

Initial Application Date: 7/14/21	Application #	26125108:0001
	SIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910)	C J#) 893-2793 www.harnett.org/permits
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURC		
LANDOWNER: Adams Homes AEC LLC	Mailing Address: 149 US Hwy	70 W.
City: GAYNUY State: NC zip: 27529 Co	ntact No: 919-233-(0747 Email:	rallighpermits@adamshonus.com
APPLICANT*: Mailing Addre	ss:	
City: State: Zip: Co	ntact No: Email:	
ADDRESS: 54 Western Pine Way		e
Zoning: Flood: Watershed: Deed	Book / Page:	
Setbacks - Front: Back: Side: Corner:		
PROPOSED USE: SFD: (Size 474 x 54) # Bedrooms: 3 # Baths: 2 Basement(w	wo bath): Garage: Deck: Cr shed? () yes () no w/ a closet? () ;	awl Space:Slab:Slab: yes () no (if yes add in with # bedrooms)
☐ Modular: (Sizex) # Bedrooms # Baths Basemer TOTAL HTD SQ FT (Is the second floor finished		The second secon
☐ Manufactured Home:SWDWTW (Sizex	# Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bed	rooms Per Unit:	TAL HTD SO FT
Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Sizex) Use:		Closets in addition? () yes () no
TOTAL HID SO FI GARAGE		
Water Supply: County Existing Well New Well (# of Need to Compose Sewage Supply: New Septic Tank Expansion Relocation (Complete Environmental Health Checklist on other side of Does owner of this tract of land, own land that contains a manufactured hor	ete New Well Application at the same timeExisting Septic Tank County Seventh Septic	as New Tank) wer
Does the property contain any easements whether underground or overhea	d () yes () no	
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other specify):
f permits are granted I agree to conform to all ordinances and laws of the S hereby state that foregoing statements are accurate and correct to the bes	tate of North Carolina regulating such work tof my knowledge. Permit subject to revoc	and the specifications of plans submitted. ation if false information is provided.

Signature of Owner's Agent

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.**

*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 to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

OR	AUTHORIZATION T	O CONSTRUCT SHALL BEG	COME INVALID. The per	OR THE SITE IS ALTERED, THEN mit is valid for either 60 months or w	THE IMPROVEMENT PERM thout expiration depending up	IIT pon	
doc	umentation submitted.	(Complete site plan = 60 mon	ths; Complete plat = withou	it expiration)		JORGAN CO.	
	 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, our buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting. 						
	 Place orange If property is the to be performed 	Environmental Health ca nickly wooded, Environmental ed. Inspectors should be	rd in location that is ea ental Health requires th able to walk freely are	asily viewed from road to assis at you clean out the <u>undergrov</u> ound site. <i>Do not grade prope</i> confirmation. \$25.00 return to	t in locating property.		
	 Environment Follow above Prepare for in and then put I 	al Health Existing Tank instructions for placing fla spection by removing soi	Inspections Inspections Inspection on prope Insp	rty. ank as diagram indicates, and ptic tank in a mobile home par	lift lid straight up (if poss	ible)	
		"MORE INFOR	MATION MAY BE REQUIF	RED TO COMPLETE ANY INSPECTI	ON"		
	TIC oplying for authorizat	ion to construct please indica	te desired system type(s):	can be ranked in order of preferen	ce, must choose one.		
{	} Accepted	{}} Innovative	{}} Conventional	Any			
{_	} Alternative	{}} Other					
The Jues	applicant shall notifition. If the answer i	y the local health departments "yes", applicant MUST A	t upon submittal of this TTACH SUPPORTIN	application if any of the following GOCUMENTATION:	apply to the property in		
}	YES {} NO	Does the site contain any	Jurisdictional Wetlands	?			
_}	YES {\subsetence \) NO	Do you plan to have an ir	rigation system now or i	n the future?	100		
_}}	YES { NO	Does or will the building	contain any drains? Plea	se explain.			

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.

Does the site contain any existing water, cable, phone or underground electric lines?

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?

Are there any Easements or Right of Ways on this property?

}YES

_}YES

{\begin{aligned}
\text{YES}

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