

PIN 1529-64-7390

Application # SFDZ 60S-60S1

Init Application Date: 5/19/20

				CU#	
Central Permitting			Phone: (910) 893-7525 ex	PPLICATION	www.harnett.org/permits
**A RECORDED S	SURVEY MAP, RECORDED DEED (	OR OFFER TO PUR	CHASE) & SITE PLAN ARE REQ	UIRED WHEN SUBMITTING A L	AND USE APPLICATION™
LANDOWNER: BLAK			Mailing Address: 486		
city: Benson					a denning constructing .
APPLICANT : Blake	Denning SAM	Mailing Addr	ess:		
City:	State:	Zip: C	ontact No:	Email:	
ADDRESS:	risoon i dillesett that fattowitel		PIN:_1520	1-64-739	90
	d: Watershed:_				
Setbacks – Front: <u>(/</u>	2()_Back:	Side:	Corner:		Stem Wall
PROPOSED USE:					Stem
SFD: (Size go x g	(Is the bonus room finished	2.5 Basement(v	w/wobath):Garage:————————————————————————————————————	Deck: Crawl Space:	Slab:
		1? () yes (	) no Any other site built add	ditions? ( ) yes ( ) no	
Manufactured Home:	_SW _DW _TW (Size	x	) # Bedrooms: Garage	:(sile built?) Deck:	_(site built?)
Duplex: (Sizex_	No. Buildings;	No. Bed	drooms Per Unit:	-	
Home Occupation: # Re	cooms:Use:		Hours of Operation:_		#Employees:
Addition/Accessory/Oth	ner: (Sizex) Use:_			Closets in ad	Idition? () yes () no
	y Existing Well Septic Tank Expansion	(Need to Comp	lete New Well Application at	) *Must have operable the same time as New Tan	water before final k)
(Complete E	Septic Tank Expansion	on other side of	application if Septic)		
	ny easements whether undergr			oce , or wast noted above , (	
see and property comments and		1	_ Manufactured Homes:	Other (speci	fy):
tructures (existing or propos			The state of the s		
permits are granted I agree	to conform to all ordinances				
permits are granted I agree	*				

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

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## \*\*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"

		on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  { } Innovative { } Conventional { } Any				
{ } Acc	epted	{ } imiovative { / · · · · · · · · · · · · · · · · · ·				
{ } Alte	rnative	{ } Other				
The application. I	ant shall notify f 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:				
YES	{ } NO	Does the site contain any Jurisdictional Wetlands?				
{X}YES	{ } NO	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. Gotter Orgin				
(X)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 P	Is the site subject to approval by any other Public Agency?				
YYES	{_}} NO	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?				
		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.

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