

Initial Application Date: 4-2-13

Application # 1350030966

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

**"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"**

LANDOWNER: William J Edwards Mailing Address: P.O. Box 171 Olivia NC 28368  
City: Olivia State: NC Zip: 28368 Contact No: 9194996960 Email: wjebdh@windstream.net

APPLICANT: Wester Const. Co. Inc Mailing Address: 614 Leslie Rd  
City: Sanford State: NC Zip: 27332 Contact No: 9194993946 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: William Wester Phone # 919 499 3946

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: 1 Lot Size: 2.53  
State Road # 1205 State Road Name: Olivia Rd Map Book & Page: PK#F, 109-B

Parcel: 039587 01 0024 01 PIN: 9578-06-3240-000  
Zoning: RA20B Flood Zone: X Watershed: NA Deed Book & Page: 980, 894 Power Company: Progress Energy

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

**PROPOSED USE:**

- ☐ SFD: (Size 30 x 60) # Bedrooms: 3 # Baths: 3 Basement(w/wo bath): \_\_\_\_\_ Garage: 1 Deck: \_\_\_\_\_ Crawl Space: 1 Slab: \_\_\_\_\_ Monolithic Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms)
- ☐ Mod: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no
- ☐ Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: \_\_\_\_\_ (site built? \_\_\_\_\_)
- ☐ Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- ☐ Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_

☒ Addition/Accessory/Other: (Size 30 x 20) Use: Carolina Dining Room and Bath Closets in addition? ( ) yes ( ) no

Water Supply: ☒ County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final

Sewage Supply: \_\_\_\_\_ New Septic Tank (Complete Checklist) ☒ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes ( ☒ ) no

Does the property contain any easements whether underground or overhead ( ) yes ( ☒ ) no

Structures (existing or proposed): Single family dwellings: 1 ext SFD Manufactured Homes: \_\_\_\_\_ Other (specify): proposed addition

**Required Residential Property Line Setbacks:**

	Minimum	Actual
Front	<u>35</u>	<u>245</u>
Rear	<u>25</u>	<u>210</u>
Closest Side	_____	<u>110</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	<u>25</u>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rec'd 4/3/13  
4/2/13 S 03/11 129258

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 W To 889 Ch. Rd To Olivia Rd  
Turn Left onto Olivia go 1 mile To 3100 Olivia Rd

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.

  
Signature of Owner or Owner's Agent

3-28-13  
Date

\*\*\*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.\*\*\*

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

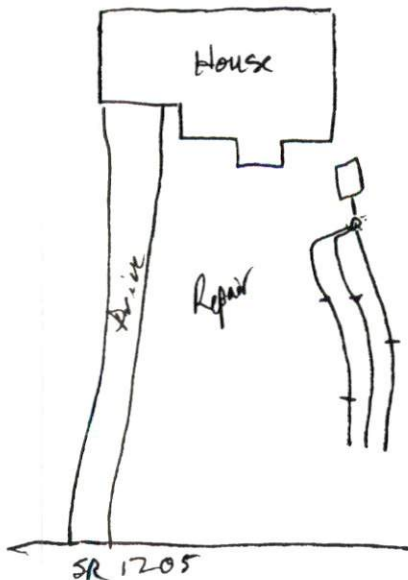
# OPERATIONS PERMIT

Name: (owner) Diane Edwards ☒ New Installation ☒ Septic Tank  
Property Location: SR# 1205 ☐ Repairs ☒ Nitrification Line  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
TAX ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Contractor: Wayne Edwards Registration # \_\_\_\_\_  
Basement with Plumbing: ☐ Garage: ☐  
Water Supply: ☐ Well ☒ Public ☐ Community  
Distance From Well: \_\_\_\_\_ ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: ☒ Conventional ☐ Other \_\_\_\_\_  
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons  
Subsurface No. of exact length width of depth of  
Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 20 in.  
French Drain: \_\_\_\_\_ Linear feet

PERMIT NO. 6886 Date: 6-4-97  
Inspected by: Thomas J. Boyer R.S.  
Environmental Health Specialist



SITE PLAN APPROVAL

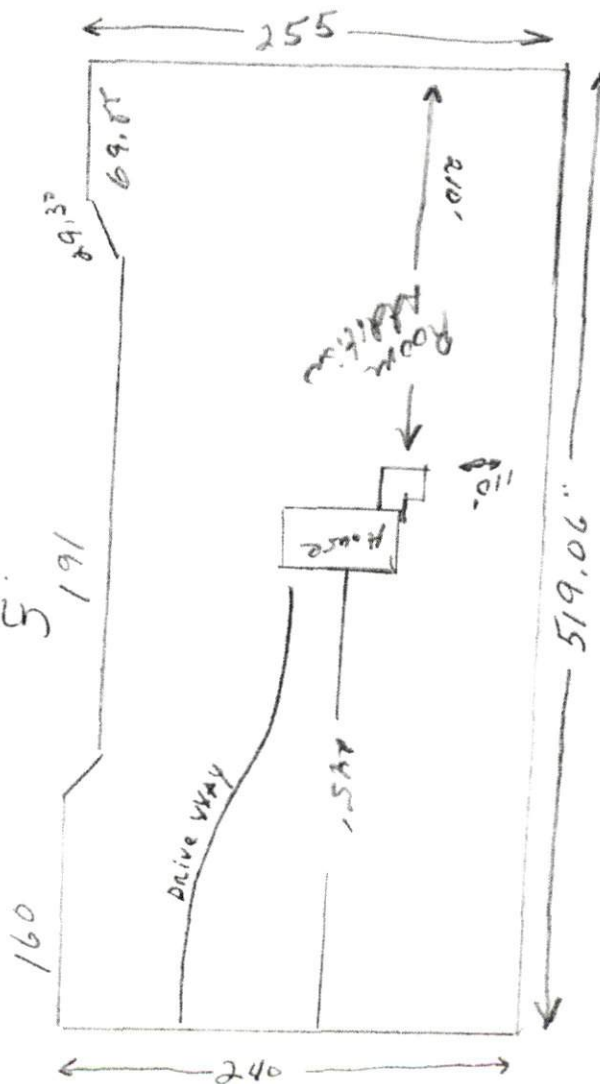
DISTRICT RAZOR USE Addition

#BEDROOMS —

4-2-13

Date

[Signature]  
Zoning Administrator



SR #1205  
3100 Olivia Rd.

1"=10'