COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: KILARNOLD CORP Mailing Address: 260 LAKEVIEW DR
City: SANFORD State: NC Zip: 27332 Phone #: 919-499-2552 APPLICANT: SAME ABOVE Mailing Address: Mobile 709-9834
Malula MAG agail
APPLICANT: SAME ABOVE Mailing Address:
City: State: Zip: Phone #:
PROPERTY LOCATION: SR #: HWY 24 W SR Name: CONNECTICUT WAY
Parcel: 09-9575-03-0185-10 PIN: 9575-52-4906
Zoning: NA Subdivision: HERITAGE VILLAGE Lot #: 10G Lot Size:
Flood Plain: X Panel: 150 Watershed: NA Deed Book/Page: TAX MAP Plat Book/Page: 731-C
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 27 W TO HWY 87 S TURN ONTO HWY 24 LEFT INTO HERTIAGE VILLAGE
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 (Size <u>28x72</u>) # of Bedrooms: <u>3</u> Garage: <u>NA</u> Deck: <u>NA</u>
Comments:
Number of persons per household: 1 Number of Employees at business:
Business: Sq. Ft. Retail Space: Type:
☐ Industry: Sq. Ft.: Type:
Home Occupation: (Sizex) # Rooms: Use:
Accessory Building: (Sizex) Use:
Addition to Existing Building: (Sizex) Use:
Other:
Water Supply: ☐ County ☐ Well ☐ (# dwellings:) ☐ Other
Sewage Supply: New Septic Tank
Erosion & Sedimentation Control Plan Required?
Structures on this tract of land: Single family dwellings: Manufactured homes: 1 PROPOSED DWMH 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?
Required Property Line Setbacks:
Front 35 50
Side 10 12
Nearest Building 10 NA Rear 25 50+
Corner NA NA
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.
100 000
Signature of Applicant February Date 10-18-01 192-11-1
Signature of Applicant Telepottoles Date 192-11-1
111

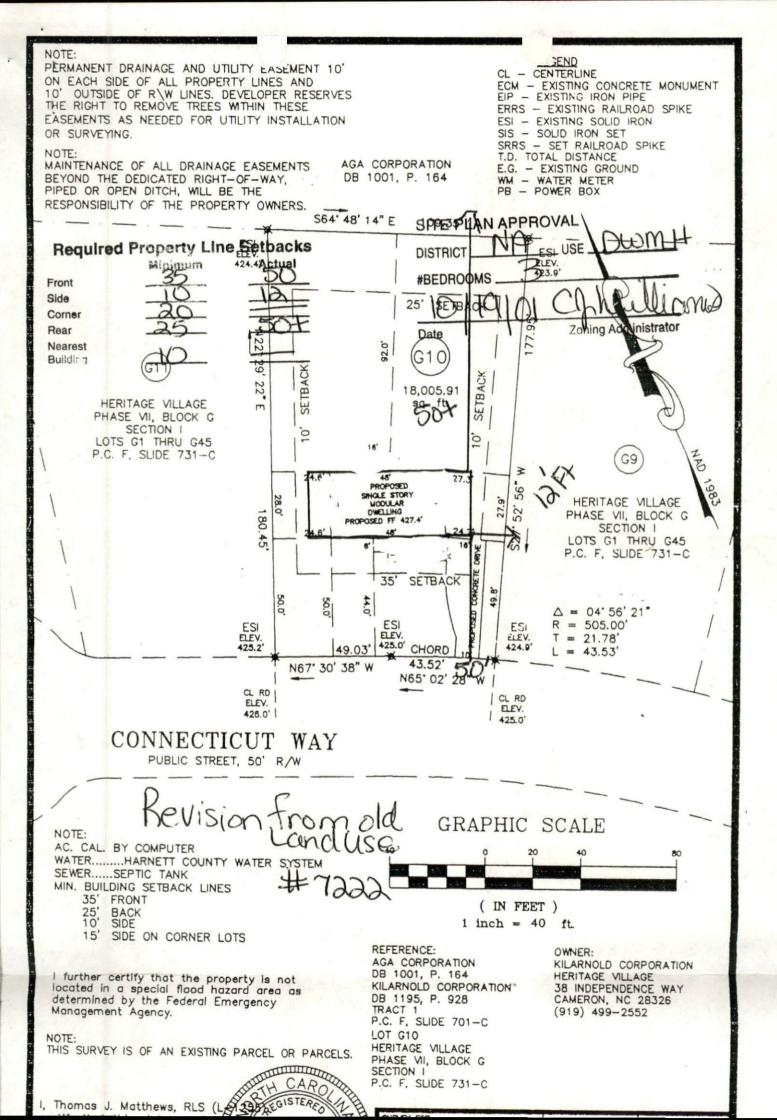
**This application expires 6 months from the date issued if no permits have been issued **

