

COUNTY OF HARNETT LAND USE APPLICATION

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

*Revised
09 May 02
CJP*

LANDOWNER: ROSALVA & MELQUIADES LANDAVERDE

Mailing Address: **149 PINE VILLIAGE**

City: **SANFORD** State: **NC** Zip: **27330**

Phone #: **919-499-7013**

APPLICANT: SAME AS ABOVE

Mailing Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

To Joe

PROPERTY LOCATION: SR #: 1210

SR Name: **HOOVER RD**

Parcel: **03-9577-0104-18**

PIN: **9577-84-3855**

Zoning: **RA-20R** Subdivision: _____ Lot #: **2** Lot Size: **1.874 ACS**

Flood Plain: **X** Panel: **0075** Watershed: **NA** Deed Book/Page: **1579/917-919** Plat Book/Page: **99/616**

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27W, TURN RIGHT ONTO HOOVER RD, SITE IS ON LEFT

PROPOSED USE:

☐ Sg. Family Dwelling (Size _____ x _____) # of Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____

☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

☒ Manufactured Home (Size **14x70**) # of Bedrooms: **3** **2 BATHS** Garage: _____ Deck: _____

Comments: _____

☐ Number of persons per household: _____ Number of Employees at business: _____

☐ 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: _____

Water Supply: ☒ County ☐ Well ☐ (# 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 family dwellings: _____ Manufactured homes: **1 PROP** 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
Front	35	100
Side	10	25
Nearest Building	10	NA
Rear	25	305
Corner	20	NA

*323
81
25*

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.

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.

Raul Garcia

 Signature of Applicant

22 Feb 02

 Date

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

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT

14

#BEDROOMS

Date 09 May 07 C Bell Administrator

Map # 99-233(A)^{Da}

HARNETT COUNTY INSPECTION DEPT

JOB NAME

DATE PLANS APPROVED _____

APPROVED BY

N 87°20'53"E (1408.71' total)

Residual

gress / Egress / Regress Easement for Lots 5-9

Required Property Line Setbacks		Actual
Front	10'	10'
Side	5'	5'
Rear	10'	10'

Minimum	Actual
35	323
10	61
20	
25	25
10	

Annette L. Coble
D.B. 982, Pg. 27

**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 # 19024. 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.*

Name ROSALVA & Melquiades Landaverde Telephone # 919-499-7013

Address _____

1210 Haver
Property Location SR# Road Name

— 2 3(14x70) 1.874ac
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional Other Pump to Conventional

☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☒ Public - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18 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.

Joe Warr 4-1-02
Signature of Authorized Agent for Harnett County Date