type(s)	can be ranked in order of preference, must choose one.	
{_}} A	ccepted	{}} Innovative	$\{X \}$ Conventional	() Any.	
	Iternative	{ } Other	(<u>\(\Sigma\)</u>	() Any	
he anni	icant shall notifi	y the least health do			
uestion.	If the answer i	s "yes", applicant MUST	ATTACH SUPPORTING	application if any of the following apply to the property in G DOCUMENTATION:	
_}YES	$\{\frac{x}{\lambda}\}$ NO		ny Jurisdictional Wetlands		
_}YES	$\{\underline{\lambda}\}$ NO		irrigation system now or i		
_}YES	$\{\underline{\lambda}\}$ NO		g contain any drains? Plea		
}}YES	(Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
_}}YES	$\left\{\frac{\lambda}{\lambda}\right\}$ NO	Is any wastewater going	g to be generated on the site	te other than domestic sewage?	
_}YES	$\{\underline{\lambda}\}$ NO		proval by any other Public		
_}YES			s or Right of Ways on this		
_}YES	$\{\underline{\lambda}\}$ NO			one or underground electric lines?	
		If yes please call No Cu	its at 800-632-4949 to loca	ate the lines. This is a free service.	
Have Re	ad This Applicat	ion And Cartify That The	I-C	THIS IS A HOC SCIVICE.	

H 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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

R/R/IV DATE

DEU10 - 1 000