

Initial Application Date:			Application #	
Central Permitting 420 McKinney		RNETT RESIDENTIAL LAND C 27546 Phone: (910) 893-		CU# 3-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECO	ORDED DEED (OR OFF	ER TO PURCHASE) & SITE PLAN	ARE REQUIRED WHEN SUBMITT	ING A LAND USE APPLICATION
		Mailing Address:		
City:	State:Zip:	Contact No:	Email:	
APPLICANT*:	Ma	ailing Address:		
City:	_State:Zip:			
*Please fill out applicant information if different th				
ADDRESS:				
Zoning: Flood:				
Setbacks – Front: Back:	Side:	Corner:		
PROPOSED USE: Image: SFD: (Sizex) # Bedroom TOTAL HTD SQ FTGARAGE SQ F Image: State st	T (Is the bor	nus room finished? () yes(_) no_w/ a closet? () yes	() no (if yes add in with # bedrooms)
Modular: (Sizex) # Bedro TOTAL HTD SQ FT			-	
Manufactured Home:SWDV	VTW (Size	x) # Bedrooms:	_Garage:(site built?	_) Deck:(site built?)
Duplex: (Sizex) No. Build	dings:	No. Bedrooms Per Unit:	ΤΟΤΑ	L HTD SQ FT
Home Occupation: # Rooms:	Use:	Hours of C	Operation:	#Employees:
Addition/Accessory/Other: (Size	_x) Use:		Clo	sets in addition? () yes () no
TOTAL HTD SQ FT	BARAGE			
Water Supply: County Exis Sewage Supply: New Septic Tank (Complete Environmental I Does owner of this tract of land, own land t	(Non- Expansion Health Checklist on	eed to Complete New Well Ap _ Relocation Existing Sep other side of application if Sep	plication at the same time as tic Tank County Sewe <mark>tic)</mark>	New Tank) r
Does the property contain any easements	0		_/	
Structures (existing or proposed): Single fa	mily dwellings:	Manufactured H	lomes:Of	her (specify):
If permits are granted I agree to conform to I hereby state that foregoing statements ar Erin Pollic	e accurate and corre			
***It is the owner/applicants responsibi to: boundary information, house lo inco	cation, undergrour prrect or missing in	county with any applicable in	tc. The county or its emplo within these applications.*	oyees are not responsible for any **
	APPL	ICATION 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	{} 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.