

Initial Application Date: ~~11/28/10~~ 12-6-14



Application #

1650040243R

CU#

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: Jennifer Buchanan Mailing Address: 61 Starlight Drive

City: Lillington State: NC Zip: 27546 Contact No: 919-499-8924 Email: Jennifer@buchananroofing.com

APPLICANT*: Same as above Mailing Address:

City: State: Zip: Contact No: Email:

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Phone #:

PROPERTY LOCATION: Subdivision: Lot #: 15 Lot Size: .50

State Road #: 61 State Road Name: Starlight Dr. Map Book & Page: 2004, 826

Parcel: 13 0610 0107 27 PIN: 0610-98-5972.000

Zoning: R200R Flood Zone: X Watershed: NA Deed Book & Page: 2382, 804 Power Company*:

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

PROPOSED USE:

SFD: (Size x) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: 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 14 x 24) Use: Closed in Garage 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):

Required Residential Property Line Setbacks:

Table with columns: Front, Minimum, Actual, Rear, Closest Side, Sidestreet/corner lot, Nearest Building on same lot

Comments: Ext SFD had 3 BDR added a 4th BDR and Bath. Didn't enlarge foot print OFFICE

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Go down 421 toward Sanford and turn right on Cool Springs Road by Boone Trail fire department. Turn right into New Horizon sub division. Second house on the left.

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.

Julie Bell

Signature of Owner or Owner's Agent

11-28-16

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

Harnett County
Application Tracking Action Log Inquiry

Application : 16 50040243
 Address : 61 STARLIGHT DR
 Application type : CP ADD & ALTER RESIDENTIAL
 Revision/Path/Step/Seq/Agency: A 20 00 EH ENVIRONMENTAL HEALTH

 Action date : 12/06/16
 Action type : DA DISAPPROVED
 Action by : OT OLIVER TOLKSDORF
 Time spent : .00
 Date/Time/User added : 12/06/16 10:51:05 STEWART

13

Comments

Print

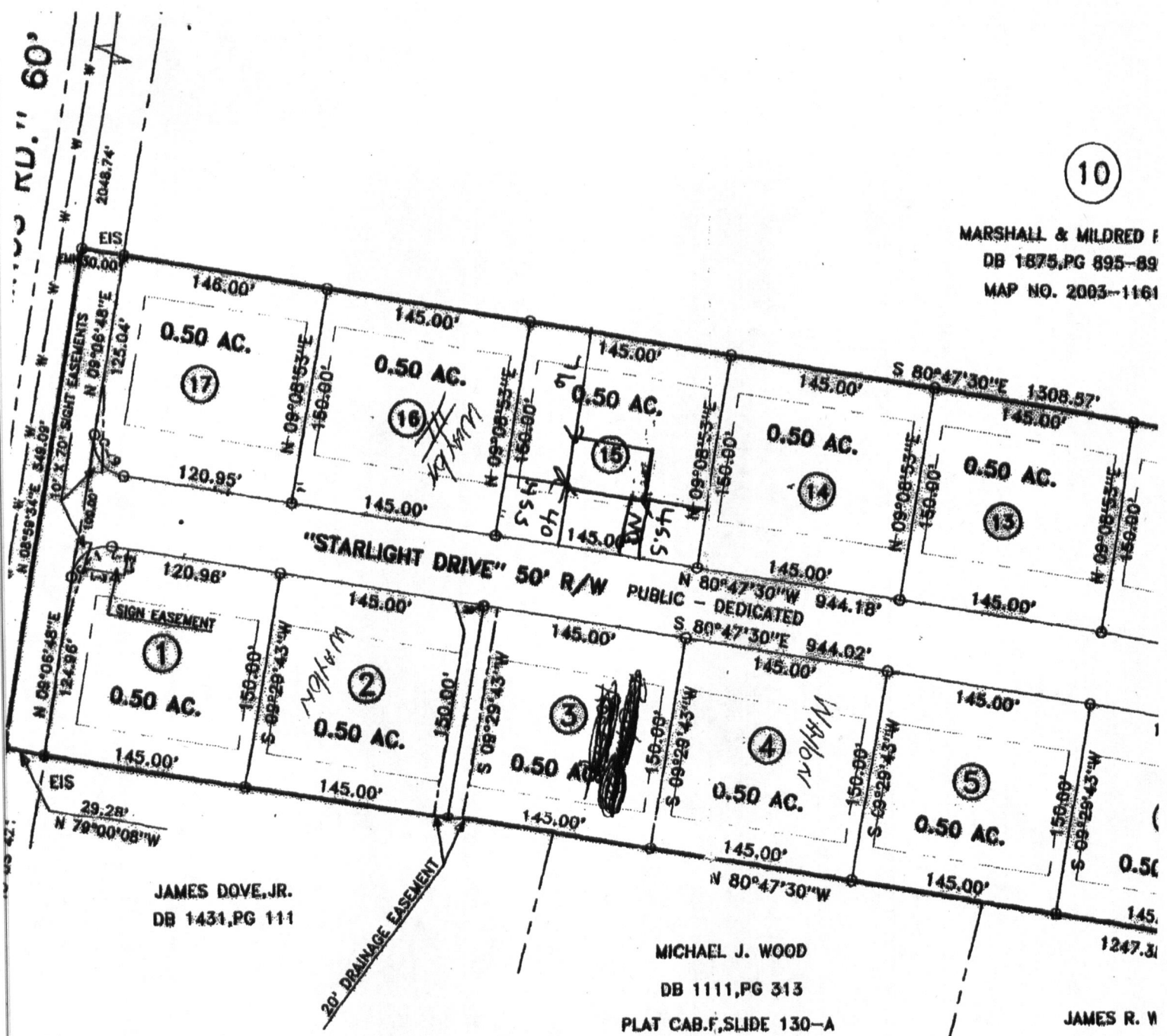
PER OLIVER TOLKSDORF AS PER PHONE CONVERSATION REVISE
 APPLICATION TO SHOW TOTAL BEDROOMS AS 3, WITH NO INCREASE
 IN BEDROOMS AS DISCUSSED. ENVH WILL PROCESS AS SOON AS
 RECEIVED. NO CHARGE.

