Initial Application Date: 10/29/197

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## COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

Signature of Owner or Owner's Agen

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

#84511-4(N)

Contain Ast mixing
City: RALEGO State: NE Zip: 27628 Phone #: 919 215-986/
APPLICANT:         SANS 1-5 ABOFF         Mailing Address:           City:
PROPERTY LOCATION: SR #: SR Name: Ballard Rd.  Parcel: 08-0650-0035-01 PIN:  Zoning: 1430 Subdivisior: Ballard and Lot #: 14415 (and fize)  Flood Plain: A Panel: 50 Watershed: Deed Book/Page: 2002-1311 Plat Book/Page: 2002-1/93  If located with a Watershed indicate the % of Impervious Surface: 1312  DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N RT. IN BALLARD RD.  RT. (NTO BALLARD NOODS TAKE EIRST LT. COT ON LT.)
PROPOSED USE:  Sg. Family Dwelling (Sizex) # of Bedrooms # Baths Basement (w/wo bath) Garage Deck  Multi-Family Dwelling No. Units No. Bedrooms/Unit  Manufactured Home (Sizex) # of Bedrooms Garage Deck
Comments:    Number of persons per household   Type   Type   Togal   PEOPLE CAPACTY   MIN 100     Industry   Sq. Ft.   Type   Type   Togal   Person     Home Occupation   (Size   x   ) # Rooms   Use     Accessory Building   (Size   x   ) Use   Addition to Existing Building   (Size   x   ) Use
Other Supply: ( ) Eounty
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statemer ts are accurate and correct to the best of my knowledge.

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

Initial Application Date: 10/29/157

Application # 3-50005 791

## COUNTY OF HARNETT LAND USE APPLICATION

Central	Permitting

Signature of Owner or Owner's Agen

102 E. Front Street, Lillington, NC 27546

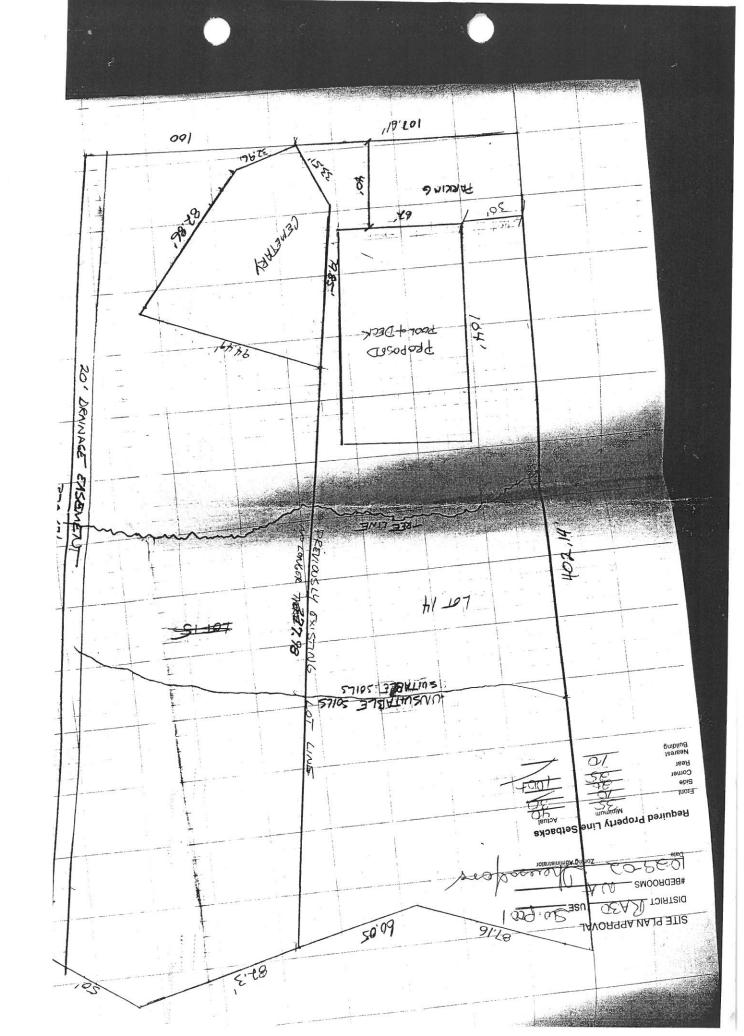
Phone: (910) 893-4759

Fax: (910) 893-2793

#84511-4(N)

LANDOWNER: BALLAED WOODS LLC Mailing Address: POBOX 6127 City: RALEGO State: NC Zip: 27628 Phone #: 919 245 2966/
APPLICANT:         SAMS 1-5 ABOUT         Mailing Address:           City:
PROPERTY LOCATION: SR #: SR Name: Doublast d Rd.  Parcel: 08-0653-0035-0 PIN:  Zoning: A30 Subdivisior: Boulogy and Lot #: 14415 (ombred Lot #: 14415 (ombre
PROPOSED USE:  Sg. Family Dwelling (Sizex) # of Bedrooms # Baths Basement (w/wo bath) Garage Deck  Multi-Family Dwelling No. Units No. Bedrooms/Unit  Manufactured Home (Sizex) # of Bedrooms Garage Deck  Comments:
Number of persons per household
□ Business Sq. Ft. Retail Space Type
□ Industry Sq. Ft Type
Home Occupation (Sizex) #Rooms Use
□ Accessory Building (Sizex) Use
Addition to Existing Building (S zex_) Use
Other 200 102 100
Water Supply: ( ) County ( ) Well (No. dwellings ) Other
Sewage Supply: ( ) New Septic Tank ( ) Existing Septic Tank ( ) County Sewer ( ) Other
Erosion & Sedimentation Control Plan Required? YES NO  Structures on this tract of land: Single ramily dwellings Manufactured homes Other (specify)
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
Hoperty owner of all had on the same and the
2 C 110 20 10T
Front 35 40 Rear AS 100
Side 10 30 Comer 30
Nearest Building
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statemer ts are accurate and correct to the best of my knowledge.

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



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