

strong roots · new growth

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

RESIDENTIAL LAND USE APPLICATION

| SITE ADDRESS:_ 499 Partin RoadPIN: 1518-63-7568.000 | | | | | | |
|--|--|--|--|--|--|--|
| LANDOWNER: Golden Leaf, LLC Mailing Address: PO Box 915 | | | | | | |
| City: Benson state, NC 7: 27504 - 040 504 5000 | | | | | | |
| *Please fill out applicant information if different than landowner. | | | | | | |
| APPLICANT: Daniel White Mailing Address: 895 November Lane | | | | | | |
| City: Willow Spring State: NC Zip: 27592 Phone: 919-612-9718 Email: danielwhite0519@gmail.com | | | | | | |
| | | | | | | |
| PROPOSED USE: | | | | | | |
| Single Family Dwelling: (Size 60 x 98) # Bedrooms: 5 # Baths: 4.5 Garage: Attached, Detached Accessory: Deck, Patio, Porch | | | | | | |
| TOTAL HTD SQ FT: 4039 GARAGE SQ FT: 1200 Foundation Type: Crawl Space: Stem Wall: Mono Slab: Massement: | | | | | | |
| □ Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached | | | | | | |
| Circle One) (Circle One) | | | | | | |
| ☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Pa | | | | | | |
| ZONING: (Circle One) | | | | | | |
| □ Duplex: (Sizex) # Buildings: # Bedrooms Per Unit:TOTAL HTD SQ FT: | | | | | | |
| □ Addition/Accessory/Other: (Sizex) Use: | | | | | | |
| UTILITIES: | | | | | | |
| Water Supply: County ☐ Existing Well ☐ New Well (# of dwellings using well _ 1 _) ☒ (We have contacted public utilities to inquire about the possibility of connect to county water.) | | | | | | |
| 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 500 feet? YES □ NO 🗵 | | | | | | |
| Does the property contain any easements, whether underground or overhead? YES □ NO ☒ | | | | | | |
| Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify): | | | | | | |
| Other (specify) | | | | | | |
| f 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 hereby state that the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. | | | | | | |
| Description of the second of t | | | | | | |
| Signature of Owner or Owner's Agent Signature of Owner or Owner's Agent | | | | | | |

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.



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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.

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 n | ot apply to | o septic tank in a mobile holids OFF OF SEPTIC TANK | me park* | giit up (<i>ii possibie</i>), a | nd then put lid back in place. | |
|---|-----------------------------|--|---|-----------------------------------|---|--|
| SEPTIC CHECK | K LIST | | | | | |
| If applying for Au | thorization | to Construct, please indicate | desired system type(s): (| Can be ranked in orde | r of preference, must choose one. | |
| | | ☐ Innovative | | ☐ Any | ☐ Alternative | |
| ☐ Other | r | | | | | |
| The applicant sh property in ques | nall notify stion. If th | the local health departmen e answer is "yes," applican | t upon submittal of this t MUST ATTACH SUP | application if any of | the following apply to the ENTATION: | |
| 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: residential plumbing drains | | | | |
| 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 rights-of-way 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. | | | | |
| | | | | | | |
| 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 co | mplete site evaluation can h | ne performed Lundersta | ng of all property line | es and corners and making the irn trip fee may be incurred for | |
| allure to uncover | outlet lid | mark house corners and p | roperty lines, etc. once l | ot is confirmed to be | rn trip fee may be incurred for | |
| | | Downel Unit gnature of Owner's A | ٩ | | 9/2025 | |
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