Bottom

Press Enter to continue.
 F3=Exit F8=In/Out Status

F12=Cancel

MARSHALL & MILDRED F
DB 1875, PG 895-89
MAP NO. 2003-1161



JAMES DOVE, JR.
DB 1431, PG 111

MICHAEL J. WOOD
DB 1111, PG 313
PLAT CAB. F, SLIDE 130-A

JAMES R. W
820, PG 7
PLAT CAB. C, SI

ORTH CAROLINA HARNETT COUNTY
 Mickey R. Bennett, PLS do certify that this plat was drawn under
 y supervision (deed description recorded in Book SEE,
 age MAP, etc) that the boundaries not surveyed are clearly
 ndicated as drawn from information found in Book SEE, Page MAP,
 hat the ratio of precision as calculated is 1:10000; that this plat
 as prepared in accordance with G.S. 47-30 as amended. Witness
 y original signature, registration number and seal this 16th
 day of August .A.D. 2004

SITE PLAN APPROVAL
 DISTRICT RAZOR USE SEF
 #BEDROOMS 3
11-30-04
 ZONING ADMINISTRATOR



Mickey R. Bennett
 MICKEY R. BENNETT
 L - 1514

I, MICKEY R. BENNETT, DO HEREBY CERTIFY
 THAT THIS SURVEY CREATES A SUBDIVISION
 OF LAND WITHIN THE AREA OF A COUNTY OR
 MUNICIPALITY THAT HAS AN ORDANCE THAT
 REGULATES PARCELS OF LAND

X [Signature]
 Harnett County Pu
 Plat Plan PreApp
 NOT FOR CONS
 Water is available
 via line
 Signature

HTE # 04-50010885

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

17891

OPERATIONS PERMIT

Name: (owner) Buchanan Roofing New Installation Septic Tank Repair

Property Location: SR# 1265 Nitrification Line Expansion
Subdivision New Horizon Lot # 15 Tax ID # _____ Quadrant # _____

Contractor: ~~_____~~ J. Taylor 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 Tire Chip

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet Date: 9-13-05

PERMIT NO. 21477 Inspected by: Jon Wain

BTS-1000 STB-103 8-1-05

