

Initial Application Date: 05-03-02

Revision per
Ol West 5-17-02
Donna

Application: 02-50004610

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: RES PROPERTIES Mailing Address: P.O. Box 9321
City: Fayetteville State: NC Zip: 28311 Phone #: _____

APPLICANT: Robert A Durdan Mailing Address: 81 A West Northpoint Rd
City: Springlake State: N.C. Zip: 28390 Phone #: 910 436 0872

PROPERTY LOCATION: SR# _____ SR Name: NC 27
Parcel: 03-9576-02-0090 PIN: 0517-08-6492
Zoning: RA30 Subdivision: Longleaf Acres Lot #: 40 Lot Size: 1.04 AC
Flood Plain: X Panel: 75 Watershed: NA Deed Book/Page: 1610-990-992 Plat Book/Page: 2000-359

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 27 West 1 mile on Right past Nursery Road (Longleaf Acres) Right on Pine Needle Dr. Right on Oak Top Circle, End of Court on Right (Lot 40) 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 41x60 # of Bedrooms 3 Garage _____ Deck _____ 2 Baths
Comments: 28x60 41x60
- Number of persons per household _____
- Business Sq. Ft. Retail Space _____ Type Revision
- Industry Sq. Ft. _____ Type 5-29-02
- Home Occupation (Size _____ x _____) # Rooms _____ Use Donna
- Accessory Building (Size _____ x _____) Use _____
- Addition to Existing Building (Size _____ x _____) Use _____
- Other _____

Water Supply: County Well (No. 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 _____ Other (specify) proposed
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>35</u>	<u>88 45' 40'</u>	<u>25</u>	<u>59' 25' 59'</u>
Side	<u>10</u>	<u>50 80' 50'</u>	<u>20</u>	
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.

