

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.

County Health Department Application for Improvement Permit and/or Authorization to Construct de

OK AUTHO	DIZATION TO	R THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE INTERIOR		
documentatio	on submitted. (Construct shall bleed the construction Complete site plan = 60 months; Complete site plan = 60 months; Complete plat = without expiration		
• Pla bu • Pla • If • ev	ace "orange ildings, swim ace orange E property is aluation to b	ons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must led approximately every 50 feet between corners. house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out ming pools, etc. Place flags per site plan developed at/for Central Permitting. Environmental Health card in location that is easily viewed from road to assist in locating property. Environmental Health requires that you clean out the undergrowth to allow the soil thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil to performed. Inspectors should be able to walk freely around site. Do not grade property. 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.		
• Fo	ollow above in epare for ins not then put li	nstructions for placing flags and card on property. spection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) d back in place. (Unless inspection is for a septic tank in a mobile home park) ELIDS OFF OF SEPTIC TANK "MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"		
		MORE INFORMATION MATERIAL STATE OF THE STATE		
SEPTIC If applying	for authorizati	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.		
{☐} Accepted		{ Innovative { Conventional { Any } Other		
TI 1:	rnative ant shall notify f the answer is	The local health department upon submittal of this application if any of the following apply to the property in superior, applicant MUST ATTACH SUPPORTING DOCUMENTATION:		
{ }YES	NO NO	Does the site contain any Jurisdictional Wetlands?		
{□}YES	NO	Do you plan to have an <u>irrigation system</u> now or in the future?		
{□}YES	NO NO	Does or will the building contain any drains? Please explain.		
{□}YES	NO NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?		
{∏}YES	the standard description of th			
{∏}YES	the Public Account			
{\bigcap}\text{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.



Initial Application Date: 23 MAR 23

Application #	#	
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DRR#	CU#	

COMMERCIAL COUNTY OF HARNETT LAND USE APPLICATION COUNTY OF HARNETT LAND USE APPLICATION Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permilts
COUNTY OF HARNETT LAND USE APPLICATION Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt #2 Fax: (910) 893-2793 www.hamett.org/permitts
Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt #2 Fax: (910) 893-
City San Cond
APPLICANT: Katrena Miller Mailing Address: 36 vail court
City: Sanford State: NC Zip: 27332 Contact # 609 - 60 6 -410 Email: Ratte
*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Phone #
PIN:
Address: PIN:
Deed Book Page:/
PROPOSED USE:
Multi-Family Dwelling No. Units:No. Bedrooms/Unit:
Business Sq. Ft. Retail Space: 200 Type: bakery # Employees: # Employees: # Hours of Operation: By event
Daycare # Preschoolers:# Afterschoolers:# Employees: Hours of Operation:
☐ Industry Sq. Ft:Type:# Employees:Hours of Operation:
Church Seating Capacity: # Bathrooms: Kitchen:
Accessory/Addition/Other (Sizex) Use:
Water Supply: County Existing Well Mew Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)
Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
Comments: Bakery - Doing events only.
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.

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RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Signature of Owner or Owner's Agent

23 MAR23

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.

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