

TOTAL HTD SQ FT 1906.25 GARAGE SQ FT 397.09 (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms	Initial Application Date: 9.19).24		Application #	
Central Permitting 420 McKinner Pkwy, Lillington, Nz 27546 Phone; (910) 893-7252 ext.! Fax: (910) 893-2793 www.harnett.org/permits "A RECORDED SURYEY MAP, RECORDED DEED (IO OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" LANDOWNER: The Ascot Corporation, LLC Mailing Address: PO BOX 1872 City: Southern Pines State: NC Zip. 28388 Contact No: 910-688-7361				CU#_	
LANDOWNER: The Ascot Corporation, LLC Mailing Address: PO BOX 1872 City: Southern Pines State: NC Zip: 28388 Contact No: 910-688-7361 Email: Permitting@ascotgrp.com APPLICANT:	Central Permitting 420				www.harnett.org/permits
City: Southern Pines State: NC Zp. 28388 Contact No: 910-688-7361 Email: Permitting@ascotgrp.com APPLICANT*: Mailing Address: City: State: Zip: Contact No: Email: Pileses fill out applicant information if different than landowner ADDRESS: 24 Tackett Court, (Lot 371 0M) PIN: Zoning: Flood: Watershed: Deed Book / Page: Setbacks - Front: 36' Back: 47.4' Side: 51.5' Corner: 71' PROPOSED USE: SFD: (Size 30 x 35 # Bedrooms: 4 # Baths 2.5 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: State: TOTAL HTD SO F1906-25 GARAGE SO F1 397.09 (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms of the property of the property of the property contain any easements whether underground or overhead () yes () no Any other site built additions? () yes () no () frame Off Frame	**A RECORDED SURVEY	MAP, RECORDED DEED (OR OFF	ER TO PURCHASE) & SITE PLAN ARE RE	EQUIRED WHEN SUBMITTING A LA	AND USE APPLICATION**
APPLICANT*:	LANDOWNER: The Ascot (Corporation, LLC	Mailing Address: PO I	BOX 1872	
City:	City: Southern Pines	State: NC Zip: 2	28388 Contact No: 910-688-	7361 _{Email:} Permitti	ng@ascotgrp.com
ADDRESS: 24 Tackett Court, (Lot 371 OM) PIN: Zoning: Flood: Watershed: Deed Book / Page: Setbacks - Front: 36' Back: 47.4' Side: 51.5' Corner: 71' PROPOSED USE: X SFD: (Size 30 x 35) # Bedrooms: 4 # Baths 2.5 Basement(w/wo bath): Garage: X Deck: Crawl Space: Slab: X Slab: TOTAL HTD SQ FT	APPLICANT*:	Ma	ailing Address:		
ADDRESS: 24 Tackett Court, (Lot 371 OM) PIN: Zoning: Flood: Watershed: Deed Book / Page: Setbacks - Front: 36' Back: 47.4' Side: 51.5' Corner: 71' PROPOSED USE: X SFD: (Size 30 x 35) # Bedrooms: 4 # Baths 2.5 Basement(w/wo bath): Garage: X Deck: Crawl Space: Slab: X Slab: TOTAL HTD SQ FT	City:	State: Zip:_	Contact No:	Email:	
Flood: Watershed: Deed Book / Page: Setbacks - Front: 36' Back: 47.4' Side: 51.5' Corner: 71' PROPOSED USE: SFD: (Size 30 x35) # Bedrooms: 4 # Baths 2.5 Basement (w/wo bath): Garage: X Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT 1906.25 GARAGE SQ FT 397.09 (Is the bonus room finished? yes X) 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 frame Off Frame TOTAL HTD SQ FT (Is the second floor finished? () yes () no Any other site built? Deck: (site built?) Manufactured Home: SW DW TW (Size x) # Bedrooms Per Unit: TOTAL HTD SQ FT Home Occupation: # Rooms: Use: Hours of Operation: # Employees: Addition/Accessory/Other: (Size x) Use: Hours of Operation: # Employees: Closets in addition? () yes () no TOTAL HTD SQ FT GARAGE New Yell (# of dwellings using well (Complete Environmental Health Checklets on other side of application at the same time as New Tank) New Septic Tank Expansion Relocation - Existing Septic Tank County Sewer (Complete Environmental Health Checklets on other side of application if Septic Tank County Sewer (Complete Environmental Health Checklets on other side of application if Septic Tank County Sewer (Complete Environmental Health Checklets on other side of application if Septic Tank (County Sewer (*Please fill out applicant information	if different than landowner			