Robert A Durdan
Signature of Applicant

05-03-02
Date

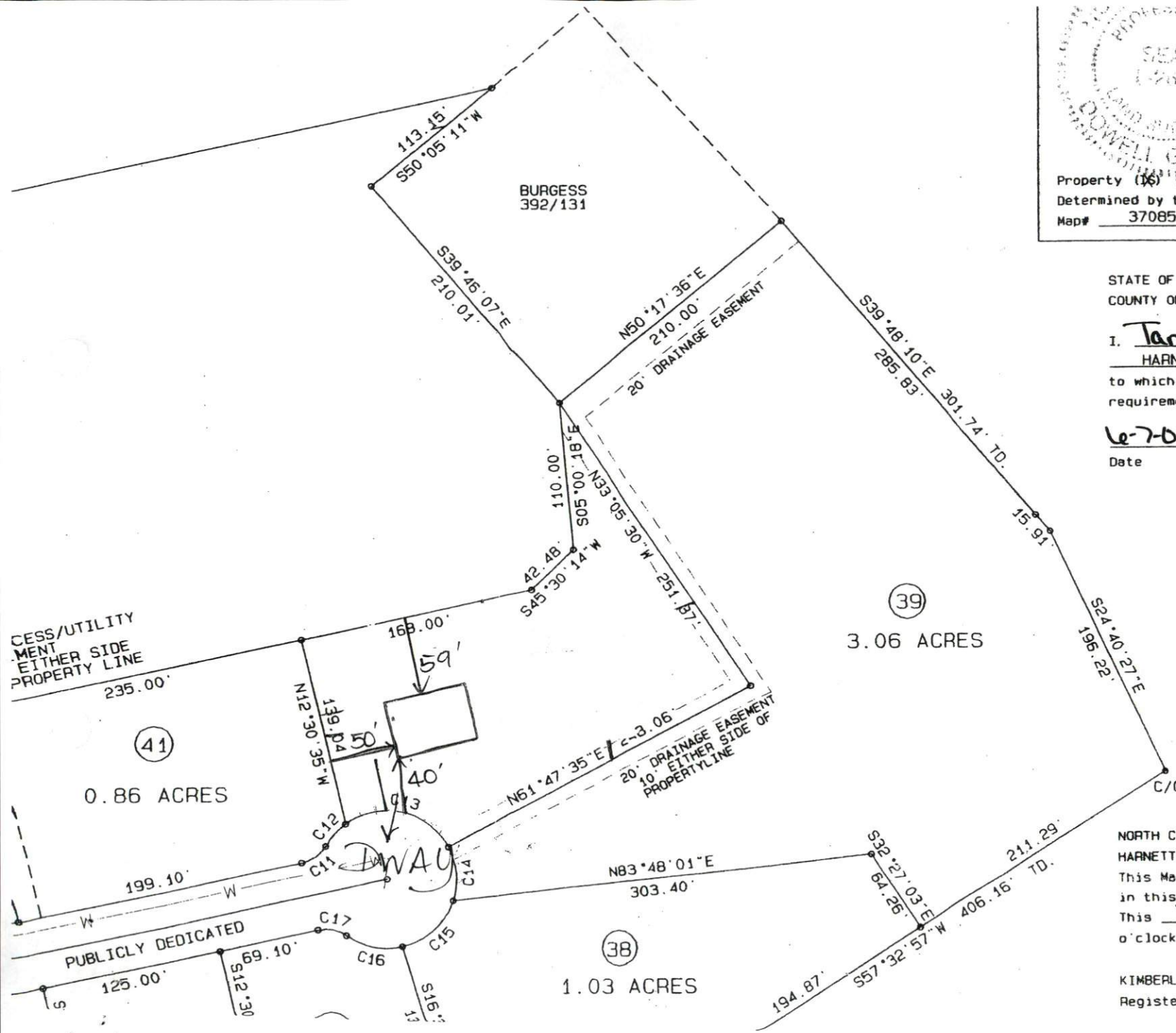
#518

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



Howell A. Edwards
 Surveyor
 Registration Number: L-2607

Property (16) (Is Not) in a Special Flood Hazard Area as Determined by the Federal Emergency Management Agency
 Map# 37085C0075 D Effective Date 4-16-90



STATE OF NORTH CAROLINA
 COUNTY OF HARNETT

I, Tammie Robinson Review Officer of
 HARNETT County, certify that the plat to which this certification is affixed meets all statutory requirements for recording.
 #BEDROOMS 3
 Date 6-7-00 Review Officer Tammie Robinson Date 5-17-02
5-29-00

Required Property Line

	Minimum
Front	<u>35</u>
Side	<u>10</u>
Corner	<u>20</u>
Rear	<u>25</u>
Nearest Building	<u>10</u>

NORTH CAROLINA
 HARNETT COUNTY
 This Map/Plat was presented for registration and recording in this office at Map Number 200-359
 This HA day of June 2000
 o'clock 11:55 a.m.

KIMBERLY S. HARGROVE
 Register of Deeds
Tami Smith

IMPROVEMENT PERMIT

02-54610

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) Robert Durden New Installation Septic Tank
Property Location: SR# NC 27 Repairs Nitrification Line

Subdivision Longleaf Acres Lot # 40

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (41x60) Lot Size: 1.04 AC

Basement with Plumbing: Garage: Please note the change in house location - Due to the size of the home, size of Garage, size of Deck & location of suitable soils - This house must be removed

Water Supply: Well Public Community

Distance From Well: 50 ft. of suitable soils - This house must be removed

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

Type of system: Conventional Other Pump to Conventional

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

Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 max in.

