

Initial Application Date:	Application #
	CU#
COUNTY OF HARNETT Central Permitting 420 McKinney Pkwy, Lillington, NC 27546	RESIDENTIAL LAND USE APPLICATION
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO P	URCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER ME aver Homes, Inc	Mailing Address: 350 Wagoner Dr_ Contact No: 919-410-5473 Email: samantha@weaver-homes.com
City Charletteville State: NC Zio: 2830	VContact No: 919-410-5473 Email: samantha@weaver-homes.com
9 4	
APPLICANT*: Weaver Homes, Inc- Samantha B Grossman Mailing Ad	ddress: 350 Wagoner Drive
City: Fayetteville State: NC Zip: 28303	Contact No: 919-410-5473 Email: samantha@weaver-homes.com
*Please fill out applicant information if different than landowner ADDRESS: 78 West Park 19 M	9587-113-051D
Zoning: <u>PA:30</u> Flood: <u>MIN</u> Watershed: <u>WA</u> D	3797/21/1
Setbacks - Front: 39 Back 73 Uside: 54-2 Cornel	aed Book / Page: 2711/ 219
	: <u>50.</u>
PROPOSED USF	Monolithic
	ent(w/wo bath): Garage: Deck Crawl Space: Slab: Slab:_ X
TOTAL HTD SQ FILE GARAGE SQ FILE 7/8	n finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms
☐ Modular: (Sizex) # Bedrooms # Baths Base	ement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FT (Is the second floor fini	shed? () yes () no Any other site built additions? () yes () no
☐ Manufactured Home: SW DW _TW (Sizex_	) # Bedrooms: Garage:(site built?) Deck:(site built?)
Manufactured Homeow w (0.25	
□ Duplex: (Sizex) No. Buildings:No	. Bedrooms Per Unit:
☐ Home Occupation: #Rooms: Use:	Hours of Operation:#Employees:
□ Addition/Accessory/Other: (Sizex) Use:	Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE	
No. 1 X O. 1 Taistics Well No. Well	/# of alcollings using well
(Need to 0	(# of dwellings using well) *Must have operable water before final complete New Well Application at the same time as New Tank)
Sewage Supply: X New Septic Tank Expansion Relocation (Complete Environmental Health Checklist on other significant New York (Complete Environmental Health Checklist on other significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Complete Environmental Health Checklist On other Significant New York (Checklist On other Signi	de of application if Septic)
	d home within five hundred feet (500') of tract listed above? () yes (X_) no
Does the property contain any easements whether underground or over	
Structures (existing or proposed): Single family dwellings: Propose	Manufactured Homes: Other (specify):
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 best of my knowledge. Permit subject to revocation if false information is provided.
Samantha B. Grossma	
Signature of Owner or Owner's Ag	ent Date  Date  Date  Date

\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limi 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

## MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION.

THE THE PROPERTY OF THE PROPER				
SEPTIC			to realized in order of preference, must choose one.	
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.				
Accepted	{}} Innovative {}} Conv	ventional {	X} 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	Does the site contain any Jurisdictional Wetlands?			
}YES	Do you plan to have an <u>irrigation system</u> now or in the future?			
}YES	Does or will the building contain any drains? Please explain.			
{}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
	Is any wastewater going to be generated on the site other than domestic sewage?			
	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 {X} NO	Does the site contain any existing wa	ter, cable, phone o	or underground electric lines?	
	If yes please call No Cuts at 800-632			
I Have Read This Applica	tion And Certify That The Information F	rovided Herein Is	True, Complete And Correct: Authorized County And State	

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 Phat 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.