

Initial Application Date: 6-12-2007

Application # 0750017783

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: Spout Springs Church of Christ Mailing Address: 605 West McNeil Street

City: Lillington State: NC Zip: 27546 Home #: 910-893-5057 Contact #:

APPLICANT: Christopher P Stanton Mailing Address: 605 West McNeil Street

City: Lillington State: NC Zip: 27546 Home #: 910-893-5057 Contact #:

PROPERTY LOCATION: Subdivision: Marks Rd SR 1111 Lot #: — Lot Size: 4.99

Parcel: 09 9575 0006 01 PIN: 9575-43-0007.008

Zoning: BFBOR Flood Plain: X Panel: 95104 Watershed: 111 Deed Book&Page: 2338/510 Map Book&Page: 2000/1106

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Go down Hwy 27 to Hwy 24 take LEFT on Hwy 24 about 2 mi., Turn Right on MARKS Rd. Property is located 500 Ft. on Right.

PROPOSED USE:

- SFD (Size     x    ) # Bedrooms     # Baths     Basement (w/wo bath)     Garage     Deck     Crawl Space / Slab
- Modular:     On frame     Off frame (Size     x    ) # Bedrooms     # Baths     Garage     (site built?    ) Deck     (site built?    )
- Multi-Family Dwelling No. Units     No. Bedrooms/Unit
- Manufactured Home:     SW     DW     TW (Size     x    ) # Bedrooms     Garage     (site built?    ) Deck     (site built?    )
- Business Sq. Ft. Retail Space     Type     # Employees:     Hours of Operation:
- Industry Sq. Ft.     Type     # Employees:     Hours of Operation:
- Church Seating Capacity 54 # Bathrooms 2 Kitchen NONE
- Home Occupation (Size     x    ) # Rooms     Use     Hours of Operation:
- Accessory/Other (Size     x    ) Use
- Addition to Existing Building (Size     x    ) Use     Closets in addition (   )yes (   )no

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

Sewage Supply:  New Septic Tank (Must fill out **New Tank Checklist**)  Existing Septic Tank  County Sewer  Other

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 on this tract of land: Single family dwellings NONE Manufactured Homes NONE Other (specify) NONE

Required Residential Property Line Setbacks:      Comments: \_\_\_\_\_

	Minimum	Actual	
Front	35	<u>   </u>	
Rear	25	<u>   </u>	
Side	10	<u>   </u>	
Sidestreet/corner lot	20	<u>   </u>	
Nearest Building on same lot	6	<u>   </u>	

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 of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Christopher P Stanton  
Signature of Owner or Owner's Agent

June 12, 2007  
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

7/17 S

ACKNOWLEDGES THAT THE LAND SHOWN ON THIS PLAT IS WITHIN THE JURISDICTION OF HARNETT COUNTY AND THAT THE PLAT IS (MY OR OUR) FREE ACT AND IS NOT TO BE SHOWN OR INDICATED ON SAID PLAT.

*[Signature]*  
 SIGNATURE(S)  
 AGENT

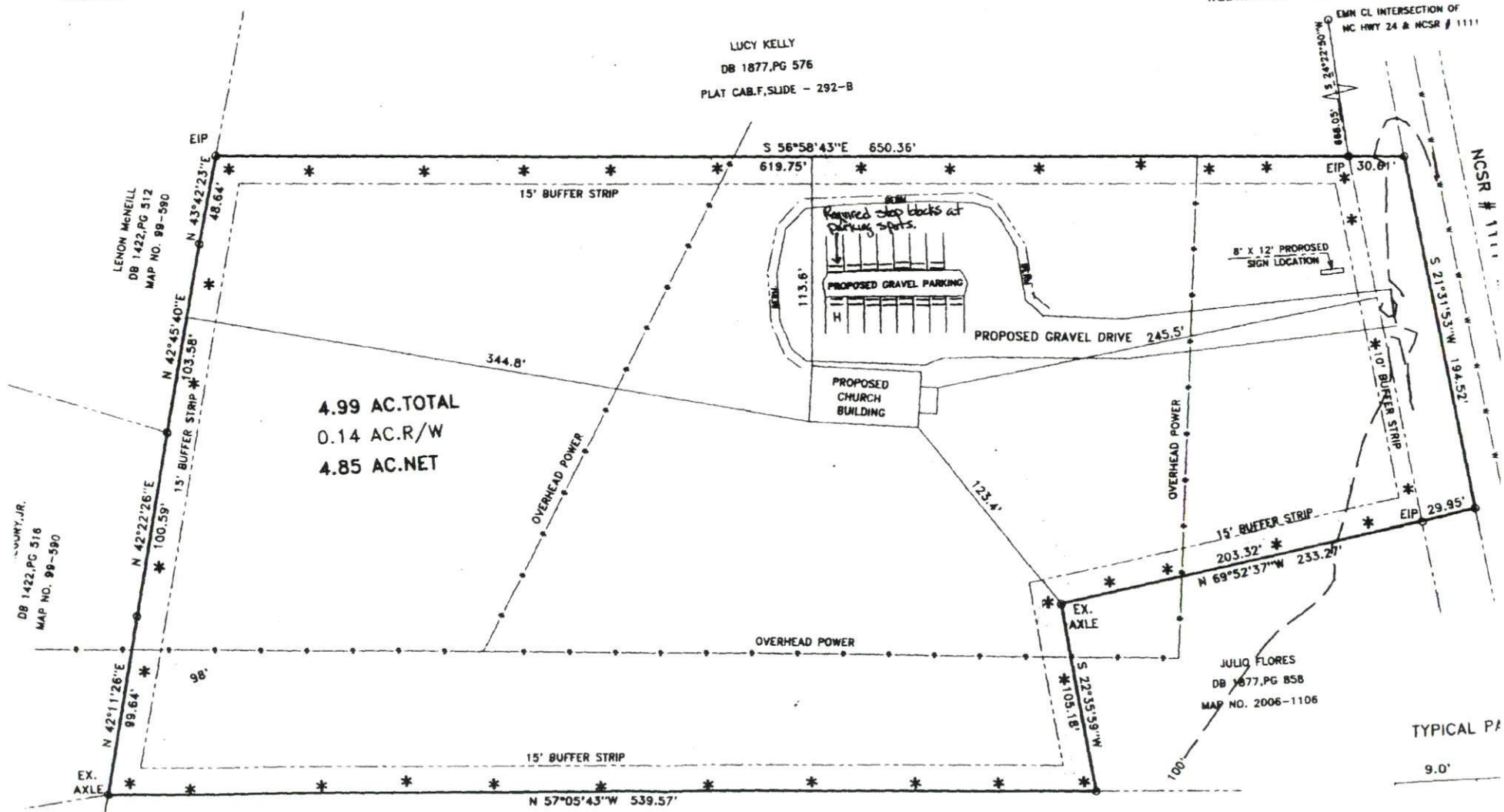
DEED REFERENCE: DEED BK 2338, PAGE 510

MAP REFERENCE: MAP NO. 2006-1106

IMPERVIOUS AREA

BUILDING - 0.01 %  
 DRIVE & PARKING - 0.07 %

NOTES: PROPERTY NOT LOCATED IN A FLOOD HAZARD AREA  
 HOURS OF OPERATION - SUNDAY - 8:00 AM TO 1:00 PM  
 WEDNESDAY - 6:00 PM TO 9:00 PM





OWNER NAME: Spartan Spring, Inc/Christ

APPLICAT #: 0750017783

**\*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~~ commercial
- 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 \_\_\_\_\_
- {  } 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.**

*Christopher P. Stant*  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE