Initial Application Date: U - 1 4 - 20

Application # SFD 2006-0039

Central Permitting 102 E. F	COUNTY OF	HARNETT LAND U	ISE APPLICATION		
			Pnone: (910)) 893-4759 Fax:	(910) 893-2793
LANDOWNER: Sharan Sullock	and Keith B	v llal Mailing Addre	ss: 72 Overt	look ct	
APPLICANT: Keith Bullock &	State:	NC Zip: 2	7501 Phone #: 91	9-427-46	28
APPLICANT: NOTOLK ?	suilders In	Mailing Addre	ss: 72 overla	okct	
City: Augier	State: _	NC Zip: 2	7501_Phone #: _ 91	9-427-462	8
PROPERTY LOCATION: SR#: 15/6	CD Name	71-15	F	. 1	
Address:	SK Name:	Sherit	7 Johnson &	d	
Parcel:		DINI: O	80-29-95	21 000	
Zoning: RA - 30 Subdivision: Minor	Sharan P.	Rule K	1014	1	117
Flood Plain: Panel:	Watershed:	Deed Book	Page: 3782 / 96	Lot Size:	1.63 AC.
DIRECTIONS TO THE PROPERTY FROM LILL	INGTON:				
	Hwy 210	N Right	on old Coats i	21 - continue	
	Sheriff I	olvison Rd.	- Cross Mitch	UIRd - lote	n sist
	just past	Walkers	Auto Repair.		3010
SKOPOSED USE:					
Sg. Family Dwelling (Size 60 x 60) # o	f Bedrooms 3 #	Baths A Basen	nent (w/wo bath) NA	_Garage included	Deck induded
Multi-Family Dwelling No. Units					
Manufactured Home (Size x) #		Garage	Deck		
Number of persons per household			2		
Business Sq. Ft. Retail Space Industry Sq. Ft		1223			
2 Church Seating Capacity					
Home Occupation (Size x)					
Additional Information:	" Noons				
Accessory Building (Sizex)					
Addition to Existing Building (Size x					
) Other					
dditional Information:					
Vater Supply: (X) County (_) Well (No	al contract and a con			ealth Site Visit Date: _	1
sewage Supply: (X) New Septic Tank () Ex	sting Septic Tank	() County Sewer	(_) Other		
rosion & Sedimentation Control Plan Required?					
'roperty owner of this tract of land own land that			hundred feet (500') of trac	ct listed above? YES	NO
structures on this tract of land: Single family dwe	llings Mar	nufactured homes	Other (specify)		
Required Residential Property Line Setbacks:		Minimum	Actual		
	Front .	35	90		
	Rear	25	580		
1 .	Side	10	20		
	Corner	20			
	Nearest Building	10			
permits are granted I agree to conform to all o					ecifications or
lans submitted. I hereby swear that the foregoing	j statements are ac	curate and correct to	the best of my knowledg	e.	
A.H.S.III			6-15-2	1020	
ignature of Owner or Owner's Agent		. 11	Date		

This application expires 6 months from the initial date if no permits have been issued

NA	ME: Keith &	Max Bulde		APPLICATION #:	
	County Harlet D	*This application to b	be filled out when applying	g for a septic system inspect	tion.*
F	HE INFORMATION D				
PEF	MIT OR AUTHORIZA	TION TO CONSTRUCT	CHALL BECOME BRANCED,	OR THE SITE IS ALTERED, TI	HEN THE IMPROVEMENT 60 months or without expiration
lep			e site plan = 60 months; comple	te plat = without expiration)	60 months or without expiration
1	710-075-1525	option i		CONFIRMATION #	
	Environmental Hea	Ith New Septic Syste	em Code 800		
	 All property in 	ons must be made	visible Place "nink no	perty flags" on each corr	ner iron of lot. All property
	riace brange	nouse corner flags" a	at each corner of the pror	ocod structure Alas Alas	driveways, garages, decks
	I lace of allige L	ilivii Oliillelitai Healin	Card in location that is a	will wind from an all	
	II DIODGILVIS III				
	evaluation to be	nerformed Inspect	fore should be able to	and you ordan out the unit	TOTAL TO CHICAN THE 201
	· All lots to be a	ddressed within 10	business days after co	of freely around site. Do no	ot grade property.
	 All lots to be a for failure to u After preparing 	ncover outlet lid, mo	business days after coark house corners and	in freely around site. <u>Do not infirmation.</u> \$25.00 return property lines, etc. once	ot grade property. I trip fee may be incurred lot confirmed ready.
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If applying	g for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.					
{X} Acc	epted	[_] Innovative {					
{}} Alternative		{}} Other					
The applic question.	ant shall notify	the local health department upon submittal of this application if any of the following apply to the property "yes", applicant must attach supporting documentation.	in in				
{_}}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 <u>drains</u> ? Please explain					
YES	LINO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	a a				
{_}}YES	{\begin{align} 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	{\begin{align}} 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	l This Applicati	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County As	nd				
State Officia	ils Are Granted	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rule	s.				
		ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making					
4	M	A Complete Site Evaluation Can Be Performed.	20.				
PROPERT	Y OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE					