Initial Application Date: 4-17-24



india Application Date: 1 1 7 0)	Application #
COUNTY OF	CU#
- Thington	n, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OF	R OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: DUTON OUT	Mailing Address: NO BOX 2135
City: State C 2	Zipa Dod contact No: 919 639 46 22 Email: Southerntouthhomes 1 Kegneil
APPLICANT*:	_ Mailing Address:
City: State: Z *Please fill out applicant information if different than landowner	ip: Contact No: Email:
	212 27332 PIN:9579 - 13-8791, 000
Zoning A 30 Flood MIN Watershed:	2955: 0/29
Setbacks - Front: 35 Back: 25 Side: 16	Corner Corner
PROPOSED USE:	
SFD: (Size 54' 6') # Redrooms 3 # Date 6	skmwall v
TOTAL HTD SQ FT \ 7 \ CARAGE SQ FT \ (Is the	Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: bonus room finished? (_) yes (_/) no w/ a closet? (_) yes (_) no (if yes add in with # bedrooms)
Modular: (Sizex) # Bedrooms # Bati	hs Basement (w/wo hath) Garage 2" D " D
TOTAL HTD SQ FT (Is the second	and floor finished? () yes () no Any other site built additions? () yes () no
	x)# Bedrooms:Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:TOTAL HTD SQ FT_
☐ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
	Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE	Closets in addition? () yes () no
Water Supply: County Existing Well	New Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Sentic Tank Evpansion	Delegation of the second of th
Complete Environmental Health Checklist Does owner of this tract of land, own land that contains a m	on other side of application if Septic) nanufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether undergr	round or overhead () yes 1 no
	Manufactured Homes:Other (specify):
If permits are granted I agree to conform to all ordinances at hereby state that foregoing statements are accurate and of statements are accurate and of statements.	and laws of the State of North Carolina regulating such work and the specifications of plans submitted. correct to the best of my knowledge. Permit subject to revocation if false information is provided.
to: boundary information, house location, undergn incorrect or missin.	Date the county with any applicable information about the subject property, including but not limited ound or overhead easements, etc. The county or its employees are not responsible for any g information that is contained within these applications.**** The county of the initial date if permits have not been issued***

APPLICATION CONTINUES ON BACK

strong roots - new growth



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

	The state of the s	
SEPTIC If applying for authoriz	ation to construct please indicate desired of	
{} Accepted	ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. [
() 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's "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
{_}}YES {_}NO	Does the site contain any Jurisdictional Wetlands?	
YES LYNO	Do you plan to have an irrigation system now or in the future?	
LIYES LINO	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 WO	Is any wastewater going to be generated on the site other than domestic sewage?	
LIVES LUNG	Is the site subject to approval by any other Public Agency?	
YES YNO	Are there any Easements or Right of Ways on this property?	
_}YESNO	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 Applic	ation And Certify That The Information Provided Herein is True, Complete And Correct, Anthonical Complete And Correct (Anthonical Complete Anthonical Complete Anthonical Complete (Anthonical Complete Anthonical Complete Anthonical Complete (Anthonical Complete (Anthonica	
CAMBRID PER C GRAMEN IN	gat Of Entry 10 Conduct Necessary Inspections To Determine Compliance With Applicable I over And Profes.	
ORGERCALISM THREE AID S	olery Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Ok	
Accessible So That A Complete Site Evaluation Can Be Performed.		

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