Hartford

2/12/2021

Application # COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION CU# Central Permitting 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 (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\* Homes Malling Address: State: TX zip: 7788 Contact No: 919 Oliver Hudson CONTACT NAME APPLYING IN OFFICE: DEED OR OTP: PROPOSED USE: SFD: (Size 36 x 46) # Bedrooms: 4 # Baths 2.5 Basement (w/wo bath): (Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms) ) # Bedrooms # Baths Basement (w/wo bath) (is the second floor finished? ( ) yes ( ) no Any other site built additions? ( Manufactured Home; TW (Size ) # Bedrooms: Duplex: (Size\_ \_) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms Addition/Accessory/Other: (Size Closets in addition? ( ) yes ( ) no Water Supply: County Existing Well New Well (# of dwellings using well ) \*Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer

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 tract listed above? (\_\_) yes (\_\_) no ) \*Must have operable water before final Does the property contain any easements whether underground or overhead (\_\_\_) yes Structures (existing or proposed): Single family dwellings; PDP1)SCC Manufactured Homes: Other (specify): If permits are granted lagree 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. Signature of Owner or Owner's Agent

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Date

Date

Date

Date

Date

Date

Date

Doi: Doundary 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\*\*

APPLICATION CONTINUES ON BACK

strong roots · new growth

Hartford - site specific



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

| GR AUTHORIZATION of documentation submitted.  Environmental F  All property be clearly flag Place "orange buildings, swi   | 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.  All lots to be addressed within 10 by places above the property. |  |
|--|---|--|
| <ul> <li>Place orange</li> <li>If property is to be perform</li> <li>All lots to be</li> </ul>   | Environmental Health card in location that is easily viewed from road to assist in locating property  |  |
| <ul> <li>Environmental H</li> <li>Follow above</li> <li>Prepare for interpretal and then put in the put in th</li></ul> | ealth Existing Tank Inspections Instructions for placing flags and card on property. spection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) id back in place. (Unless inspection is for a septic tank in a mobile home park)  |  |
| SEPTIC   | "MÔRÉ INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"   |  |
| If applying for authorizati  | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  |  |
| (  | [_] Innovative [V] Conventional [_] Any   |  |
| {}} Alternative  | {}} Other   |  |
| The applicant shall notify question. If the answer is  | the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:  |  |
|  | Does the site contain any Jurisdictional Wetlands?  |  |
|  | Do you plan to have an irrigation system now or in the future?  |  |
| }YES {} NO   | Does or will the building contain any drains? Please explain.   |  |
| )YES () 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?   |  |
|  | Are there any Easements or Right of Ways on this property?  |  |
| _}YE\$ {}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.   |  |
| Have Read This Application   | in And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State  |  |
| fficials Are Granted Right   | Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I   |  |
| nderstand That I Am Solel  | y Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site  |  |
| ccessible So That A Comple   | cte Site Evaluation Can Be Performed.   |  |
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