

Initial Application Date: 1-11-2022

1	COUNTY			
21	MORTH (ARTILLAR	Application #	SFOZZO	1-0021
		alid a bayes	CU#	

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (91	0) 893-2793 www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SU	EMITTING A LAND USE APPLICATION**
LANDOWNER BRYON HOWELL Mailing Address: 3408 OAK	Ridge Riven Rd.
City: FLAURY Varin State: NE Zip 27526 Contact No: 919-427-0679 Email	
APPLICANT : BRYON HOUR! Mailing Address: 3408 OAKRY'S Rive	Rote and the second in a
City: HUQUAY Vanu State: NC Zip: 2 7526 Contact No: 919-427-0679 Email	*
ADDRESS: 52 Hazel Suelane Lot 2 PIN: 0644-17-573	* Fine or and the sound
Zoning: Flood: Watershed: Deed Book / Page: 2022 - L	Green of Marchael Special States
	1-40-5 - 1-0000 - 1-2019 - 1 0-83-7 - 1-2-101 - 1019 - 4
PROPOSED USE:	/ Monolithic
□ SFD: (Size 470 x 70) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): ✓ Garage: Deck:	Crawl SpaceSlab:Slab:
TOTAL HTD SQ FT2633 GARAGE SQ FT551 (Is the bonus room finished? () yes (X) no w/ a closet? (yes () no (if yes add in with # bedroom
☐ Modular: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Bu	Deck: On Frame Off Frame
TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built	
	11111
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms:Garage:(site bu	11111
■ Professional Control Contro	ilt?) Deck:(site built?b)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	TOTAL HTD SQ FT
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	TOTAL HTD SQ FT
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation:	TOTAL HTD SQ FT#Employees:
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: Home Occupation: # Rooms:Use:Hours of Operation:	TOTAL HTD SQ FT
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation:	TOTAL HTD SQ FT#Employees:
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: Addition/Accessory/Other: (Sizex) Use: TOTAL HTD SQ FT GARAGE	TOTAL HTD SQ FT#Employees:
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: □ Home Occupation: # Rooms: Use: Hours of Operation: □ Addition/Accessory/Other: (Sizex) Use: TOTAL HTD SQ FT	TOTAL HTD SQ FT#Employees: Closets in addition? () yes () no
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: □ Home Occupation: # Rooms: Use: Hours of Operation: □ Addition/Accessory/Other: (Sizex) Use: TOTAL HTD SQ FT	TOTAL HTD SQ FT#Employees: Closets in addition? () yes () no
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: Addition/Accessory/Other: (Sizex) Use: TOTAL HTD SQ FT GARAGE Water Supply:	TOTAL HTD SQ FT #Employees: Closets in addition? () yes () no have operable water before final he as New Tank) Sewer
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: Addition/Accessory/Other: (Sizex) Use: TOTAL HTD SQ FT GARAGE Water Supply: County Existing Well New Well (# of dwellings using well) *Must (Need to Complete New Well Application at the same to Complete Supply: New Septic Tank Expansion Relocation Existing Septic Tank County (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 traction of the property contain any easements whether underground or overhead () yes (TOTAL HTD SQ FT
Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: Addition/Accessory/Other: (Sizex) Use: TOTAL HTD SQ FT	TOTAL HTD SQ FT

Signature of Owner or Owner's Agent

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limite 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** Date 2022

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

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 mu
 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, o 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 INFOR	MATION MAY BE REQUIR	ED TO COMPLETE ANY	NSPECTION"		
SEPTIC							
If applying	for authorizat	ion to construct please indica	te desired system type(s):	can be ranked in order	of preference, must c	hoose one.	
		Innovative	(Conventional	(; Any			
		[Other					
		y the local health departments "yes", applicant MUST A				the property in	
_:YES	1/1 NO	Does the site contain any	Jurisdictional Wetlands	?	5- 600Ec	уютиче Асхитону	
_ YES	IV NO	Do you plan to have an in	rrigation system now or i	n the future?	100	TRUSTER	
YES_	IXINO	Does or will the building	contain any drains? Plea	se explain.			
; YES	X NO	Are there any existing we	ells, springs, waterlines o	r Wastewater Systems			
_\YES	II NO	Is any wastewater going to be generated on the site other than domestic sewage?					
YES	NO	Is the site subject to appr	oval by any other Public	Agency?	1124 1 1 11		
_\YES	1 XI NO	Are there any Easements	or Right of Ways on this	s property?	The state of		
() YES	IT NO	Does the site contain any	existing water, cable, ph	none or underground el	ectric lines?		
		If yes please call No Cu	ts at 800-632-4949 to loc	ate the lines. This is a	ree 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.

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