

Initial Application Date: 8/9/22 Application # \_\_\_\_\_

#### COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits

\*\*A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION\*\*

City: Holly Springs	LANDOWNER: Triple A Homes		Mailing A	ddress: PO Box 111	7		
City:	City: Holly Springs	State: NC Zip: 27540	Contact No: _	984-225-0699	Email:	logan@tripleahomes.org	<u> </u>
**Please III out applicant information if different than landowner ADDRESS: 182 Prince Place Dr, Fuquay Varina	APPLICANT*: same as above	Mailing /	Address:				
Zoning: Flood: Watershed: Deed Book / Page: Setbacks - Front: 35 Back: 25 Side: 10 Corner: 20  PROPOSED USE:  3 SFD: (Size 64.4 x 71.8 # Bedrooms: 3 # Baths: 3 Basement (w/wo bath): Garage: 846 Deck: Crawl Space: X Slab: Slab: Slab: TOTAL HTD SQ FT 2976 GARAGE SQ FT 846 (Is the bonus room finished? yes (_) no wl a closet? (_) yes (_) no (if yes add in with # bedrooms with # bedro	City:*Please fill out applicant information if differen	State: Zip: t than landowner	Contact No: _		Email: _		
Setbacks - Front: 35 Back: 25 Side: 10 Corner: 20  PROPOSED USE:  **SFD: (Size 64.4 x 71.9) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): Garage: 846 Deck: Crawl Space: X Slab: Slab: Slab: TOTAL HTD SQ FT 2976 GARAGE SQ FT 846 (Is the bonus room finished? (_) yes (_) no w/ a closet? (_) yes (_) no (if yes add in with # bedrooms	ADDRESS: 182 Prince Place Dr, F	uquay Varina	PIN	Parcel ID - 182 (could	n't find an existing	property record)	
PROPOSED USE:    SFD: (Size 64.4 x 71.8) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath):	Zoning: Flood:	Watershed:	Deed Book / Pag	je:			
Monolithic    Monolithic   Monolithic   Monolithic   Size   64.4 x   71.8   # Bedrooms: 3   # Baths: 3   Basement (w/wo bath):   Garage: 846   Deck:   Crawl Space: X   Slab:   Slab:	Setbacks - Front: 35 Back: 25	5 Side:10 Corn	er:20				
Manufactured Home: _SW _DW _TW (Size _ x ) # Bedrooms: _Garage: _(site built?) Deck: _(site built?)   Duplex: (Size x ) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT   Home Occupation: # Rooms: Use: Hours of Operation: #Employees:   Addition/Accessory/Other: (Size x ) Use: Closets in addition? () yes () no	∑ SFD: (Size <u>64.4 x 71.8</u> ) # Bedroo		, , , -		· · · · · · · · · · · · · · · · · · ·		Slab:
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:			,	· <del></del>	<del></del> '		
Home Occupation: # Rooms:	☐ Manufactured Home:SW	DWTW (Sizex_	) # Bedroo	ms: Garage:	(site built?_	) Deck:(site built	?)
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no  TOTAL HTD SQ FT CARAGE	□ Duplex: (Sizex) No. B	uildings:N	lo. Bedrooms Pe	r Unit:	TO	TAL HTD SQ FT	
Water Supply: X County Existing Well New Well (# of dwellings using well ) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)  Sewage Supply: X New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (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 () no  Does the property contain any easements whether underground or overhead (_x_) yes () no  Structures (existing or proposed): Single family dwellings:1	☐ Home Occupation: # Rooms:	Use:	Ho	urs of Operation:		#Employe	es:
Water Supply: X County Existing Well New Well (# of dwellings using well )*Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)  Sewage Supply: X New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (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 () no  Does the property contain any easements whether underground or overhead (_x_) yes () no  Structures (existing or proposed): Single family dwellings: 1 Manufactured Homes: Other (specify):  If permits are granted I agree 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.					(	Closets in addition? ()	yes () no
New Septic Tank	TOTAL HTD SQ FT	GARAGE					
Does the property contain any easements whether underground or overhead (x) yes (_) no  Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):  If permits are granted I agree 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.	Sewage Supply: X New Septic Tank (Complete Environments	(Need to Expansion Reloal Health Checklist on other	Complete New Vocation Exist side of application	Well Application at thing Septic Tank  ing Septic)	ne same time _ County Sev	<mark>as New Tank</mark> ) ver	
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	If permits are granted I agree to conform I hereby state that foregoing statements	are accurate and correct to	of the State of No the best of my kr	orth Carolina regulati nowledge. Permit su	ng such work bject to revoc	and the specifications o	f plans submitted is provided.
Signature of Owner or Owner's Agent Date		UMM XIWS ure of Owner or Owner's A	Agent .		8/9/22 <b>Date</b>		

\*\*\*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\*\*

#### **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)

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- <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**.
- 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 If applying	for authorization	on to construct please indicate des	sired system type(s): can	be ranked in order of preference, must choose one.				
{}} Acce		•		{}} Any				
{}} Alte	rnative	{}} 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 <b>MUST ATTACH SUPPORTING DOCUMENTATION</b> :								
{}}YES	{ <u>x</u> .} NO	Does the site contain any Juris	sdictional Wetlands?					
{}}YES	{ <b>x</b> _} NO	Do you plan to have an <u>irrigation system</u> now or in the future?						
{}}YES	{ <b>x</b> } NO	Does or will the building contain any drains? Please explain						
{}}YES	{ <u>X</u> } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?						
{}}YES	{ <b>x</b> _} NO	Is any wastewater going to be generated on the site other than domestic sewage?						
{}}YES	{ <b>★</b> } NO	Is the site subject to approval b	by any other Public Age	ncy?				
{}}YES	{ <b>x</b> _} NO	Are there any Easements or Ri	ight of Ways on this pro	perty?				
{}}YES	{ <b>x</b> _} NO	Does the site contain any existing water, cable, phone or underground electric lines?						
		If yes please call No Cuts at 8	300-632-4949 to locate the	he 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.