

Initial Application Date: 10/ / 0/2020	Application #	<u> </u>
COUNTY OF HARNET Central Permitting 108 E. Front Street, Lillington, NC 275-	TT RESIDENTIAL LAND USE APPLICATION 46 Phone: (910) 893-7525 ext.2 Fax: (910	CU#) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO	O PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUE	MITTING À LAND USE APPLICATION
LANDOWNER: Weaver Homes, Inc	Mailing Address: 350 Wagoner D	
City: Fayetteville State: NC Zip: 2830	03 Contact No: 919-410-5473 Email:	samantha@weavercom part
APPLICANT*: Weaver Homes Mailing	Address: 350 Wagoner Dr	· <i>o</i>
City: Fayetteville State: NC Zip: 2830 *Please fill out applicant information if different than landowner	03 _{Contact No:} 919-410-5473 _{Email:}	samantha@weavercomf4nu
ADDRESS LOT 27 Mitchell manor P	an of pin # 0681-5	58 - 5810
Zoning: P-30 Flood: MIN Watershed: CFR	Deed Book/Page: 366, Page S	33
Setbacks – Front: 39 Back: 36-4 Side: 6		
PROPOSED USE:		:
SFD: (Size 6940) # Bedrooms: 3 # Baths: 25 Baser (Is the bonus room finished? () yes	ment(w/wo bath):Garage:X_Deck:_X_C s () no w/ a closet? () yes () no (if yes a	
☐ Mod: (Sizex) # Bedrooms # Baths Baser (Is the second floor finished? () ye	ment (w/wo bath) Garage: Site Built Dec es () no Any other site built additions? () y	
☐ Manufactured Home:SWDWTW (Sizex_) # Bedrooms: Garage:(site built	?) Deck:(site built?)
☐ Duplex: (Sizex) No. Buildings:1	No. Bedrooms Per Unit:	
☐ Home Occupation: # Rooms:Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:	· ·	Closets in addition? () yes () no
Water Supply: X County Existing Well New W. (Need to Sewage Supply: X New Septic Tank Expansion Related to Complete Environmental Health Checklist on other Does owner of this tract of land, own land that contains a manufacture.	o Complete New Well Application at the same tim ocationExisting Septic Tank County S side of application if Septic)	e as New Tank) ewer
Does the property contain any easements whether underground or	overhead () yes (X) no	
Structures (existing or proposed): Single family dwellings: $ imes$	P Manufactured Homes:	Other (specify):
If permits are granted I agree to conform to all ordinances and laws I hereby state that foregoing statements are accurate and correct to		ocation if false information is provided.

Signature of Owner or 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**

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 <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)

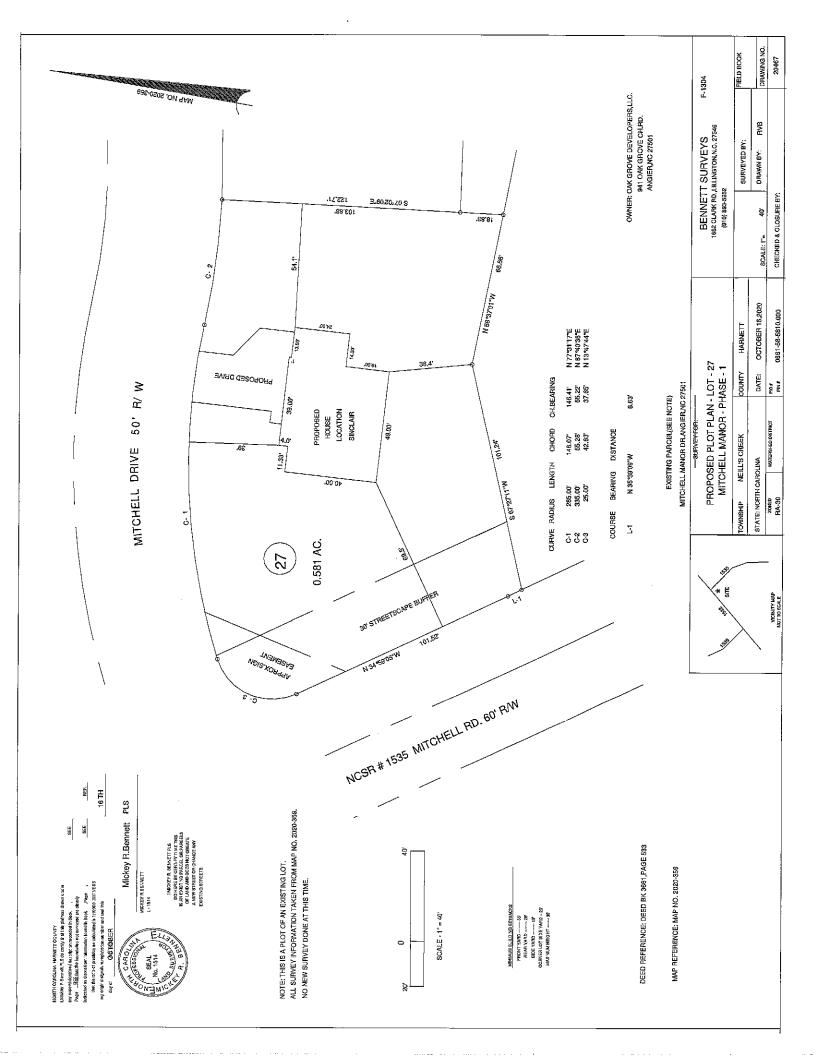
DO NOT LEAVE LIDS OFF OF SEPTIC TANK

CEDTT^

"MORE 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.					
{ X } Accepted	{ } Innovative { x } 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:					
{ }YES { x } NO	Does the site contain any Jurisdictional Wetlands?					
{ }YES { x } NO	Do you plan to have an <u>irrigation system</u> now or in the future?					
{ }YES { X } NO	Does or will the building contain any drains? Please explain.					
{ }YES {X} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?					
{ }YES {X} NO	Is any wastewater going to be generated on the site other than domestic sewage?					
{ }YES {x} NO	Is the site subject to approval by any other Public Agency?					
{\interpretation \text{TES } \text{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.					
l Have Read This Applica	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And Sta					

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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