Harnett COUNTY NORTH CAROLINA

Initial Application Date:_____ Application # _____

CU# _____

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****

LANDOWNER: William Randall White Mailing Address: 338 Ausley Rd

City: Fuquay Varina State: NC Zip: 27526 Contact No: 9197701961 Email: williamrwhite72@gmail.com

APPLICANT*: William Randall White Mailing Address: 338 Ausley rd

City: Fuquuay Varina State: NC Zip: 27526 Contact No: 9197701961 Email: williamrwhite72@gmail.com

*Please fill out applicant information if different than landowner

ADDRESS: 370 Ausley Rd PIN: 0633-36-1688.000

Zoning: RA-30 Flood: Minimal Watershed: 133A Deed Book / Page: 3787 : 0841

Setbacks – Front: 35' Back: 25' Side: 10' Corner: _____

PROPOSED USE:

☒ SFD: (Size 51'2" x 69'6") # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): ____ Garage: ✓ Deck: ✓ Crawl Space: ✓ Slab: ____ Monolithic Slab: ____

TOTAL HTD SQ FT 1439 GARAGE SQ FT 649 (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms)

☒ Modular: (Size _____x_____) # Bedrooms____ # Baths____ Basement (w/wo bath)____ Garage:____ Site Built Deck:____ On Frame____ Off Frame____

TOTAL HTD SQ FT_____ (Is the second floor finished? (__) yes (__) no Any other site built additions? (__) yes (__) no

☐ 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

TOTAL HTD SQ FT_____ GARAGE_____

Water Supply: ✓ 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: ____ 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 (__) 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.

_____ 09/06/2023

Signature of Owner or Owner's Agent **Date**

*****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

Harnett COUNTY NORTH CAROLINA

****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***

- **All property irons must be made visible.** 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 **undergrowth** 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 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 irrigation system now or in the future?

{__}YES {☑} NO Does or will the building contain any drains? 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.

App# SFD2309-006

Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: William Randall White PROPERTY LOCATION: 370 Ansley Rd, Fuquay Varina

SUBDIVISION _____ LOT # _____

NEW ☑ REPAIR ☐ EXPANSION ☐

Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: SFD 51.2' x 69.6'

Proposed Wastewater System Type: 50% REDUCTION

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max

Basement ☐ Yes ☑ No

Pump Required: ☐ Yes ☐ No ☑ May be required based on final location and elevations of facilities

Type of Water Supply: ☐ Community ☑ Public ☐ Well Distance from well _____ feet

Permit valid for: ☑ Five years ☐ No expiration

Permit conditions: _____

Authorized State Agent: James E Mashburn III REHS Date: 10-19-23 SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: William Randall White PROPERTY LOCATION: 370 Ansley Rd, Fuquay Varina

SUBDIVISION _____ LOT # _____

Facility Type: SFD 51.2' x 69.6' ☑ New ☐ Expansion ☐ Repair

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System** 50% REDUCTION System (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable ☐)

50% REDUCTION System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size 1000 gallons

Number of trenches 3

Exact length of each trench 57 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 22-18 inches

(Trench bottoms shall be level to +/-1/4" in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

(Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: 6 inches below pipe, 2 inches above pipe, 12 inches total

Conditions: _____

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

**If applicable: *I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.*

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: James E Mashburn III REHS Date: 10-19-23

Construction Authorization Expiration Date: 10-19-28

SR, 1422

Application # SFD 23A-0005

Harnett County Department of Public Health
Site Sketch

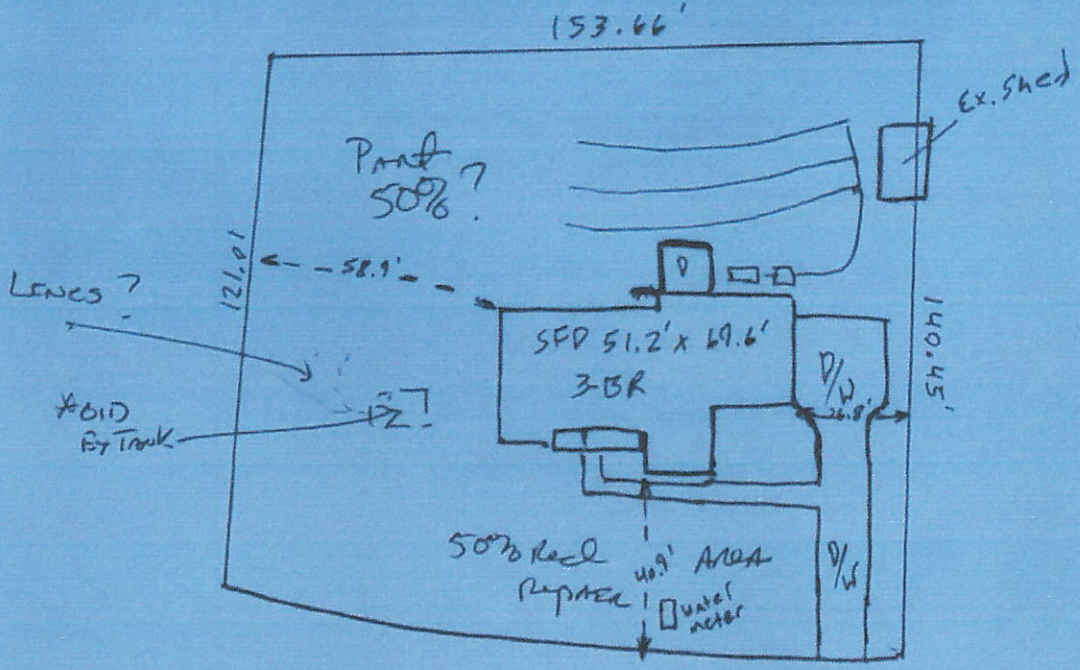
Property Location: 370 Ausley Rd, Fuquay-Varina

Issued To: William Randall White Subdivision _____ Lot # _____

Authorized State Agent: James Manhart III REHS Date: 10-19-23

* If Existing Lines are located exactly 25% Reduction System may be possible to USE. Location + length must be Demonstrated

* Pump will not be required if plumbing is stubbed out at Grade



Ausley Rd

This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.