



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
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"

LANDOWNER: Steven Seagraves Mailing Address: 1329 Delma Grimes Rd
City: Coats State: NC Zip: 27521 Contact No: 9103520477 Email: Sseagraves@wdbdllc.com

APPLICANT: same Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: 1600 02 1578

Zoning: Coats Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size 36 x 52) # Bedrooms: 3 # Baths: 2 Basement (w/wo bath): No Garage: No Deck: _____ Crawl Space: Slab: Perimeter porch Monolithic Slab: _____
No bonus room Is the bonus room finished? () yes () no w/ a closet? () yes () 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: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ 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

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: Manufactured Homes: _____ Other (specify): Utility Bureau Proposed (later)

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.

[Signature]
Signature of Owner or Owner's Agent

07.29.2020
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**

APPLICATION CONTINUES ON BACK

strong roots • new growth

****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 undergrowth 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 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?
- 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.



TOWN OF COATS

ZONING PERMIT APPLICATION

NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. Also, in order to receive a Privilege License from the Town of Coats to open a business, you must have a valid Zoning Permit, along with all applicable inspections from Harnett County.

Permit No.: 7-27-20-1 Date: 7/27/2020 Fee: \$50.00 Pin 1600-02-1578

Parcel ID*: 071600 0142 Area Zoned As: RA

APPLICANT:

PROPERTY OWNER:

Name (Print) Scott Seagroves
Address 4339 Delma Curves Rd
City, State Coats, NC
Zip Code 27521
Phone # 910 352 8477

Name same
Address _____
City, State _____
Zip Code _____
Phone # _____

Location of Property: IN-TOWN _____ ETJ ETJ (contiguous) _____

Present Use of Property: Vacant Lot

PROPOSED USE OF PROPERTY:

SSeagroves@wbdllc.com

Single Family Dwelling: # Rooms: 8 # Bedrooms: 3 Square Feet: 1872
 Multi Family Dwelling: # of Units: _____ #Bedrooms (per unit): _____ Square Feet (per unit) _____
 Mobile Home (single lot): Single wide: _____ Double Wide: _____
 Mobile Home Park: Section 16, Zoning Ordinance must apply
 Business: Total # of employees per day _____ Type of business _____
 Others (specify): _____

Existing structure: Renovate: _____ Addition: _____ Demolish: _____

WATER AND SEWER SUPPLY:

Water: Private Public Proposed Existing
Sewer: Private Public Proposed Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: [Signature] Date: 07.27.2020

ZONING ADMINISTRATOR USE ONLY

Notes: _____

Approved: Denied:

Zoning Administrator: Thibault Date: 7/27/2020

APPROVED

TOWN OF COATS ZONING
VALID FOR 12 MONTHS