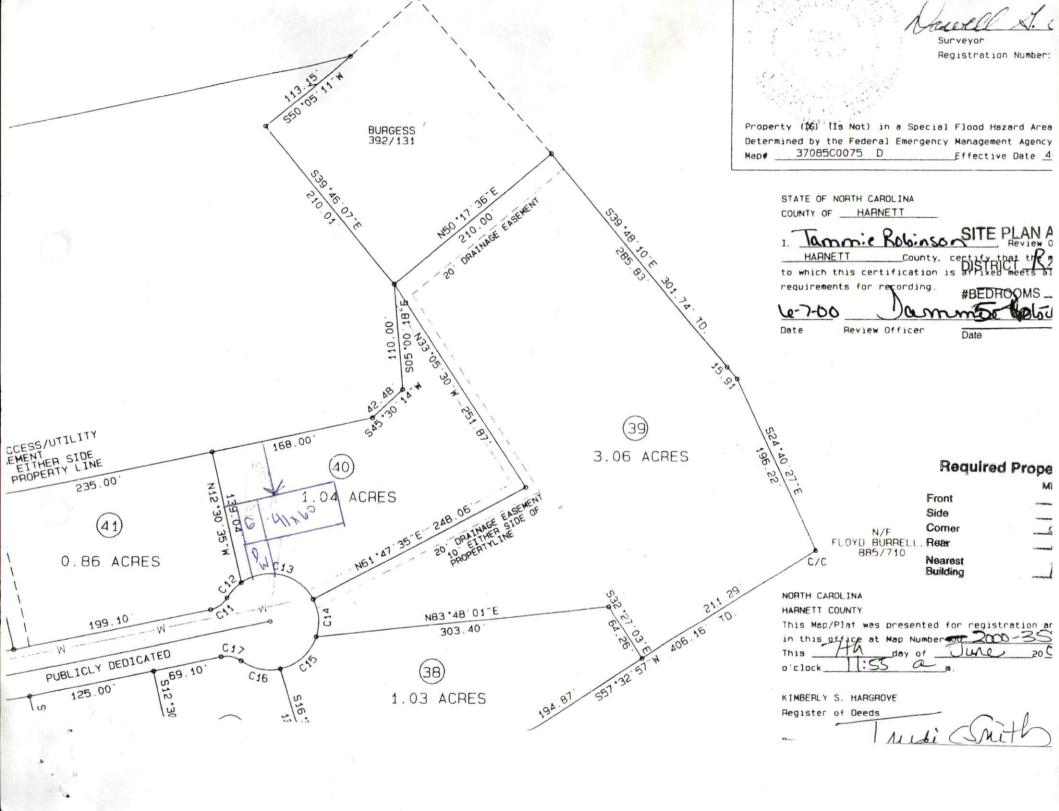
, Initial Application Date: 05-03-03

Central Permitting

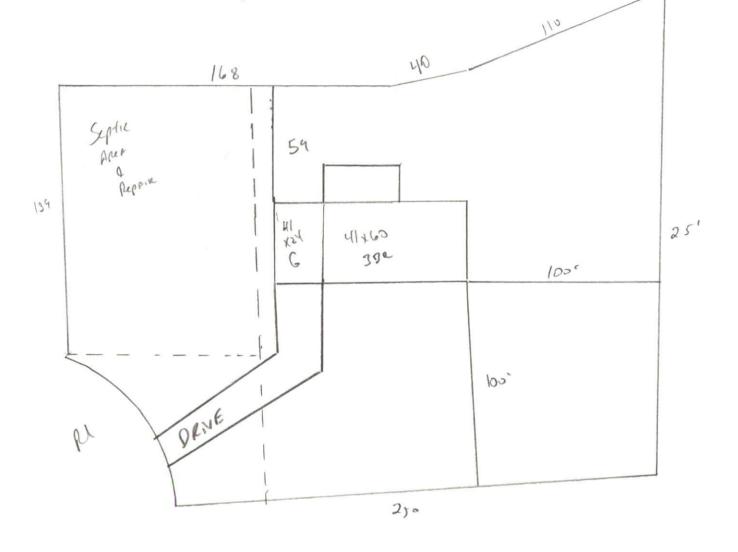
COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting	102 E. Front Street, Lillington, NO	C 27546 Pho	ne: (910) 893-4759	Fax: (910) 803 2702
Dec Pa	003100		0.50	1 44. (710) 693-2793
LANDOWNER: 12 1 1KG	DE K4182	Mailing Address:	P.O. Box 93:	2)
City: FACETTE VILLE	State: MC	_ Zip: 28311	Phone #:	
2-locat a	0.001		. 1	h . 1 6
applicant: BEDERT A	DURDEN	Mailing Address:	SIA WEST HO	orthopiat R)
City: DAKING LAKE	State: N.C	_ Zip: 28390	Phone #: 910	0 436 0372
,	h	1	-	
PROPERTY LOCATION: SR #: Parcel: D.3 - 9 5 7 6 - C Zoning: R A 30 Subdivision: Flood Plain: Panel:	SR Name:	1021		
Parcel: 03-75/6-0	10090 P	IN:	7-08-61	192
Zoning: 150 Subdivision:	Longleat ac	res	Lot#: 40	Lot Size: 1.047
Flood Plain: Panel:	Watershed: 107	Deed Book/Page:	1610-990 - Plat B	Book/Page: 2000-2
	11		992	30.0000
DIRECTIONS TO THE PROPERTY FROM	ALILLINGTON: HWY 27	WEST Imi	18 ON RIGHT	t oast Nursep
KOAD (LONGIEAX HOERS) KIGHT ON PIN	E HEEDE DR	· Right on (DAK TOD Ciele
ROAD LONGLEAC ACERS	(LOT 40)		J	1 -112
	Int of 1			
PROPOSED USE:				
☐ Sg. Family Dwelling (Size x	# of Bedrooms # Baths	Basement (w/wo	bath) Garage	Deck
☐ Multi-Family Dwelling No. Units ☐ Manufactured Home (Size ☐ X 67	No. Bedrooms/Unit_	1/ -1/ -20	18/12/ (٦.
Manufactured Home (Size 11 x 60	# of Bedrooms Garage	1/6 x 24 C Deck a	2 Bat	ths
Comments:				
		Туре		
(0120	# Rooms	Use		
, (bille	Use			
☐ Addition to Existing Building (Size_☐ Other	X Use			
Water Supply: County Wel	1 (No dwallings			
Sewage Supply: (New Septic Tank	Fyisting Sentic Tent	Other		
Erosion & Sedimentation Control Plan Require	ed? YES NO	ounty Sewer (_) Other	
Structures on this tract of land: Single family		\	Y	
Property owner of this tract of land own land the			(specify)	-
	linimum Actual	. ,		YES (NO')
	35 88	Minimur	n Actual	
Front <u>s</u>	00	Rear S	57	
Side	50	Corner 20		
Nearest Building	10			
If permits are granted I agree to conform to all	ordinances and the laws of the State of	North Carolina regulatir	ng such work and the specif	ications or plans submitted I
hereby swear that the foregoing statements are	accurate and correct to the best of my k	nowledge.		T. T
TO CY				
Attent to				
Signature of Applicant		(9 C3 C	λ	
Signature of Applicant		Date		

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



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