

		Application #
		CU#
Central Permitting 420 McK	COUNTY OF HARNETT RESIDENTIAL LAND USE APPL Kinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1	
A RECORDED SURVEY MAP	RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED	RED WHEN SUBMITTING A LAND USE APPLICATION
LANDOWNER: Weekley Homes	S LLC Mailing Address: 1901 N.	Harrison Ave., Suite 200
City: <u>Cary</u>	State: NC Zip: 27513 Contact No: 919.659.1505	Email: ralpermits@dwhomes.com
APPLICANT*:	Mailing Address:	
City:*Please fill out applicant information if diffe	State: Zip: Contact No:erent than landowner	Email:
	Pkwy, Fuquay-Varina, NC 27526 PIN: 0655-03-19	
•	Watershed: Deed Book / Page:	
_	20.0' Side: 5' Corner: 12'	
PROPOSED USE:	<u></u>	
	A way 2 a way to No a Vor	Monolithic No. 1 N
	drooms: 4 # Baths: 3 Basement(w/wo bath): No Garage: Yes SQ FT 596 (Is the bonus room finished? (X) yes () no w/	
101/1211115 0Q111 <u>=0.1.</u> 0/11/102	(e in some resiminated: (<u>//</u>)) co (<u></u>) no w	a 0.000ct. () you (<u></u>) no (ii you ada iii wiiti ii boaroomo
☐ Modular: (Sizex) #	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 or	ther site built additions? () yes () no
☐ Manufactured Home:SW _	DWTW (Sizex) # Bedrooms: Garage:	(site built?) Deck:(site built?)
☐ Duplex: (Size x) No	o. Buildings: No. Bedrooms Per Unit:	TOTAL HTD SQ FT
	Use: Hours of Operation:	#Employees:
	Use: Hours of Operation:_	#Employees:
	Use: Hours of Operation:_ ex) Use:	
☐ Addition/Accessory/Other: (Size	ex) Use:	
□ Addition/Accessory/Other: (Size	GARAGE Existing Well New Well (# of dwellings using well	Closets in addition? () yes () no)*Must have operable water before final
□ Addition/Accessory/Other: (Size TOTAL HTD SQ FT Water Supply: Yes County Sewage Supply: New Septic Tale	GARAGE	Closets in addition? () yes () no)*Must have operable water before final the same time as New Tank)
□ Addition/Accessory/Other: (Size TOTAL HTD SQ FT Water Supply: Yes County Sewage Supply: New Septic Total	GARAGE New Well (# of dwellings using wellNeed to Complete New Well Application at	Closets in addition? () yes () no) *Must have operable water before final the same time as New Tank) CS County Sewer
□ Addition/Accessory/Other: (Size TOTAL HTD SQ FT Water Supply: Yes County Sewage Supply: New Septic To (Complete Environment Does owner of this tract of land, own	GARAGE	Closets in addition? () yes () no) *Must have operable water before final the same time as New Tank) CS County Sewer
□ Addition/Accessory/Other: (Size TOTAL HTD SQ FT Water Supply: Yes County Sewage Supply: New Septic To (Complete Environment Does owner of this tract of land, own	GARAGE New Well (# of dwellings using well(Need to Complete New Well Application atRelocationExisting Septic Tank Yental Health Checklist on other side of application if Septic) I land that contains a manufactured home within five hundred feet (ments whether underground or overhead (X) yes () no	Closets in addition? () yes () no) *Must have operable water before final the same time as New Tank) CS County Sewer
Addition/Accessory/Other: (Size TOTAL HTD SQ FT Water Supply: Yes County Sewage Supply: New Septic To (Complete Environme Does owner of this tract of land, own Does the property contain any easem Structures (existing or proposed): Sir If permits are granted I agree to conference of the structure of the struct	GARAGE	Closets in addition? () yes () no
Addition/Accessory/Other: (Size TOTAL HTD SQ FT Water Supply: Yes County Sewage Supply: New Septic To (Complete Environment Does owner of this tract of land, own Does the property contain any easem Structures (existing or proposed): Sir If permits are granted I agree to conful hereby state that foregoing statements	GARAGE	Closets in addition? () yes () no

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



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**.
- 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 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	Does the site contain any Jurisdictional Wetlands?	
{}}YES	Do you plan to have an <u>irrigation system</u> now or in the future?	
{}}YES	Does or will the building contain any drains? Please explain	
{}}YES	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
{}}YES	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YES	Is the site subject to approval by any other Public Agency?	
{}}YES	Are there any Easements or Right of Ways on this property?	
{}}YES	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.