

| | | Application # | | | |
|---|---|---|--|---|--|
| | | | CU# | | |
| Central Permitting 420 McKir | | HARNETT RESIDENTIAL LAND USE AF , NC 27546 Phone: (910) 893-7525 ex | | www.harnett.org/permits | |
| **A RECORDED SURVEY MAP, | RECORDED DEED (OR O | OFFER TO PURCHASE) & SITE PLAN ARE REQ | UIRED WHEN SUBMITTING A LA | ND USE APPLICATION** | |
| | | Mailing Address: | | | |
| City: | State:Zip | p: Contact No: | Email: | | |
| APPLICANT*: | | Mailing Address: | | | |
| City: | State: Zip rent than landowner | p:Contact No: | Email: | | |
| ADDRESS: | | PIN: | | | |
| | | Deed Book / Page: | | | |
| Setbacks – Front: Back: | | | - | | |
| | 0ide | 00mer | | | |
| PROPOSED USE: | | | | Monolithic | |
| X SFD: (Sizex) # Bed | rooms:# Baths: | Basement(w/wo bath): Garage: | Deck: Crawl Space:_ | | |
| OTAL HTD SQ FTGARAGE | SQ FT (Is the | bonus room finished? () yes () no 🗤 | w/ a closet? () yes () no | (if yes add in with # bedroor | |
| | | | | | |
| Manufactured Home:SW | _DWTW (Size_ | x) # Bedrooms: Garag | | | |
| | | x) # Bedrooms: Garag | | (site built?) SQ FT | |
| Duplex: (Sizex) No. | Buildings: | | TOTAL HTD S | SQ FT | |
| Duplex: (Size <u>x</u>) No. Home Occupation: # Rooms: | Buildings:Use: | No. Bedrooms Per Unit: | TOTAL HTD S | SQ FT #Employees: | |
| Duplex: (Size <u>x</u>) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size | Buildings: Use: x) Use: | No. Bedrooms Per Unit: Hours of Operation | TOTAL HTD S | SQ FT #Employees: | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size) | Buildings: Use: x) Use: GARAGE | No. Bedrooms Per Unit: Hours of Operation | n: Closets in a | SQ FT #Employees: ddition? () yes () no | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size | Buildings: Use:) Use: GARAGE Existing Well | No. Bedrooms Per Unit: Hours of Operation Hours of Operation | n: Closets in a | CQ FT #Employees: ddition? () yes () no | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size OTAL HTD SQ FT Vater Supply: County Sewage Supply: New Septic Ta | Buildings: Use: X) Use: GARAGE Existing Well unk Expansion | No. Bedrooms Per Unit: Hours of Operation Hours of Operation | TOTAL HTD S | CQ FT #Employees: ddition? () yes () no | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size | Buildings:Use: x) Use: GARAGE Existing Well InkExpansion Intal Health Checklist | No. Bedrooms Per Unit: Hours of Operation Hours of Operation | TOTAL HTD S n: Closets in a) *Must have operable at the same time as New Ta County Sewer | C FT #Employees: ddition? () yes () no water before final nk) | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size OTAL HTD SQ FT Vater Supply: County Sewage Supply: New Septic Ta | Buildings:Use: Use: | No. Bedrooms Per Unit: Hours of Operation Hours of Operation | TOTAL HTD S n: Closets in a) *Must have operable at the same time as New Ta County Sewer | C FT | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size | Buildings:Use: Use: GARAGE Existing Well ntal Health Checklist and that contains a m ents whether undergr | No. Bedrooms Per Unit: Hours of Operation Hours of Operation New Well (# of dwellings using well (Need to Complete New Well Application RelocationExisting Septic Tank on other side of application if Septic) nanufactured home within five hundred fee | TOTAL HTD S | C FT #Employees: ddition? () yes () no water before final nk) () yes () no | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size | Buildings:Use: Use: GARAGE Existing Well ntal Health Checklist and that contains a m ents whether undergr gle family dwellings: rrm to all ordinances a | No. Bedrooms Per Unit: Hours of Operation Hours of Operation New Well (# of dwellings using well (Need to Complete New Well Application RelocationExisting Septic Tank on other side of application if Septic) nanufactured home within five hundred fee round or overhead () yes () no | TOTAL HTD S n: Closets in a Closets in a / *Must have operable at the same time as New Ta a County Sewer et (500') of tract listed above? Other (spe gulating such work and the s | C FT #Employees: ddition? () yes () no water before final nk) () yes () no cify): pecifications of plans submitt | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size | Buildings:Use: