

Initial Application Date:	6/13/2025			Application # _	
Ū	420 McKinney Pkwy, Lilling	·	(910) 893-7525		01
				11000 Regency Pkwy	
				_Email: <u>Raleigh_PlanRevie</u>	
		Mailing Address			
City:		-		Email:	
		27501	PIN:	0682-27-0442.000	
	l: Watershed:				
Setbacks – Front: 36.	<u>0'</u> Back: <u>142.7'</u>	Side:25.0' and 2	2 <u>5.0'</u> Corr	ner:'	
TOTAL HTD SQ FT 2964  Modular: (Size>	_GARAGE SQ FT671( <) # Bedrooms # E	Is the bonus room finished Baths Basement (w/wo	l? () yes ( <u>no)</u> o bath) Gara	no w/ a closet? (_) yes (_) n	Monolithic pace: no_Slab: _no_Slab: yes o (if yes add in with # bedrooms) On FrameOff Frame
				age:(site built?) Deck	
Duplex: (Sizex	) No. Buildings:	No. Bedrooms	Per Unit:	TOTAL HTD	SQ FT
Home Occupation: # F	Rooms:Use	:	Hours of Operat	on:	#Employees:
Addition/Accessory/Ot     TOTAL HTD SQ FT	·	e:		Closets in a	addition? () yes () no
Water Supply: <u>yes</u> C	ounty Existing Well	New Well (# of du	ellings using wel	/) *Must have oper	rable water before final
Sewage Supply: <u>yes</u> I		nsion Relocation	Existing Septic	on at the same time as New Ta Tank County Sewer	ank)
	Environmental Health Check land, own land that contains			eet (500') of tract listed above	? () yes ( <u>no</u> ) no
Does the property contain a	any easements whether unde	erground or overhead ( <u>ye</u>	<u>es</u> ) yes ()	าด	
Structures (existing or prop	osed): Single family dwelling	js: <u>yes</u> N	/anufactured Hor	nes:Other	(specify):
	g statements are accurate ar	nd correct to the best of m		rmit subject to revocation if fal	pecifications of plans submitted. se information is provided.
	tion, house location, unde	le the county with any ap rground or overhead eas	sements, etc. Th	Date ation about the subject prop e county or its employees a these applications.***	erty, including but not limited re not responsible for any

\*This application expires 6 months from the initial date if permits have not been issued\*\*

strong roots • new growth



#### **APPLICATION CONTINUES ON BACK**

### \*\*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.\*

## **<u>County Health Department Application for Improvement Permit and/or Authorization to Construct</u>**

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**.
- <u>All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for</u> <u>failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.</u>

	Environmental	Health	Existing	Tank Ins	pections
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- 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"**

# **SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

$\{\mathbf{Y}\}$ 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	{ <b>∠</b> } NO	Does the site contain any Jurisdictional Wetlands?
{ <b>V</b> }YES	{}} NO	Do you plan to have an irrigation system now or in the future?
{}}YES	{ <b>\/</b> } NO	Does or will the building contain any <u>drains</u> ? Please explain
{}}YES	{ <b>/</b> } NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	NO NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	{ <b>∠</b> } NO ∙	Is the site subject to approval by any other Public Agency?
{ <b>V</b> }YES	{} NO	Are there any Easements or Right of Ways on this property?
{}}YES	{ <b>V</b> NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If ves 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.