

Initial Application Date: 12-8-00

Applicant ID: 50000823

COUNTY OF HARNETT LAND USE APPLICATION

Ref Land use

Planning Department

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793

LANDOWNER: Teresa M. French Address: 16376 NC 27W
City: Sanford State: N.C. Zip: 27530 Phone #: 919-499-9989

008704

APPLICANT: SMALL AS ABOVE Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: NC 27 SR Name: NC 27
Parcel: C3-CE07-0191 PIN: 9674-72-8068
Zoning: R20K Subdivision: Pittview Subd Lot #: 38 Lot Size: 39,338
Flood Plain: Y Panel: 75 Watershed: N/A Deed Book/Page: 1315/350 Plat Book/Page: SMITHS

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Hwy 27 W Pass WH High School Go five miles Pass Weaver Rd (paved road on right) take next dirt rd to right (Bullard rd) go up hill take go around curve lot 38 on left (green single wide next to lot. Behind it)

PROPOSED USE:

- Sg. Family Dwelling (Size _____ x _____) # of Bedrooms _____ Basement _____ Garage _____ Deck _____
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home (Size 28 x 14) # of Bedrooms 3 Garage _____ Deck _____

Comments: _____

Number of persons per household 1

- Business Sq. Ft. Retail Space _____ Type _____
- Industry Sq. Ft. _____ Type _____
- Home Occupation (Size _____ x _____) # Rooms _____ Use _____
- Accessory Building (Size _____ x _____) Use _____
- Addition to Existing Building (Size _____ x _____) Use _____
- Other _____

1. Manufactured home must have a pitched roof.
2. Manufactured home must have underpinning.
3. Moving apparatus must be removed, under pinned, or landscaped.
4. Steps 2&3 completed w/in 60 days of C.O. issuance.

Water Supply: County Well (No. dwellings _____) Other _____

Sewer: Septic Tank/ Existing: YES NO County Other _____

Erosion & Sedimentation Control Plan Required? YES NO

Structures on this tract of land: Single family dwellings _____ Manufactured homes 1 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

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>25'</u>	<u>65'</u>	Rear	<u>25'</u>
Side	<u>10'</u>	<u>20'</u>	Corner	_____
Nearest Building	<u>10'</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 or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Teresa M. French
Signature of Applicant

12-8-00
Date



COUNTY OF BARNETT

Fee 20¢
Receipts: 98 2224
008704
Date: 5-18-98

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME: John W. & Neil F. Stoud
ADDRESS: PO Box 101
Dillon, W.V. 26028
PHONE: 494-4445 W 493-4002H

PROPERTY LOCATION:

Street Address Assigned: off 10027 Rd. Name 10027
TOWNSHIP: 83 FIRE: 880 RESCUE: Behavon

TAX MAP NO. 55772 PARCEL NO. 528
FLOOD PLAIN: 75 PANEL

DIVISION: WV
ZONING DISTRICT: WV
DEED BOOK: 000 PAGE: 2 PLATS

WATER DIST. Handing PLAT BOOK: PAGE:

Give Directions to the Property from Lillingston: Take Hwy 99 west
Pass Western Hornet middle & Western Hornet High
S&P Co. Five miles north right on Ballard
Road left to single trailer on left.

PROPOSED USE:
3g Family Dwelling (Size x # of Bedrooms Basement)
Deck # of Bedrooms x (Size x)
Manufactured Home (Size x) # of Bedrooms/Units
Deck (Size x)
Number of persons per household
Business Soft Retail Space
Industry Soft
Home Occupation No. Rooms/Size Type
Accessory Bldg. Size Use
Addition to Existing Bldg. Size Use
Sign Size Type Location
Other

Water Supply: County Well (No. Dwellings) Other
Sewer: Sewer Tank (Existing?) County Other
Erosion & Sedimentation Control Plan Required? Yes No Other
Are there any wells not on this lot but within 40 ft of the property line (show on site plan)?

NOTE: A site plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your property line.

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Terese M. French New Installation Septic Tank
Property Location: SR# off NC 27 Bollard Rd. Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: .92 A

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18-24 in.

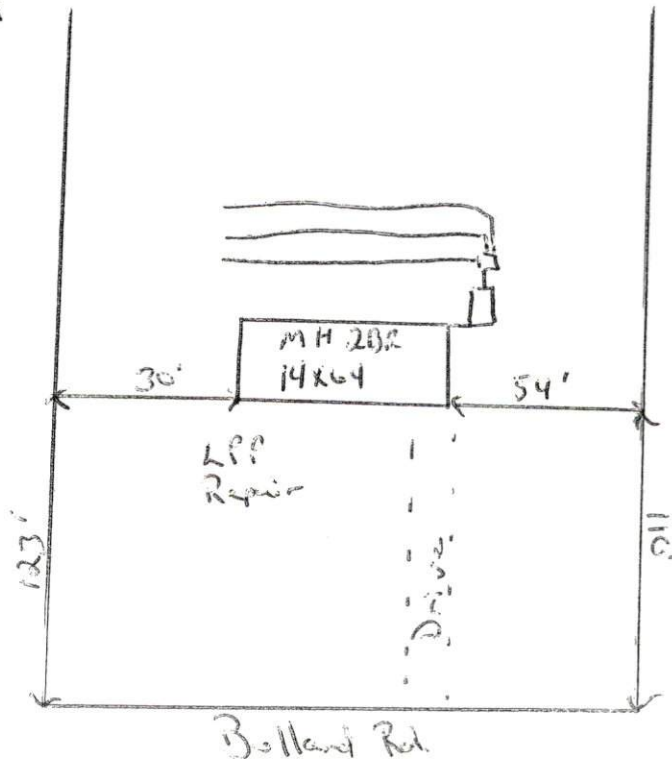
French Drain Required: _____ Linear feet

Date: 5/28/98

Signed: Bryan M. Swain R.S.
Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.

* Maintain all required setbacks



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14885. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent _____

Name: Teresa M. French Telephone # 919-499-9989
919-774-8800 ext. 433

Address: RR 22 Box 389 Sanford, N.C. 27330

Property Location: SR # off NC 27 Road Name Bullard

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 2 Lot size: .92 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50.0 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 60 ft.

Width of ditches 3 ft. Depth of ditches 18-24 inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: Bryan McGowan R.S. Date: 5/28/88