

Initial Application Date: 06/23/2022

| Initial Application Date:                                |   | Арр                                   | lication #                                |                 |
|--|---|---------------------------------------|---|-----------------|
|  |   |                                       | CU#                                       |                 |
| Central Permitting 420                                   | COUNTY OF HARNETT I<br>McKinney Pkwy, Lillington, NC 27546                    | RESIDENTIAL LAND USE APPLIC           | ATION<br>Fax: (910) 893-2793 www.harne    |                 |
| C  |   | × ,                                   |   |                 |
|  | MAP, RECORDED DEED (OR OFFER TO PU  |                                       |   |                 |
| LANDOWNER: D. R. Horto                                   |   |                                       | ial Center Parkway Ste.                   |                 |
| <sub>City:</sub> Morrisville                             | State: NCZip:_27560   | Contact No: 919-460-2922              | <sub>Email:</sub> <u>nskarim@drhorton</u> | .com            |
| APPLICANT*: D. R. Horton,                                | Inc. / Nichelle Karim Mailing Ad  | dress: 2000 Aerial Center Pa          | rkway Ste. 110A                           |                 |
| City: Morrisville *Please fill out applicant information | State: NC Zip: 27560  | Contact No: 919-460-2922              | Email:skarim@drhorton.com                 |                 |
|  | aple Drive Lot 35   |                                       |   |                 |
|  | NIMAL Watershed: De   |                                       |   |                 |
|  | Watershed De<br>nck: Side: Corner   |                                       |   |                 |
|  | .ck: Side: Corner   | ·                                     |   |                 |
| PROPOSED USE:  |   |                                       |   | Monolithic      |
| ,  | # Bedrooms: <u>3</u> # Baths: 2.5 Basemer                                     | · · · · · · · · · · · · · · · · · · · |   | Slab: 🗸         |
| TOTAL HTD SQ FT 2175 GAR                                 | AGE SQ FT 409 (Is the bonus room  | n finished? () yes () no w/ a cl      | oset? () yes () no (if yes add in         | with # bedrooms |
| Modular: (Size x   | _) # Bedrooms # Baths Base  | ment (w/wo bath) Garage:              | Site Built Deck: On Frame                 | Off Frame       |
|  | (Is the second floor finis  |                                       |   |                 |
|  |   |                                       |   |                 |
| Manufactured Home:S                                      | SWDWTW (Sizex   | ) # Bedrooms: Garage:                 | _(site built?) Deck:(site built           | ?)              |
| Duplex: (Size x  | _) No. Buildings: No.   | Padroomo Dor Linit                    | TOTAL HTD SQ FT                           |                 |
| □ Duplex. (Size <u>x</u>                                 | ) NO. Buildings NO.   |                                       |   |                 |
| Home Occupation: # Room                                  | s:Use:  | Hours of Operation:                   | #Employe                                  | es:             |
| Addition / Accessory / Others                            |   |                                       | Cleasts in addition? ( )                  | voo ( ) no      |
|  | (Size <u>x</u> ) Use:   |                                       |   | yes () no       |
| TOTAL HTD SQ FT  | GARAGE  |                                       |   |                 |
| Water Supply: V County                                   | Existing Well New Well  | (# of dwellings using well            | ) *Must have operable water befor         | e final         |
|  | (Need to C  | omplete New Well Application at the   | e same time as New Tank)                  |                 |
| (Complete Envir  | tic Tank Expansion Reloca<br>onmental Health Checklist on other sid           | le of application if Septic)          |   |                 |
| Does owner of this tract of land,                        | own land that contains a manufacture  | d home within five hundred feet (500  | )') of tract listed above? () yes (       | <u>/</u> ) no   |
| Does the property contain any e                          | asements whether underground or over  | erhead (📈) yes 🛛 () no                |   |                 |
| Structures (existing or proposed                         | ): Single family dwellings: propose   | ed Manufactured Homes:                | Other (specify):                          |                 |
|  | conform to all ordinances and laws of tements are accurate and correct to the |                                       |   |                 |
|  | Nichelle Karim  |                                       | /23/2022                                  |                 |
|  | Signature of Owner or Owner's Age   |                                       | Date                                      |                 |
|  | esponsibility to provide the county v<br>house location, underground or ov    |                                       |   |                 |
|  |   | on that is contained within these     | applications.***                          | · · · · ·       |
|  |   | •                                     |   |                 |
|  | APPLICATIC  | N 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

- <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 | <pre>{} Conventional</pre> | {} 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.