

Initial Application Date:	6.14.25	Арр	plication #	
			CU#	
Central Permitting	COUNTY OF HA	ARNETT RESIDENTIAL LAND USE APPLIC IC 27546 Phone: (910) 893-7525 ext:2		
			D WHEN SUBMITTING A LAND USE APPLICATION**	
LANDOWNER WOO	dshive Huff L	LC Mailing Address: 2919	Breezewood AveStelDO	
City: Fayetteville	State: NC Zip:	28304 Contact No. 910-486-4864	tamaragreen@dreamindersnomes.com Email:	
APPLICANT. Dream I	Finders Homes, LLC	Mailing Address: 3709 Raeford Road	Suite 200	
City: Fayetteville	State: NC Zip:	28304 Contact No. 910-486-4864	tamaragreen@dreamfindershomes.com Email:	
*Please fill out applicant infon	mation if different than landowner	13.6.06	00 1050	
ADDRESS: 156	Benningto	n Way PIN: 0506.	- 48- 1950	
	6 7	Deed Book / Page:		
Setbacks - Front:	R Back: 58 Side: 21	_ Corner:l ]		
PROPOSED USE:			382	
V SED. (SI-38 .6	57 # Bodrooms: 3 # Baths: 2	- Paramont(w/wo hath): Garage: D	eck:Crawl Space:Slab:Slab:	
TOTAL HTD SO FT 1126	GARAGE SO FT 248 (Is the b	onus room finished? ( ) ves ( ) no w/a c	closet? () yes () no (if yes add in with # bedrooms)	
□ 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 other site built additions? () yes () no  Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage: (site built?) Deck: (site built?)				
□ Duplex: (Size)	x) No. Buildings:	No. Bedrooms Per Unit:	TOTAL HTD SQ FT	
☐ Home Occupation: #	Rooms:Use:	Hours of Operation:	#Employees:	
☐ Addition/Accessory/C	Other: (Sizex) Use:		Closets in addition? () yes () no	
TOTAL HTD SQ FT	GARAGE			
(Complete Does owner of this tract of	ew Septic Tank Expansion 	Need to Complete New Well Application at the RelocationExisting Septic Tank n other side of application if Septic) nufactured home within five hundred feet (50	County Sewer	
Structures (existing or pro	posed): Single family dwellings:	Manufactured Homes:	Other (specify):	
If nermits are granted Lag	ree to conform to all ordinances ar	nd laws of the State of North Carolina regulat	ing such work and the specifications of plans submitted. bject to revocation if false information is provided.⊨	

Signature of Owner or Owner's Agent

\*\*\*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 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)

En√ironmental He	alth New Septic System		
<ul> <li>All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must</li> </ul>			
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, ou			
Place "orange huildings swim	ming pools, etc. Place flags per site plan developed at/for Central Permitting.		
\	nyironmental Health card in location that is easily viewed from road to assist in locating property.		
If property is this	ckly wooded. Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation		
to be performed	d. 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 over outlet lid, mark house corners and property lines, etc. once lot confirmed ready.		
landre to unce	Ter outlet na, mark nouse corners and property mitte		
	I Health Existing Tank Inspections		
Follow above ir	nstructions for placing flags and card on property. pection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up ( <i>if possible</i> )		
Prepare for ins	pection by removing soil over <b>outlet end</b> of tank as diagram indicates, and lift lid straight up (in possible), <b>d back in place</b> . (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>EPTIO</u>			
	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
} Accepted	{} Innovative {} Conventional {} Any		
	{}} Other		
he applicant shall notify	the local health department upon submittal of this application if any of the following apply to the property in		
iestion. If the answer is	"yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
_}YES /{} NO	Does the site contain any Jurisdictional Wetlands?		
_}YHS / {} NO	Do you plan to have an irrigation system now or in the future?		
_}YE\$/ {} NO	Does or will the building contain any drains? Please explain		
} YES \	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
_}YE\$ \ {} NO	Is any wastewater going to be generated on the site other than domestic sewage?		
_}YE\$ \(}NO	Is the site subject to approval by any other Public Agency?		
_}YES (\) NO	Are there any Easements or Right of Ways on this property?		
$_{yts} \{ \downarrow \}$ 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.		
Have Read This Annlicat	ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State		

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.