

Initial Application Date:_____

Application #

			CU#	
Central Permitting 420 McKinney		Phone: (910) 893-7525 ext:1		ww.harnett.org/permits
A RECORDED SURVEY MAP, RECO	RDED DEED (OR OFFER TO PUF	RCHASE) & SITE PLAN ARE REQUIRED W	HEN SUBMITTING A LAND U	SE APPLICATION
LANDOWNER: D. R. Horton, Inc.		Mailing Address: 2000 Aeria	ıl Center Parkway	/ Ste. 110A
City: Morrisville	State: NC Zip: 27560	Contact No: 919-280-1025	_ _{Email:} <u>jaevansel@</u>	vdrhorton.com
APPLICANT*: D. R. Horton, Inc. / Jes	sica Evans-El Mailing Add	ress: 2000 Aerial Center Park	way Ste. 110A	
City: Morrisville *Please fill out applicant information if different th	State: NC Zip: 27560 (an landowner	Contact No: 919-280-1025	_Email: jaevansel@d	horton.com
ADDRESS: 130 Black Creek Di	rive	_{PIN:} 0528-66-335	58.000	
$\textbf{Zoning:} \underline{ \ \ } \underline{ \ \ \ } \underline{ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ \ } \underline{ \ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ \ } \underline{ \ \ \ }$	Watershed: Dee	ed Book / Page: <u>4093:00</u> 87		
Setbacks – Front: 35' Back: 25'	Side:10' Corner:_	20'		
PROPOSED USE:				Monolithic
☑ SFD: (Size 59' x 39') # Bedroom				Slab: Slab: <u> </u>
TOTAL HTD SQ FT 1764 GARAGE SQ F	T 425 (Is the bonus room	finished? () yes () no w/ a clos	set? () yes () no (if y	es add in with # bedrooms)
☐ Modular: (Sizex) # Bedro	ooms # Baths Basen	nent (w/wo bath) Garage: S	Site Built Deck: On I	Frame Off Frame
TOTAL HTD SQ FT	_ (Is the second floor finish	ned? () yes () no Any other s	ite built additions? () ye	es () no
☐ Manufactured Home:SWDW	VTW (Sizex) # Bedrooms: Garage:(site built?) Deck:	(site built?)
☐ Duplex: (Sizex) No. Build	dings: No. E	Bedrooms Per Unit:	TOTAL HTD SQ F	<u> </u>
☐ Home Occupation: # Rooms:	Use:	Hours of Operation:		Employees:
☐ Addition/Accessory/Other: (Size	_x) Use:		Closets in additi	on? () yes () no
TOTAL HTD SQ FT G	ARAGE	-		
Water Supply: County Exist	ting Wall Now Wall (1	t of dwallings using wall	*Must have operable wa	tor before final
Sewage Supply: Vvalor Gupply: Vval	(Need to Co	implete New Well Application at the s	same time as New Lank)	er before imai
(Complete Environmental F Does owner of this tract of land, own land t	Health Checklist on other side	e of application if Septic)) ves (/) no
Does the property contain any easements		,		, , , , , , , , , , , , , , , , , , ,
Structures (existing or proposed): Single fa	-		Other (specify)	<u>:</u>
If permits are granted I agree to conform to I hereby state that foregoing statements are	all ordinances and laws of the accurate and correct to the	ne State of North Carolina regulating best of my knowledge. Permit subje	such work and the specifict to revocation if false inf	ications of plans submitted.
	<i>ssica [vans-[</i> e of Owner or Owner's Ager		7/2023	
Signature	to owner or Owner's Ager	nt ith any applicable information abo	Dait	in almalia ar bank ar ak limaka al

APPLICATION CONTINUES ON BACK

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**



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)

- <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"

<u>SEPTIC</u>			
If applying	for authorization	tion to construct please indicate desired system type(s): can be ranked in order of prefe	rence, must choose one.
{}} Acce	epted	$\{_\}$ Innovative $\{_\}$ Conventional $\{\checkmark\}$ Any	
{}} Alter	rnative	{}} Other	
		fy the local health department upon submittal of this application if any of the follow is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	ing apply to the property in
{}}YES	{ <u>✓</u> } NO	Does the site contain any Jurisdictional Wetlands?	
{}}YES	{ <u>✓</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YES	{ <u>✓</u> } NO	Does or will the building contain any drains? Please explain	
{ <mark>✓</mark> }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?	
{ <mark>✓</mark> }YES	{}} NO	Does the site contain any existing water, cable, phone or underground electric li	nes?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free ser	vice.

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.