

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	3262 O	akridg	e River Rd,	Fuquay Va	arina	PIN:	0644-08	3-5232-000		
ANDOWNER:	Ronald a	and Ki	mberly Hick	s		Mailing Address	167 Wilk	ins Court Dr		
City: Henrico	State:	NC	Zip:_27842	Pho	ne:	919-369-7322	Email:_	atouchoftile@gmai	l.com	
Please fill out ap	olicant inform	nation if	different than l	andowner.						
APPLICANT:						Mailing Address	s:			
Oity:	State:	-	_ Zip:	Pho	ne:		Email:_			
PROPOSED US	SE:									
☐ Single Fan	nily Dwellir	ng: (Siz	e 82.2 _x 59.]# Bedroo	ms:_	³ # Baths: ^{_3.5} _ G	arage: Atta	nched, Detached Acc	cessory: Deck,	Patio Porc
TOTAL HILD SK	2942 2FT:	GA	RAGE SQ FT	: 630	Fou	ndation Type: Cr		☐ Stem Wall: ☑ M	`	
□ Modular: (Size x) ‡	Bedrooms:	# Bath	s:	Garage: Attached	d, Detached	d Accessory: Deck	, Patio, Porch	
TO JAL HILD SC						(Circl	e One)	- ((Circle One)	
	***************************************	SW 🗆	DW 🗆 TW	□ (Size	_x) # Bedrooms:	Gara	ge: Attached, Detache	ed Accessory:	Deck, Pat
7081NG								(Circle One)		(Olloic One
☐ Duplex: (S	izex_) #	Buildings:		# Bed	lrooms Per Unit:_		TOTAL HTD SQFT	<u> </u>	
Ճ Addition/A	ccessory/	Other:	(Size <u>40</u> _x	50) Use	De	etached garage/v	vorkshop			
UTILITIES:										
Water Sup	ply : Coun	ty Ľ	Existing We	ell □ Ne	w We	ell (# of dwellings u	sing well _) □		
Sewage S	u pply : Ne	w Sept	ic Tank 🛚	Expansion		Relocation	Existing S	eptic Tank □ Coui	nty Sewer □	
		, (C	omplete Enviro	nmental Hea	lth Ch	ecklist on other side	of application	if Septic is selected)		
GENERAL PR	OPERTY IN	IFORM	IATION:							
Does the lando	wner own a	nother	tract that cor	itains a mar	nufact	tured home within	500 feet?	YES □ NO 🛎		
						d or overhead?				
								Other (specify	/):_Detached (garage
	,									
If nermits are gra	nted Lagree	to conf	orm to all ordin	ances and la	ws of t	the State of North Ca	rolina regula	iting such work and the s	pecifications of pl	ans submitte
I hereby state that	at the foregoi	ng state	ments are acc	urate and cor	rect to	the best of my know	/ledge. Perm	it subject to revocation if	false information	is provided.
		X	mble	ly	H			8157	25	
		Sign	ture of Owner	or Owner's	Agen	t // //	·	Date		
		\prec	UVVIIA	~/ <i>/</i> /	M		2	0/19/25		

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.

M 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 <u>undergrowth</u> 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

S	E	P	T	IC	CH	EC	Κ	LIST

If applying for Authori	zation to Construct, please indicate	desired system type(s):	Can be ranked in order	of preference, must choose one.
☐ Accepted	I Innovative	^X Conventional	☐ Any	☐ Alternative
☐ Other		! !		
The applicant shall property in question	notify the local health departme If the answer is "yes," applica	nt upon submittal of this nt MUST ATTACH SUF	application if any of PPORTING DOCUME	the following apply to the ENTATION:
YES 🗆 NO	D ঐ Does the site contain ar	y 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? Ple	ease explain: only se	wage drains
YES 🗆 NO	O 🕅 Are there any existing w	ells, springs, waterlines	, or wastewater syste	ms on this property?
YES 🗆 NO	D ద Is any wastewater going	to be generated on the	site other than dome	estic sewage?
YES 🗆 NO	D ⊠ Is the site subject to app	proval by any other Publ	ic Agency?	
YES 🖰 NO	O ☐ Are there any easement	ts or rights-of-way on th	s property?	
YES 🗆 NO	Does the site contain ar	ny existing water, cable,	phone, or undergrou	nd electric lines?
	lf yes, please call No Cւ	uts at 800-632-4949 to l	ocate the lines. This i	s 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.

Signature of Owner or Owner's Algent

6 | 3 | 25 Date