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Application #	SFD 2001	-0043
	CII#	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

Nearest Building on same lot

Residential Land Use Application

108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

03/11

A RECORDED SURVEY MAP. RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION CONTRACTORS Mailing Address: PO BOX 766 State: NC Zip: 28390 Contact No: 910 263-0276 Email: Wellcopuswellons Realty WELLCO CONTROCTORS Mailing Address: ____ Contact No: _____ Email: _ State: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: C. JASON WELLONS Phone # 910 263-02 PROPERTY LOCATION: Subdivision: HIDDEN LAKES 125 Cypress Dr. Lot #: 1 Lot Size: . 46 State Road Name: CYPRESS ORIVE PIN: 0506-41-5020,000 Parcel: 010505 0200 53 Zoning: RA-20 R Flood Zone Mra Watershed: NO Deed Book & Page: 1594 10382 Power Company : So. River ElecTRIC *New structures with Progress Energy as service provider need to supply premise number ____ PROPOSED USE: SFD: (Size 6 x 44) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Crawl Space: Slab: Slab: (Is the bonus room finished? (X) yes (__) no w/ a closet? (__) yes (_X) 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: Addition/Accessory/Other: (Size ____x ___) Use:______ Closets in addition? (__) yes (__) no Water Supply: X County Existing Well Mew 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 (<u>k</u>) no Does the property contain any easements whether underground or overhead (__) yes (X) no Manufactured Homes: Other (specify): Structures (existing or proposed): Single family dwellings: Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/corner lot /

FOR ALLERS TOUR 2/0 S. In ANDERSON
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: FROM LILLINGTON TAKE 2105. to ANDERSON
COLL COLLIE ROLLED RIACK ROLWEST TO NURSERY ROLLIE
TO CUPRESS OR. 125 CYPRESS OR (LOT 1) CORNER OF
TO CYPRESS OR. 125 CYPRESS OR (LOT 1) CORNER OF CYPRESS AND TUPELO ROAD.
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
1-21-20
Signature of Owner's Agent Date

^{***}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**

*		
NAME: WELLCO	CONTRACTORS	APPLICATION #:
	This application to be filled out	when applying for a septic system inspection.
Company Manieh	Description for	Improvement Permit and/or Allfhorization to Colisi uct
DODLAR OR ATITIODIT	TATION TO CONSTRUCT SHALL BE	(OME INVALID. The permit is valid for either of months of miner
depending upon document	tation submitted. (complete site plan = ϵ	o months; complete plat – without expiration)
910-893-752	5 option 1	CONFIRMATION #
Environmental He	ealth 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
l'	alasty flagged approximately ev	en 50 feet netween comers.
 Place "orange 	e house corner flags" at each cor	ner of the proposed structure. Also flag driveways, garages, decks,
out buildings,	swimming pools, etc. Place flag	s per site plan developed at / for Central Permitting. sation that is easily viewed from road to assist in locating property.
 Place orange 	Environmental Health card in loc	lealth requires that you clean out the <u>undergrowth</u> to allow the soil
	I Inchestore challe	he and to walk treely albuild site. Do not didde property
	I I and a state of the state of	dave affer confirmation, aza, ou retuin trip lee may be mounted
	1 '1 II Ab - 110100 no	rmitting everam at 4111-693-7373 Collott 1 to acticulte and doc odde
onn lafter co	lecting notification permit if multit	ble permits exist) for Environmental riealth inspection.
£1	number given at and of record	ding for proof of request.
 Use Click2Go 	ov or IVR to verify results. Once	approved, proceed to Certifal Ferritaing for permits.
□ Environmental He	ealth Existing Tank Inspections C	od e 800
	· · · · · · · · · · · · · · · · · · ·	card on property
D		iver outlet end as glagram indicates, and intild straight up ("
	/	nendefion is for a seniic fally in a mobile nome party
 After uncover 	ring outlet end call the voice pern	nitting system at 910-893-7525 option 1 & select notification permit it ironmental Health ins pection. Please note confirmation number
multiple pe rr	nits, then u se code 800 for Env	ronnental riediti ins pection. <u>I todos visto e emilitar</u>
given at end	of recording for proof of requi	oproved, proceed to Central Permitting for remaining permits.
Use Click2G	ov of tvr to flear results. Office a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SEPTIC		
If applying for authoriza	ation to construct please indicate desir-	ed system type(s): can be ranked in order of preference, must choose one.
{ } Accepted	{ } Innovative { X}	Conventional {} Any
{} Alternative		
Anternative	St. the level health department upon	submittal of this application if any of the following apply to the property in
The applicant shall not	is "yes", applicant must attach supp	orting documentation.
question. If the answer		
{ X }YES {_}}NO	Does the site contain any Jurisdi	
{_}}YES ⟨ X ⟩NO	Do you plan to have an irrigation	
{_}}YES ⋈ NO	Does or will the building contain	any drains? Please explain
	Are there any existing wells, spi	ings, waterlines or Wastewater Systems on this property?
J LYES (X) NO	Is any wastewater going to be go	enerated on the site other than domestic sewage?

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.

Does the site contain any existing water, cable, phone or underground electric lines?

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

Is the site subject to approval by any other Public Agency?

Are there any Easements or Right of Ways on this property?

DATE

{**≥**} NO

NO NO

NO (X)

_}YES

{_}}YES

{_}}YES