



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

(a2) Improvement Permit (a2) Construction Authorization (a2) Repair/Construction Authorization

Please check one of the following:

- New Construction Expansion System Relocation Change of Use Repair
- 5 Year Expiration Requested (site plan provided)
- Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a))

Property Owner Name: Ken Harvey Homes, LLC

Property Owner Mailing Address: 4909 Unicon Dr Suite 107, Wake Forest, NC 27587

Property Owner Phone Number: 919-999-4150

Property Owner Email Address: Andy.beaird@kenharveyhomes.com

Applicant Name: Andy Beaird

Applicant Mailing Address: 4909 Unicon Dr Suite 107 Wake Forest, NC 27587

Applicant Phone Number: 919-999-4150

Applicant Email Address: Andy.beaird@kenharveyhomes.com

Does the property include, or is subject to, any of the following:

- Yes No Previously identified jurisdictional wetlands
- Yes No Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions
- Yes No Approval by other public agencies

A site plan or plat is required, OR the site sketch submitted from the LSS/AOWE, must include the following:

- (A) existing and proposed facilities, structures, appurtenances, and wastewater systems
- (B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)
- (C) existing and proposed vehicular traffic areas
- (D) existing and proposed water supplies, wells, springs, and water lines; and
- (E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: Yes No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature:  Date: 7.13.23

Owner's Signature:  Date: 7.13.23

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
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