

Initial Application Date:  $\psi$  , 1 , 1

| Application # | SFD | 1900. | 0021 |
|---------------|-----|-------|------|
|               |     |       |      |

|  | CU#  |  |  |  |  |
|--|--|--|--|--|--|
| COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax:   | ν  |  |  |  |  |
| **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN  | SUBMITTING A LAND USE APPLICATION**  |  |  |  |  |
| LANDOWNER: JOSEPH P Wagner Mailing Address: 625 Pala   | mino Ln  |  |  |  |  |
| City: Spring lake State: NC Zip: 2540 Contact No: 254-36)-9904 E   | mail: joseph, Vayner 643@gmail   |  |  |  |  |
| APPLICANT*: Mailing Address:   |  |  |  |  |  |
| City: State: Zip: Contact No: En   | mail:  |  |  |  |  |
| *Please fill out applicant information if different than landowner  ADDRESS:PIN:PIN:   | 00.1016  |  |  |  |  |
| ADDRESS: PIN: USU 1.  Zoning: LAZOL Flood: Watershed: IV Deed Book / Page: 3299-0730   |  |  |  |  |  |
| Setbacks - Front: 35 Back: 25 Side: 10 Corner: 20  |  |  |  |  |  |
| PROPOSED USE:  | ,  |  |  |  |  |
| SFD: (Size 42 x 48) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck:  | Crawl Space: Slab: Slab: Slab:   |  |  |  |  |
| (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if  |  |  |  |  |  |
| Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built (Is the second floor finished? () yes () no Any other site built additions? ()   |  |  |  |  |  |
| ☐ 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:  |  |  |  |  |
| Addition/Accessory/Other: (Sizex) Use:   |  |  |  |  |  |
| Water Supply:CountyExisting WellVNew Well (# of dwellings using well) *Mu (Need to Complete New Well Application at the same Sewage Supply:New Septic TankExpansionRelocationExisting Septic TankCour (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 (500') of the supplemental septiments o   | ity Sewer  |  |  |  |  |
| Does the property contain any easements whether underground or overhead () yes (_\forall_) no  |  |  |  |  |  |
| Structures (existing or proposed): Single family dwellings:  | Other (specify):   |  |  |  |  |
| If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating suc I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to  | h work and the specifications of plans submitted prevocation if false information is provided. |  |  |  |  |
| Signature of Owner or Owner's Agent  Date the gyper/applicants responsibility to provide the county with any applicable information about the county with any applicable information and the county with any applicable information about the county with a province and the county with the co | te   |  |  |  |  |
| ***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.***   |  |  |  |  |  |

APPLICATION CONTINUES ON BACK

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

strong roots · new growth



#### \*\*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)



SEPTIC

#### 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

#### "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

| If | applyin | ng for authorizati | on to construct please indicate desired system type(s): can be panked in order of preference, must choose one.   |  |  |
|----|---------|--------------------|--|--|--|
| {  | } Ac    | cepted             | $\{\ \}$ Innovative $\{\ \}$ Conventional $\{\ \bigvee\}$ Any  |  |  |
| {. | } Al    | ternative          | { } Other  |  |  |
|    |         |                    | the local health department upon submittal of this application if any of the following apply to the property is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION: |  |  |
| {  | }YES    | { <b>≯</b> } NO    | Does the site contain any Jurisdictional Wetlands?   |  |  |
| {  | }YES    | { <b>★</b> } NO    | Do you plan to have an <u>irrigation system</u> now or in the future?  |  |  |
| {  | }YES    | { <b>★</b> } 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    | { <b>X</b> } NO    | Is any wastewater going to be generated on the site other than domestic sewage?  |  |  |
| {  | }YES    | { <b>X</b> } NO    | Is the site subject to approval by any other Public Agency?  |  |  |
| {  | }YES    | NO (X)             | Are there any Easements or Right of Ways on this property?   |  |  |
| {  | }YES    | {X} NO             | Does the site contain any existing water, cable, phone or underground electric lines?  |  |  |
|    |         | 5.5                | 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.



# **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

| Applicant/Owner   | Phone Number              |  |  |  |  |  |
|---|---------------------------|--|--|--|--|--|
| 118/14/11/11/11   | 8390                      |  |  |  |  |  |
| 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:  1. there is a relocation of the proposed facility;  2. 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  4. there are landscape changed that affect site drainage.  Contact information: Environmental Health Division - 910-893-7547  |                           |  |  |  |  |  |
| PROPERTY INFORMAT   | ION                       |  |  |  |  |  |
| Proposed use of well  Single-Family□ Multifamily□ Church □ Restaurant □ Business □ Irrigation □   |                           |  |  |  |  |  |
| Street Address — Subdivisi<br>Parcel # 01.0530.0104 PIN #   | ion/Lot #<br>0547.00.1019 |  |  |  |  |  |
| Directions to the Site  |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |
| I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and 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, and  |                           |  |  |  |  |  |
| making the site accessible so that a will can be properly constructed according to the permit.  |                           |  |  |  |  |  |
| Property Owner's Legal Representative Signature Required  | 0 6 / 1 / 1 9             |  |  |  |  |  |
| 1 10 0 0 1 0 0 10 0 11 0 1 10 10 10 10 1  | Date                      |  |  |  |  |  |