

Initial Application Date: 05/31/2024	Application #					
COUNTY OF HARNETT RESIDENTIA Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & \$	910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits					
LANDOWNER: Benjamin Stout Real Estate Services Inc. Mailing						
City: Fayetteville State: NC Zip: 28305 Contact No	<u>910-779-0019</u> Email: <u>permitting@benstoutconstruction.co</u> m					
APPLICANT*: same as above Mailing Address: City: State: Zip: Contact No *Please fill out applicant information if different than landowner Contact No PadDRESS: ADDRESS: 47 Marley Way, Dunn Paddress	: Email:					
Zoning: <u>RA-20M</u> Flood: <u>Minimal Flood Risk</u> Watershed: <u>Deed Book / F</u> Setbacks – Front: <u>37</u> Back: <u>103</u> Side: <u>21.8</u> Corner:						
PROPOSED USE: \square SFD: (Size <u>32 x 43</u>) # Bedrooms: <u>4</u> # Baths: <u>2.5</u> Basement(w/wo bath TOTAL HTD SQ FT <u>1836</u> <u>GARAGE SQ FT</u> <u>371</u> (Is the bonus room finished? (bedrooms)						

	Modular: (Size	>	×)	# Bedrooms	# Baths	Basement (w/wo b	ath)	Garage:	Site Built Deck:	On Frame	_ Off Frame
TO	TAL HTD SQ FT			(Is	the second flo	oor finished? () ye	es () n	o Any other	site built additions?	() yes () r	10

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
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Home Occupation: # Rooms:	Use:	Hours of Operation:	#Employees:

_____ Closets in addition? (___) yes (___) no Addition/Accessory/Other: (Size x) Use: TOTAL HTD SQ FT GARAGE

Water Supply: X	_ County	_ Existing Well	New Well (# of dw	ellings using well	_) *Must have operable water before final
V			(Need to Complete	New Well Application at t	t <mark>he same time as New Tank</mark>)
Sewage Supply: X	New Septic T	ank Expansion _	Relocation	Existing Septic Tank	County Sewer
(<mark>Cor</mark>	nplete Environme	ental Health Checklist	on other side of app	olication 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 (X) no

Does the property contain any easements whether underground or overhead (\underline{x}) yes (__) no

Structures (existing or proposed): Single family dwellings: 1 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.

Hannah McGrath 05/31/2024 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

strong roots • new growth

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)

910-893-7525 option 1

CONFIRMATION #

- X Environmental Health New Septic System Code 800
 - <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.*
 - <u>All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred</u> for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.
 - After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. <u>Please note</u> <u>confirmation number given at end of recording for proof of request.</u>

• Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.

Environmental Health Existing Tank Inspections Code 800

- 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
- After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code **800** for Environmental Health inspection. <u>Please note confirmation number given at end of recording for proof of request</u>.
- Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits. <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.

- $\{X\}$ 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	{ X } NO	Do you plan to have an <u>irrigation system</u> now or in the future?
{}}YES	{ <u>X</u> } NO	Does or will the building contain any <u>drains</u> ? Please explain
{}}YES	{ X _} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	{ <u>X</u> } NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	{ <u>X</u> } NO	Is the site subject to approval by any other Public Agency?
{X}YES	{} NO	Are there any Easements or Right of Ways on this property? utility easement
{}}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.

Hannah McGrath

05/31/2024 DATE

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)