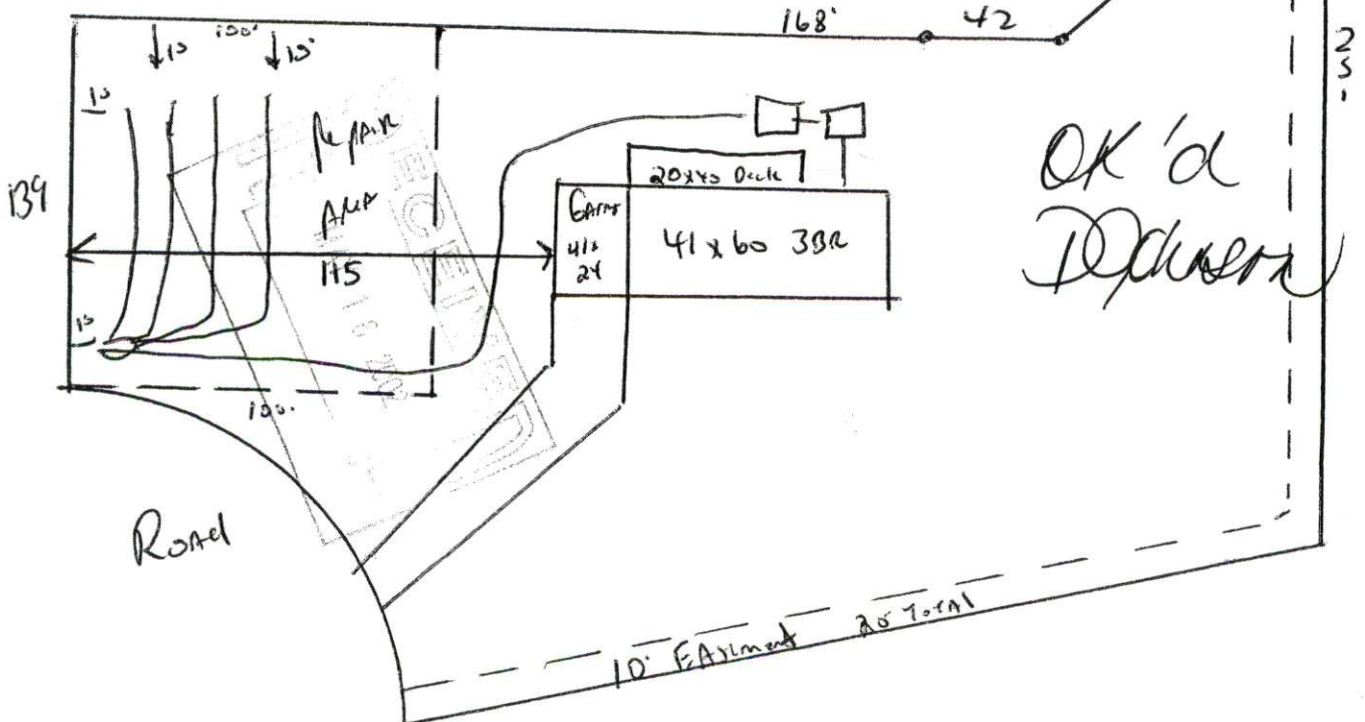
French Drain Required: _____ Linear feet

Date: 5-16-02

Signed: J. W. [Signature]
Environmental Health Specialist

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

Plot Plan must be changed to match this permit
Maintain all set backs 18" max ditch depths Follow contours 110
Do not drive on park on septic system



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 # 19094. 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.

Robert Durden 436-0872
Name Telephone #

Address

NC 27

Property Location SR# Road Name

Longleaf Area

40

3(41x60)

1.24ac

Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other Pump to Conv.

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: 50 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

