

Initial Application Date: | |

LANDOWNER: Hakyou Homes, LLC

*Please fill out applicant information if different than landowner

APPLICANT*: Hakunstones, LLC Mailing Address: Po Bax

Duplex: (Size ____x ___) No. Buildings: _____ No. Bedrooms Per Unit: ____

Home Occupation: #Rooms: _____ Use: ____ Hours of Operation:

GARAGE

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

New Septic Tank Expansion

Setbacks - Front: 36 PROPOSED USE:

OTAL HTD SQ FT

OTAL HTD SO FT

Sewage Supply:

	COUNTY
al Application Date: 11/15/2 (Application #
	CU#
COUNTY OF It Central Permitting 420 McKinney Pkwy, Lillington,	HARNETT RESIDENTIAL LANDUSE APPLICATION NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR C	OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LANDUSE APPLICATION
DOWNER: Hakyou Homes, LLC	Mailing Address: Po Box 33578
Raleigh State: NL Zin	Email: arobertson@halcynnhouss oc. CA
LICANT*: Hakynottones, LLC	Mailing Address: Po Bux 33576
Raleish State: NC Zip	2:27636 Contact No: 919-337-5245 Email: arabert son @ hakyon hares nc. com
	1944y-UARINA PIN: 0633-76-2527-000
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eacks – Front: <u>36</u> Back: <u>80.75</u> Side: @	Deed Book/Page: 4066/ 737 Corner: 45:12 - 48.17 Ptsile - 46.67
SFD: (Size 43 x538) # Bedrooms: 4 # Baths: 3	Basement(w/wo bath):Garage:Deck: Crawl Space:Slab:Slab:
ALHTD SQ FT 2756 GARAGE SQ FT 48 (Is the	bonus room finished? (yes () no w/a closet? () yes () no (if yes add in with # bedrooms
	sBasement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame nd floor finished? () yes () no
Manufactured Home:SWDWTW (Size_	x) # Bedrooms: Garage:(site built?) Deck:(site built?)

TOTAL HTD SQ FT

) *Must have operable water before final

#Employees:

Structures (existing or proposed): Single family dwellings: Manufactured Homes:_ ___ Other (specify):_ If permits are granted lagree 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. 7. Plutertsen luster

Addition/Accessory/Other: (Size ____x ___) Use:_______Closets in addition? (__) yes (___) no

County ____ Existing Well ____ New Well (# of dwellings using well _____) *Must have operable wa (Need to Complete New Well Application at the same time as New Tank)

(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

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.

Relocation Existing Septic Tank County Sewer

*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						
Ifapplyingf	for a uthorization	on to construct please in	dicate desired system type(s): car	n be ranked in order of preference, must choose one.		
{}} Accep	oted	{} Innovative	{✓} Conventional	{}} Any		
{}} Altern	native	{}} Other		-		
The applicar question. If	nt shall notify the answer is	the local health departs "yes", applicant MUS	ment upon submittal of this appl TATTACH SUPPORTING D	ication if any of the following apply to the property in OCUMENTATION :		
{_}}YES	NO NO	Does the site contain a	any Jurisdictional Wetlands?			
{_}}YES	{► NO	Do you plan to have an <u>irrigation system</u> now or in the future?				
YES	{_}} NQ	Does or will the build:	es or will the building contain any drains? Please explain. French Drain ? POSHive Drain			
{}}YES	NO	Are there any existing	e there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{}}YES	NO NO	Is any wastewater goin	ng to be generated on the site ot	her than domestic sewage?		
{_}}YES	NO NO	Is the site subject to a	pprovalby any other Public Age	ncy?		
YES	{}} NO	Are there any Easeme	ents or Right of Ways on this pro	perty? - 20 Utility public execut		
YES	{}} NO		any existing water, cable, phone			
		If yes please call No	Cuts at 800-632-4949 to locate t	he lines. This is a free service In right of when		
I Have Read	This Applicati	on And Certify That Th	e Information Provided Herein Is	True, Complete And Correct. Authorized County And State		
Officials Are	Granted Righ	t Of Entry To Conduct l	Necessary Inspections To Determ	ine Compliance With Applicable Laws And Rules. I		
AND RESIDENCE OF THE PROPERTY.	A DESCRIPTION OF THE PROPERTY OF THE PARTY O	CONTRACTOR OF THE PARTY OF THE				

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.