

Initial Application Date: ~~12-13-07~~ 1/9/08

Application # 0750019042 R

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COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 F. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Donald W. Kane Jr. Mailing Address: 135 Holly Oak Circle

City Bunnlevel State: NC Zip: 28323 Home #: 910-893-6974 Contact #: 910-489-1315

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Donald Kane Phone #: 910-489-1315

PROPERTY LOCATION: Subdivision: Forest Oaks Ph 1 & 2 Lot #: 59 Lot Size: 0.53

State Road #: 1125 State Road Name: Lemuel Black Map Book & Page: 2005, 401

Parcel: 01053602 0028 59 PIN: 0516-03-3815. 000

Zoning: RA20R Flood Zone: None Watershed: N/A Deed Book & Page: 02378, 0377 Power Company: Central Elec

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Travel South on 210. Go .7 miles past South Harnett Elem. School + turn right onto Anderson Creek School Road. Go about 200 yds + veer right onto Lemuel Black Road. Go 3.3 miles + turn right into Forest Oaks Subdivision. Take the first right onto Holly Oak Circle.

PROPOSED USE:

(Include Bonus room as a bedroom if it has a closet)

Circle:

- SFD (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Crawl Space / Slab
- Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF
- Manufactured Home: SW _____ DW _____ TW (Size _____ x _____) # Bedrooms _____ Garage _____ (site built? _____) Deck _____ (site built? _____)
- Duplex (Size _____ x _____) No. Buildings _____ No. Bedrooms/Unit _____
- Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ # Employees _____
- Addition/Accessory/Other (Size 48' x 12') Use Bedroom 4, Media Room, + Full Bathroom Closets in addition yes () no

Water Supply: County Well (No. dwellings _____) **MUST** have operable water before final

Sewage Supply: New Septic Tank Complete **New Tank Checklist** Existing Septic Tank County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES () NO

Structures (existing or proposed): Single family dwellings Manufactured Homes _____ Other (specify) _____

Comments:

1/9 pay diff for perc per Sullivan
pic denied existing tank
to add bedroom
- 9104891315 please call customer
day before site visit so he can
be present - Reg. by IVR last time
& did not receive call

Required Residential Property Line Setbacks:

Front	Minimum	<u>35'</u>	Actual	_____
Rear		<u>25'</u>		_____
Closest Side		<u>10'</u>		_____
Sidestreet/corner lot		<u>20'</u>		_____
Nearest Building on same lot		_____		_____

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.

Donald W. Kane Jr.
Signature of Owner or Owner's Agent

Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
Please use Blue or Black Ink ONLY

OWNER NAME: Kane, Donald W. Jr.

APPLICATION #: 0750019042

This application to be filled out only when applying for a new septic system.

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)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes no unknown

SEPTIC

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

- Accepted Innovative
- Alternative Other currently reduction system - see operations permit
- Conventional Any

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 NO Does the site contain any Jurisdictional Wetlands?
- YES NO Does the site contain any existing Wastewater Systems?
- 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 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.

Donald W. Kane
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9 Jan 08
DATE