Use: GARAGE Existing Well ntal Health Checklist and that contains a m ents whether undergr gle family dwellings: rrm to all ordinances a | No. Bedrooms Per Unit: Hours of Operation Hours of Operation New Well (# of dwellings using well (Need to Complete New Well Application RelocationExisting Septic Tank on other side of application if Septic) nanufactured home within five hundred fee round or overhead () yes () no Manufactured Homes: and laws of the State of North Carolina re- correct to the best of my knowledge. Perm | TOTAL HTD S n: Closets in a Closets in a / *Must have operable at the same time as New Ta a County Sewer et (500') of tract listed above? Other (spe gulating such work and the s | C FT #Employees: ddition? () yes () no water before final nk) () yes () no cify): pecifications of plans submitt | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size TOTAL HTD SQ FT Water Supply: County Sewage Supply: New Septic Ta (Complete Environme) Does owner of this tract of land, own la Does the property contain any easemed Structures (existing or proposed): Sing f permits are granted I agree to confo hereby state that foregoing statemen | Buildings:Use: Use: GARAGE Existing Well ntal Health Checklist and that contains a m ents whether undergr gle family dwellings: rrm to all ordinances a tts are accurate and co Baum ature of Owner or O | No. Bedrooms Per Unit: Hours of Operation Hours of Operation New Well (# of dwellings using well Need to Complete New Well Application Relocation Existing Septic Tank on other side of application if Septic) nanufactured home within five hundred fee round or overhead () yes () no Manufactured Homes: and laws of the State of North Carolina re- correct to the best of my knowledge. Perm & Dwner's Agent | TOTAL HTD S n: Closets in a | SQ FT #Employees: ddition? () yes () no e water before final nk) () yes () no cify): pecifications of plans submitt e information is provided. | |
| Duplex: (Sizex) No. Home Occupation: # Rooms: Addition/Accessory/Other: (Size | Buildings:Use:Use:Use:Use:Use: GARAGE Existing Well InkExpansion Intal Health Checklist and that contains a m ents whether undergr gle family dwellings: rm to all ordinances a tts are accurate and co Baum ature of Owner or O nsibility to provide the se location, undergreating incorrect or missing | No. Bedrooms Per Unit: Hours of Operation Hours of Operation New Well (# of dwellings using well (Need to Complete New Well Application RelocationExisting Septic Tank on other side of application if Septic) nanufactured home within five hundred fee round or overhead () yes () no Manufactured Homes: and laws of the State of North Carolina reg correct to the best of my knowledge. Perm | TOTAL HTD S n: Closets in a County Sewer at the same time as New Ta a County Sewer at (500') of tract listed above? Other (spe | SQ FT #Employees: ddition? () yes () no e water before final nk) () yes () no cify): pecifications of plans submittee information is provided. erty, including but not limit | |

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

- <u>All property irons must be made visible</u>. 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.*
- <u>All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for</u> <u>failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.</u>

<u>Environmental Health Existing Tank Inspections</u>

- 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

SEPTIC

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

| {} Accepted | {} Innovative | {} Conventional | {} 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 | {} NO | Does the site contain any Jurisdictional Wetlands? |
|--------|--------|---|
| {}}YES | {} NO | Do you plan to have an <u>irrigation system</u> now or in the future? |
| {}}YES | {} NO | Does or will the building contain any <u>drains</u> ? Please explain |
| {}}YES | {}} NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? |
| {}}YES | {} NO | Is any wastewater going to be generated on the site other than domestic sewage? |
| {}}YES | {} NO | 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 | {} 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. |

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.