Setbacks - Front: 36' Back: 47.4' side: 51.5' Corner: 71' PROPOSED USE: X SFD: (Size 30 x 35) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab: TOTAL HTD SQ FT1906.25 GARAGE SQ FT 397.09 (Is the bonus room finished? () yes (X) 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: No Frame Off Frame Off Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no Manufactured Home: SW DW TW (Size x # Bedrooms Per Unit: TOTAL HTD SQ FT (site built?) Duplex: (Size x No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT (site built?) Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Addition/Accessory/Other: (Size x Use: Closets in addition? () yes () no TOTAL HTD SQ FT (Size x No. Buildings 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 Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (Complete Environmental Health Checklet on other side of application is Septic Total County Sewer (County Sewer (County Sewer (County Sewer (C	ADDRESS:_24 Tackett Court,	(Lot 371 OM)PII	N:		Zoning:
PROPOSED USE: X SFD: (Size 30 x 35) # Bedrooms: 4 # Baths 2.5 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: Slab: TOTAL HTD SQ FT 1906.25 GARAGE SQ FT 397.09 (Is the bonus room finished? (_) yes (_X) 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 On Any other site built? Deck: (site built? On On	Flood: Watershe	ed: Deed Book / Pa	age:		
SFD: (Size 30 x 35) # Bedrooms: 4 # Baths 2.5 Basement (w/wo bath): Garage: X Deck: Crawl Space: Slab: X Slab: TOTAL HTD SQ FT 1906.25 GARAGE SQ FT 397.09 (Is the bonus room finished? yes X no w/ a closet? yes no (if yes add in with # bedrooms Modular: (Size x 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 no Manufactured Home: SW DW TW (Size x # Bedrooms: Garage: (site built? Deck: (site built?) Deck: (site built?	Setbacks - Front: 36' Ba	ack: 47.4' Side: 51.5'	Corner: 71'		
SFD: (Size 30 x 35) # Bedrooms: 4 # Baths 2.5 Basement (w/wo bath): Garage: X Deck: Crawl Space: Slab: X Slab: TOTAL HTD SQ FT 1906.25 GARAGE SQ FT 397.09 (Is the bonus room finished? yes X no w/ a closet? yes no (if yes add in with # bedrooms Modular: (Size x 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 no Manufactured Home: SW DW TW (Size x # Bedrooms: Garage: (site built? Deck: (site built?) Deck: (site built?	PPOPOSED USE:				
TOTAL HTD SQ FT 906.25 GARAGE SQ FT 397.09 (Is the bonus room finished? (25.		V	Monolithic
Modular: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SQ FT					
Closets in addition? New Well (# of dwellings using well New Tank) New Well (# of dwellings using well New Grouplete Environmental Health Checklist on other side of application at the same time as New Tank) Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer Other (specify): Structures (existing or proposed): Single family dwellings: X 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 is provided. Signature of Owner or Owner's Agent Date Deciminance Date D	TOTAL HTD SQ FT	AGE SQ F1 397.09 (IS the bot	nus room finished? () yes (<u><</u> >) no	o w/ a closet? () yes () n	o (If yes add in with # bedrooms
Closets in addition? New Well (# of dwellings using well New Tank) New Well (# of dwellings using well New Grouplete Environmental Health Checklist on other side of application at the same time as New Tank) Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer Other (specify): Structures (existing or proposed): Single family dwellings: X 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 is provided. Signature of Owner or Owner's Agent Date Deciminance Date D	D. Madulari (Ciza	\ # Dadrooma # Datha	Decement (w/we beth) Care	Cito Duilt Dools	On Frame Off Frame
□ Manufactured Home: _SW _DW _TW (Size _ x) # Bedrooms:Garage:(site built?) Deck:(site built?) □ Duplex: (Size x) No. Buildings: No. Bedrooms Per Unit:					
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:TOTAL HTD SQ FT □ Home Occupation: # Rooms:Use:Hours of Operation:#Employees: □ Addition/Accessory/Other: (Sizex) Use:Closets in addition? () yes () no TOTAL HTD SQ FT	TOTAL TITO OQTT	(is the second i	illooi ililiisiled: () yes () ilo A	iny other site built additions: (_	
□ Duplex: (Sizex) No. Buildings:No. Bedrooms Per Unit:TOTAL HTD SQ FT □ Home Occupation: # Rooms:Use:Hours of Operation:#Employees: □ Addition/Accessory/Other: (Sizex) Use:Closets in addition? () yes () no TOTAL HTD SQ FT	☐ Manufactured Home:	SW DW TW (Size	x) # Bedrooms: Gar	rage: (site built?) Deck	: (site built?)