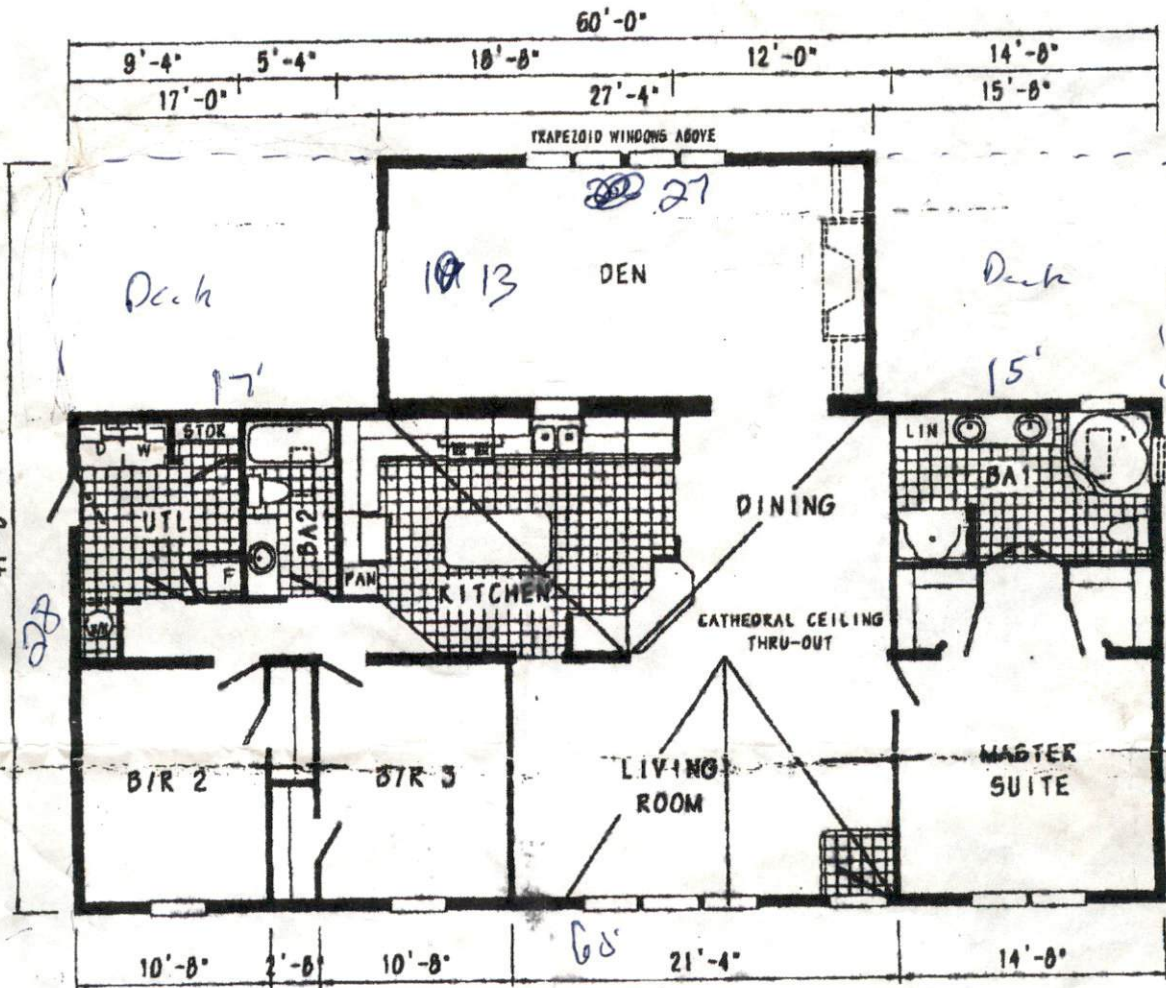
French Drain: Linear feet required _____ Depth of gravel _____

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.

[Signature] 5-16-02
Signature of Authorized Agent for Harnett County Date

VANDE ULT BUYERS DELUXE SEI S
MODEL NC 752 28' X 64' (60) - APPROX. 1,640 FT
VT 752 - WITH POD - APPROX. 2,013 SQ. FT

CUSTOMER'S NAME _____



5
 60
 -17
 34/13
 -17
 26
 5
 60
 -34
 26

910 893-9371
 FAX

FLOOR COVERING: CARPET _____

TILE _____
 FOYER TILE _____

MASTER BATH: VANITY TOP _____

CABINETS _____

BATH #2: VANITY TOP _____

CABINETS _____

KITCHEN: COUNTERTOPS _____

CABINETS _____

UTILITY: COUNTERTOPS _____

CABINETS _____

OUTSIDE: SIDING _____ SHUTTERS _____

SHINGLES _____

BRICK COLOR _____

SHEET ROCK WALLS ARE ALL PAINTED WHITE.

THE DECOR SELECTIONS SHOWN ABOVE ARE CORRECT.

