

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 1590 Wade Stephenson Rd., Holly Springs **PIN:** 0636-21-7838.000

LANDOWNER: Glynda D. Carroll **Mailing Address:** 1539 Wade Stephenson Rd.

City: Holly Springs State: NC Zip: 27540 Phone: 919-291-6411 Email: saamgroup@me.com

**Please fill out applicant information if different than landowner*

APPLICANT: Allyson Carroll McBride **Mailing Address:** 1580 Wade Stephenson Rd.

City: Holly Springs State: NC Zip: 27540 Phone: 919-291-6411 Email: saamgroup@me.com

PROPOSED USE:

☒ **Single Family Dwelling:** (Size 58' 2" x 28' 8" # Bedrooms: 2 # Baths: 2 Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT 1,142 **GARAGE SQ FT** 526 **Foundation Type:** Crawl Space: ☒ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ **Modular:** (Size ____ x ____ # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT _____

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size ____ x ____ # Bedrooms: ____ Garage: Attached, Detached Accessory: Deck, Patio
(Circle One) (Circle One)

☐ **Duplex:** (Size ____ x ____ No. Buildings: ____ No. Bedrooms Per Unit: ____ **TOTAL HTD SQ FT** _____

☐ **Addition/Accessory/Other:** (Size ____ x ____ Use: _____

UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well ____) ☐

Sewage Supply: New Septic Tank ☒ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within five hundred feet (500')? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒

Structures (existing or proposed): Single Family Dwellings: P 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.

Allyson Carroll McBride
Signature of Owner or Owner's Agent

09/29/2025
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.

APPLICATION CONTINUES ON BACK

Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

SFD2502-0103

☒ **NEW SEPTIC SYSTEM INSPECTION**

- **All property irons must be made visible.** Place pink flags on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to 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.**

☐ **EXISTING TANK INSPECTION**

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place.**
Does not apply to septic tank in a mobile home park
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

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. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

Allyson Carroll McBride

Signature of Owner or Owner's Agent

09/29/2025

Date