| | | ~1 | 1- | 1 |
|-----------|------------|----|-----|----|
| Initial A | tion Date: | _/ | 12/ | 00 |

Signature of Applicant

Application

| | COUNTY OF HARNETT | LAND USE APPLICATI | ON | |
|--|------------------------------------|---|-----------------------|-------------------------------|
| Planning Department 102 F | C. Front Street, Lillington, NC 2 | 7546 Phon | e: (910) 893-7525 | Fax: (910) 893-2793 |
| LANDOWNER: CONNICO ety: SPRING LAKE | E Z BROWN AG State: N.C. | ddress: <u>52 K</u> Zip: <i>28390</i> | Phone #: 89 | 100 mil |
| | as about | Address: | | |
| City: | State: | Zip: | Phone #: | |
| PROPERTY LOCATION: SR #: Parcel: 01-0514-06 Zoning: 44-200 Subdivision Flood Plain: Panel: 16 | Watershed: NA Deed | N: <u>0514-41</u> D BOX F Lot #: Book/Page: 1004 \$ | 3/ Plat Book/Page | : Jay Map |
| DIRECTIONS TO THE PROPERTY F | | | | |
| Road go down to M | | | | |
| go around pust a | uve take Lyi | on full Dut | Road fu | el cleared Lot |
| PROPOSED USE: | | | | |
| () Sg. Family Dwelling (Sizex |) # of Bedrooms | Basement Garage | Deck | |
| () Multi-Family Dwelling No. Unit | | | | |
| Manufactured Home (Size 14x | 70 # of Bedrooms 2 | Garage Deck | <i>H</i> | |
| Comments: | | / | | |
| Number of persons per household | | // | | |
| () Business Sq. Ft. Retail Space | Тур | e | M | 10 4 |
| () Industry Sq. Ft | Туре | | 101 | W AN |
| () Home Occupation (Size | _x) # Rooms | Use | 1 | |
| () Accessory Building (Size | | | 1001 | TV# / |
| () Addition to Existing Building (Si | zex) Use | | 1 | N-/- |
| Other VC | II (A) 1II' \ | () Other | | |
| 17/71 | ES NO () County | Other Other | 110 | , / |
| Sewer: (V) Septic'Tank/ Existing: Y Erosion & Sedimentation Control Plan | | y Other | | '/ |
| Structures on this tract of land: Single | | actured homes | her (specify) | _ |
| Property owner of this tract of land own | | | \ | ted above? YES (NO) |
| Required Property Line Setbacks: | Minimum Actual | Minimum | | |
| Front | 35 90 | Rear 25 | 90 | |
| | 10 10/10 | | | |
| Side | 10 1010 | Corner | - | |
| Nearest Building | 10 | | | |
| If permits are granted I agree to conform | n to all ordinances and the laws o | of the State of North Caroli | na regulating such we | ork and the specifications or |
| | foregoing statements are accurat | | | |

Date

SITE PLAN APPROVAL

DISTRICT A ZOM USE SWMH

#BEDROOMS

Date

Zoning Administrator

Required Property Line Setbacks

Minimum Actual

90
Side
10
Corner
Rear
Nearest
Building