800 537 2448

 SIGNATURE

 SIGNATURE

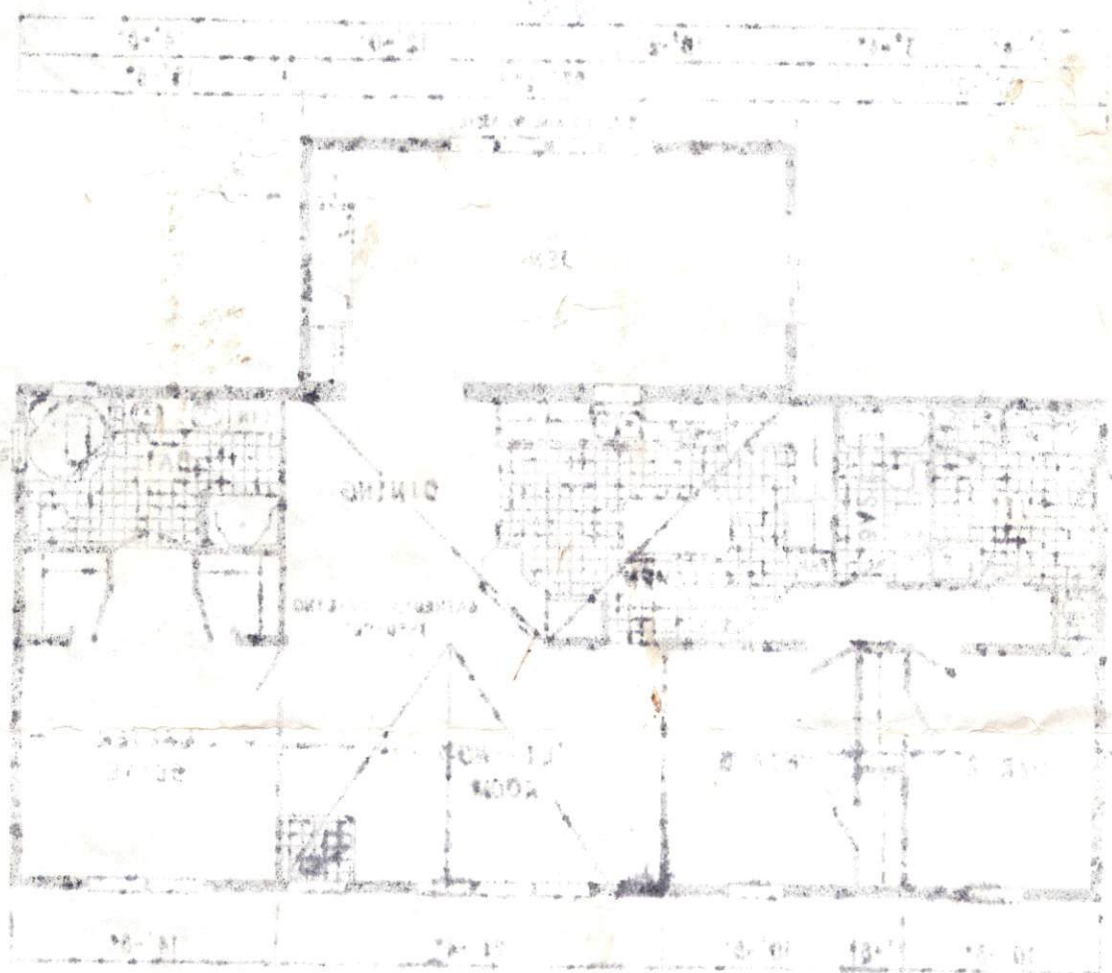
 DATE

ALL ROOM SIZES STATED ON FLOOR PRINTS ARE APPROXIMATE. IF PRECISE SIZES ARE NEEDED, CONSULT ENGINEERING PRINTS.

BUYDEL2 10/31/00

VANDE WILT BUYERS DELUXE SET
 MODEL NO. 1001 - APPROX. 1,800 sq. ft.
 ATTYS - WINTERD - APPROX. 2,000 sq. ft.

CUSTOMER'S NAME



WATER BATH	WATER TOP	WATER TOP
BATH	WATER TOP	WATER TOP
KITCHEN	WATER TOP	WATER TOP
HALL	WATER TOP	WATER TOP
OUTSIDE SIDING	WATER TOP	WATER TOP
TRUCK COLOR	WATER TOP	WATER TOP

ALL ROOM SIZES SHOWN ABOVE ARE CORRECT
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