Home Occupation: # Rooms:		,		<u> </u>	
Addition/Accessory/Other: (Sizex) Use:	☐ Duplex: (Sizex	_) No. Buildings:	No. Bedrooms Per Unit:	TOTAL HTD	SQ FT
Water Supply: X CountyExisting 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 X 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 (X) no Does the property contain any easements whether underground or overhead () yes (X) no Structures (existing or proposed): Single family dwellings: X 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. Shary Kellam	☐ Home Occupation: # Room	ns:Use:	Hours of Operat	ion:	#Employees:
Water Supply: X CountyExisting WellNew 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 X ExpansionRelocationExisting Septic TankCounty 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 (X) no Does the property contain any easements whether underground or overhead () yes (X) no Structures (existing or proposed): Single family dwellings:X 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. Shary Kellam9.19.24 Signature of Owner or Owner's Agent	☐ Addition/Accessory/Other:	(Sizex) Use:		Closets in a	addition? () yes () no
New Septic Tank Expansion Relocation Existing Septic Tank County Sewer	TOTAL HTD SQ FT	GARAGE			
New Septic Tank Expansion Relocation Existing Septic Tank County Sewer	Water Supply: X County	Existing Well Ne	ew Well (# of dwellings using well) *Must have operabl	e water before final
(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 (X) no Does the property contain any easements whether underground or overhead () yes (X) no Structures (existing or proposed): Single family dwellings: X 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. Sharry Kellam Signature of Owner or Owner's Agent Date		(N	eed to Complete New Well Application	on at the same time as New Ta	<mark>ank</mark>)
Does the property contain any easements whether underground or overhead () yes (_X_) no Structures (existing or proposed): Single family dwellings:	(Complete Envi	ronmental Health Checklist on	other side of application if Septic)		· · · · · · · · · · · · · · · · · · ·
Structures (existing or proposed): Single family dwellings: X 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. Shary Kellam 9.19.24 Signature of Owner or Owner's Agent Date				reet (500°) of tract listed above	? () yes (<u>X_</u>) no
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. Signature of Owner or Owner's Agent Date		•	,,		
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. Sherry Kellam Signature of Owner or Owner's Agent Date	Structures (existing or proposed): Single family dwellings:	X Manufactured Homes	s: Other (spe	ecify):
Sherry Kellam 9.19.24 Signature of Owner or Owner's Agent Date					
Signature of Owner or Owner's Agent Date		Sherry Kellar	n	9.19.24	
	***************************************	Signature of Owner or Own	er's Agent		antic in alcoling but wet the

o: 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 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.					
{}} Acce	epted	$\{\underline{\ }\}$ Innovative $\{\underline{\ }\underline{x}\}$ Conventional $\{\underline{\ }\}$ Any			
{}} Alte	rnative	{}} 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	{ <u>x</u> _} NO	Does the site contain any Jurisdictional Wetlands?			
{}}YES	{ ★ _}} 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 drains? Please explain			
{}}YES	½ }} 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	{∡} NO	Is the site subject to approval by any other Public Agency?			
{}}YES	{ <u>X</u> } NO	Are there any Easements or Right of Ways on this property?			
{}}YES	{ <u>X</u> } 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.