SITE/S . EVALUATION FOR ON-S WASTEWATER

APPLICANT NAME

DATE __

FACTORS		PROFILES									
		1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940							<u> </u>	- the		
SLOPE (%)	.1940										
HORIZON 1 DEPTH											
Texture Group	.1941(A)(1)										
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
HORIZON 2 DEPTH											1
Texture Group	.1941(A)(1)										
Consistence	.1941									19.	1
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
HORIZON 3 DEPTH											
Texture Group	.1941(A)(1)										
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
HORIZON 4 DEPTH											
Texture Group	.1941(A)(1)	- 2.					-				
Consistence	.1941									19	
Structure	.1941(A)(2)	4								1917	
Mineralogy	.1941(A)(3)						To the second				
SOIL WETNESS	.1942	Y	it = ge					+ + -			
RESTRICTIVE HORIZON	.1944								30		
SAPROLITE	.1943/.1956										
CLASSIFICATION	.1948						1 Mer Tre	F			
ONG TERM	.1955										



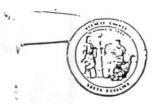
IMPROVEMENT PL. MIT

tion of any buil	ained by the Harnett County Board of Health as follows: Seculiding at which a septic tank system is to be used for disposal mett County Health Department."	
	ner) K. Manold Corp	New Installation Septic Tank
Property Loc	ocation: $SR\# HW724$	Repairs Nitrification Line
Subdivision.	Hertage VIIAge	Lot #_ G- J
Tax ID #		Quadrant #
Number of B	Bedrooms Proposed: Lot S	lize: 18,005 ss Ft
	vith Plumbing: Garage:	
Water Supply	oly:	
Distance Fro	rom Well:Somen_ft.	
final approva	tem: Conventional Other	
Size of tank:	0	
Subsurface Drainage Fie	11	width of depth of ditches 1821 in.
French Drain	in Required: Linear feet	
		13-97) s Ar) Environmental Health Specialist
onn. Why vis	24 48,28 30r MH - 2 127	10's
	STUB out Plumbing Shallo Follow Contours Maintai	W- 18-24" Ditch Depth n All Regulared Set BACKS

HARNETT COUNTY HEALTH DEPARTMENT A THORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 12523 . 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 _ KAROSKI CORD Name: ______ Telephone # _____ Property Location: SR# - WY 24 Road Name _____ New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines _____ Subdivision Heritage Village Lot # 6-10 Number of Bedrooms Proposed: _______ Lot size: _______ 18,005 55 ft Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public _____ Minimum Well Setback: _____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank ______ gallons Pump Chamber _____ gallons Nitrification Field Specifications Number of fields _____ Number of Lines per Field _____ Length of lines ______ Width of ditches ______ ft. Depth of ditches ______ 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: (1/2 L) A(2) Date: 8-13-97 (Revised 2/96) CNSTRCT. WPD



9575-52-0923

COUNTY OF HARNETT

007222 Permit:_

Receipt:

Date: 7-9-97

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:	APPLICANT INFORMATION:
NAME Kilarnold Corporation ADDRESS 5004 Independence Way Cameron, NC 28326 PHONE (919) 499-2552	NAME Kilarnold Corporation ADDRESS 5004 Independence Way Cameron, NC 28326 PHONE (919) 499-2552
PROPERTY LOCATION: Street Address Assigned	Connecticut Way
	TOWNSHIP 09 FIRE RESCUE
	LIT . 284 FLOOD PLAIN X. PANELO150-D
SUBDIVISION Heritage Village PH VI.	BLF LOT #GIO LOT/TRACT SIZE
	DEED BOOK 924 PAGE 326 ON FILE
WATSHED DIST, N/A WATER DIST	. N/A PLAT BOOK F PAGE 731-C
Give Directions to the Property HWY 27 W To HWY 87 S, Turn onto	from Lillington: HWY 24 W, Left into Heritage Village
Garage Deck (_) Multi-Family Dwelling No. (X) Manufactured Home(Size 28'x 16') (X) Number of persons per House (_) Business SqFt Retail Spa (_) Industry SqFt. (_) Home Occupation No. Rooms (_) Accessory Bldg. Size (_) Addition to Existing Bldg.	USED_USE
Erosion & Sedimentation Control	lell (No. dwellings) (_) Other ng?NO) (_) County (_) Other Plan Required? Yes No_X_ his lot but within 40 ft of the de Plan).
to scale on an 8.5 by 1 proposed buildings, gar	ached to this Application, drawn 1 sheet, showing: existing and rages, driveways, decks, accessor y wells within 40 feet of your

SETBACK REQUIREMENTS Front property line Side property line Corner side line Rear Property Line Nearest building Stream Percent Coverage	Actual 44 24	Minimum/Maximum Required			
Are there any other stru No. of single family dwe Other (specify & number)	No No	tract of land? No of manufactured homes 1			
Does the property owner contains a manufactured listed above? Yes	of this tract home within fi No <u>x</u>	of land own any land that ve hundred feet of the tract			
I hereby CERTIFY that the information contained herein is true to the best of my knowledge; and by accepting this permit shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES this PERMIT. I further understand this structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued. This permit expires six months from date issued. Landowner's Signature Of Authorized Agent)					
*********	*******	*********			
FOR OFFICE USE ONLY					
Copy of recorded final p	lat of subdivi	sion on file?			
	ied above in c ance?				
ISSUED	DEN:	IED			
Comments:					
Zoning/Watershed Administ		7-9-97			
Zoning/Watershed Administ	trator	Data			

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