Harnett C O U N T Y NORTH CAROLINA

Initial Application Date:  $\omega \cdot 2U \cdot 1Q$ 

Application # SFD 1900 · 0034

| Central Permitting 108   | COUNTY OF HARNETT RI<br>E. Front Street, Lillington, NC 27546   | ESIDENTIAL LAND USE APPLIC<br>Phone: (910) 893-7525 ext:2  | ATTON<br>Fax: (910) 893-2793 www.harnett.org/pe  | ermits        |
|--|---|--|--|---------------|
| *A RECORDED SURVEY   | MAP, RECORDED DEED (OR OFFER TO PUR   | RCHASE) & SITE PLAN ARE REQUIRED   | WHEN SUBMITTING A LAND USE APPLICATION*  | •             |
|  | e watson  | - 4 //   | , ,  | <u></u>       |
| city 5 parky lake  | CState:\(\sum_Zip:C   | Contact No: 9/9-920 5h   | ## Email:  |               |
| APPLICANT: NOSA  | 3 Chlere Mailing Add  | ress: 1313 WEST  | Corthys Rd   | T) Cours      |
| City: Corkofor  Please fill out applicant information  | State Czip 28.560   | Sontact No: 910 739-712  | S Email TWOOK 300 NC M   |               |
| ADDRESS:   | alding May  | PIN: 9585  | .39. 9447  | = 011         |
| Zoning: PAZUE Flood:   | Watershed: Dee  | d Book / Page <b>3000</b> :032   | Carolina laki  | E RIV.        |
|  | Back: <u>25</u> Side: (   | )Corner:   | 1044   |               |
| PROPOSED USE:  | 2 96  |  | Monoli   | thic          |
| SFD: (Size(2 × × ) # (Is   | Bedrooms: # Bath # Basement<br>the bonus room finished? () yes ()   | (w/wo bath):Garage: <de<br>no_w/ a closet? () yes () !</de<br>   | ck:Crawl Space!Slab:Slab:_<br>no (if yes add in with # bedrooms)   |               |
|  | Bedrooms# BathsBasement the second floor finished? () yes(  |  | e Built Deck: On FrameOff Fram<br>ss? () yes () no   | e             |
|  |   | ,  |  |               |
| ☐ Manufactured Home:S\   | WDWTW (Sizex  | ) # Bedrooms: Garage:  | _(site built?) Deck:(site built?)  |               |
|  | NDWTW (Sizex           No. Buildings: No. B   |  |  |               |
| Duplex: (Sizex)  | No. Buildings: No. B  | edrooms Per Unit:  |  | · .           |
| ☐ Duplex: (Sizex) ☐ Home Occupation: # Rooms   | No. Buildings: No. B  | edrooms Per Unit:<br>Hours of Operation:   | <del></del>  | <br><br>_) no |
| ☐ Duplex: (Sizex) ☐ Home Occupation: # Rooms ☐ Addition/Accessory/Other: (S  | No. Buildings: No. B : Use: Size x) Use:  | edrooms Per Unit:<br>Hours of Operation:   | #Employees: Closets in addition? () yes (  | <br>_) no     |
| ☐ Duplex: (Sizex) ☐ Home Occupation: # Rooms ☐ Addition/Accessory/Other: (Sizex)  Water Supply: County Sewage Supply: New Septi  | No. Buildings: No. B  : Use:  Size x ) Use:  Existing Well New Well (#  (Need to Corc Tank Expansion Relocation)  | of dwellings using well mplete New Well Application at the   | #Employees:  Closets in addition? () yes (  *Must have operable water before final same time as New Tank) County Sewer |               |
| ☐ Duplex: (Sizex) ☐ Home Occupation: # Rooms ☐ Addition/Accessory/Other: (Sizex)  Water Supply: County Sewage Supply: New Septi  | No. Buildings: No. B  : Use:  Size x ) Use:  Existing Well New Well (#  (Need to Corc Tank Expansion Relocation)  | of dwellings using well mplete New Well Application at the   | #Employees: Closets in addition? () yes (  *Must have operable water before final same time as New Tank)               |               |
| ☐ Duplex: (Sizex) ☐ Home Occupation: # Rooms ☐ Addition/Accessory/Other: (Sizex) ☐ Water Supply: New Septime (Complete Environ Does owner of this tract of land, or  | No. Buildings: No. B  : Use:  Size x ) Use:  Existing Well New Well (#  (Need to Corc Tank Expansion Relocation)  | of dwellings using well  pole Existing Septic Tank of application if Septic of application if Septic on Within five hundred feet (500)   | #Employees:  Closets in addition? () yes (  *Must have operable water before final same time as New Tank) County Sewer |               |
| ☐ Duplex: (Sizex) ☐ Home Occupation: # Rooms ☐ Addition/Accessory/Other: (Sizex) ☐ Water Supply: New Septime (Complete Environ Does owner of this tract of land, or  | No. Buildings: No. B  Use:  Existing Well New Well (# (Need to Core Tank Expansion Relocation mental Health Checklist on other side we land that contains a manufactured becaments whether underground or overhead.   | of dwellings using well  pole Existing Septic Tank of application if Septic of application if Septic on Within five hundred feet (500)   | #Employees:  Closets in addition? () yes (  *Must have operable water before final same time as New Tank) County Sewer |               |
| □ Duplex: (Sizex) □ Home Occupation: # Rooms □ Addition/Accessory/Other: (Sizex)  Water Supply: New Septimes (Complete Environ Does owner of this tract of land, of Does the property contain any early Structures (existing or proposed):   | No. Buildings:No. B  Use:  Existing Well New Well (# (Need to Core Tank Expansion Relocation of the core Tank Expansion Tank | Hours of Operation:  Hours of Operation:  of dwellings using well  mplete New Well Application at the nExisting Septic Tank of application if Septic) nome within five hundred feet (500'  | #Employees:Closets in addition? () yes (   | N/A           |
| Duplex: (Sizex)  Home Occupation: # Rooms  Addition/Accessory/Other: (Sizex)  Water Supply: New Septimation (Complete Environ Does owner of this tract of land, of Does the property contain any early Structures (existing or proposed):  If permits are granted I agree to contain the property state that foregoing states. | No. Buildings:No. B  Use:  Existing Well New Well (# (Need to Core Tank Expansion Relocation of the core Tank Expansion Tank | Hours of Operation:  Hours of Operation:  of dwellings using well  mplete New Well Application at the Description of application if Septic)  nome within five hundred feet (500)  nead () yes (_/) no  Manufactured Homes:  e State of North Carolina regulating pest of my knowledge. Permit subj | #Employees: Closets in addition? () yes (  | N/A           |

APPLICATION CONTINUES ON BACK



## \*\*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

- 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 <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?                             |  |  |  |
|--|---|--|--|--|
| 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 <u>irrigation system</u> now or in the future?                     |  |  |  |
| { }YES {_} NO  | Does or will the building contain any drains? Please explain.                             |  |  |  |
| { _}YES  | 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:  |   |  |  |  |
|  |   |  |  |  |
| •  |   |  |  |  |

strong roots • new growth