

Initial Application Date: 06/28/02

*Revised
No. 511422*

Application #: 02-50005016

COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting
102 E. Front Street, Lillington, NC 27546
Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: DAVENPORT DAVID Mailing Address: 4821 NC 210 SOUTH
City: BUNNLEVEL State: NC Zip: 28323 Phone #: 910-893-2604

To Oliver

APPLICANT: SAME AS ABOVE Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: NC 210 SR Name: NC 210

Parcel: 12-0547-0001 PIN: 0547-27-5837

Zoning: RA 20 R Subdivision: NA Lot #: _____ Lot Size: 1.74 AC

Flood Plain: X Panel: 90 Watershed: III Deed Book/Page: 805-707 Plat Book/Page: TAX MAP

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 4 MILES SOUTH OF LILLINGTON ON HWY 210 LEFT SIDE OF HWY AT TOP OF HILL JUST PAST TEMPLE ROAD

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 14x80) # of Bedrooms: 3 Garage: NA Deck: NA

Comments: _____

Number of persons per household: 2 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 SWMH PROPOSED HOME 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	90
Nearest Building	10	NA
Rear	25	30
Corner	20	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.

Signature on file
Signature of Applicant

6-28-02
Date

****This application expires 6 months from the date issued if no permits have been issued**** *(650) 7-17 S*

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- Industry: Sq. Ft.: _____ Type: _____
- Home Occupation: (Size _____x_____) # Rooms: _____ Use: _____
- Accessory Building: (Size _____x_____) Use: _____
- Addition to Existing Building: (Size _____x_____) Use: _____
- Other: _____

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#61472(2)

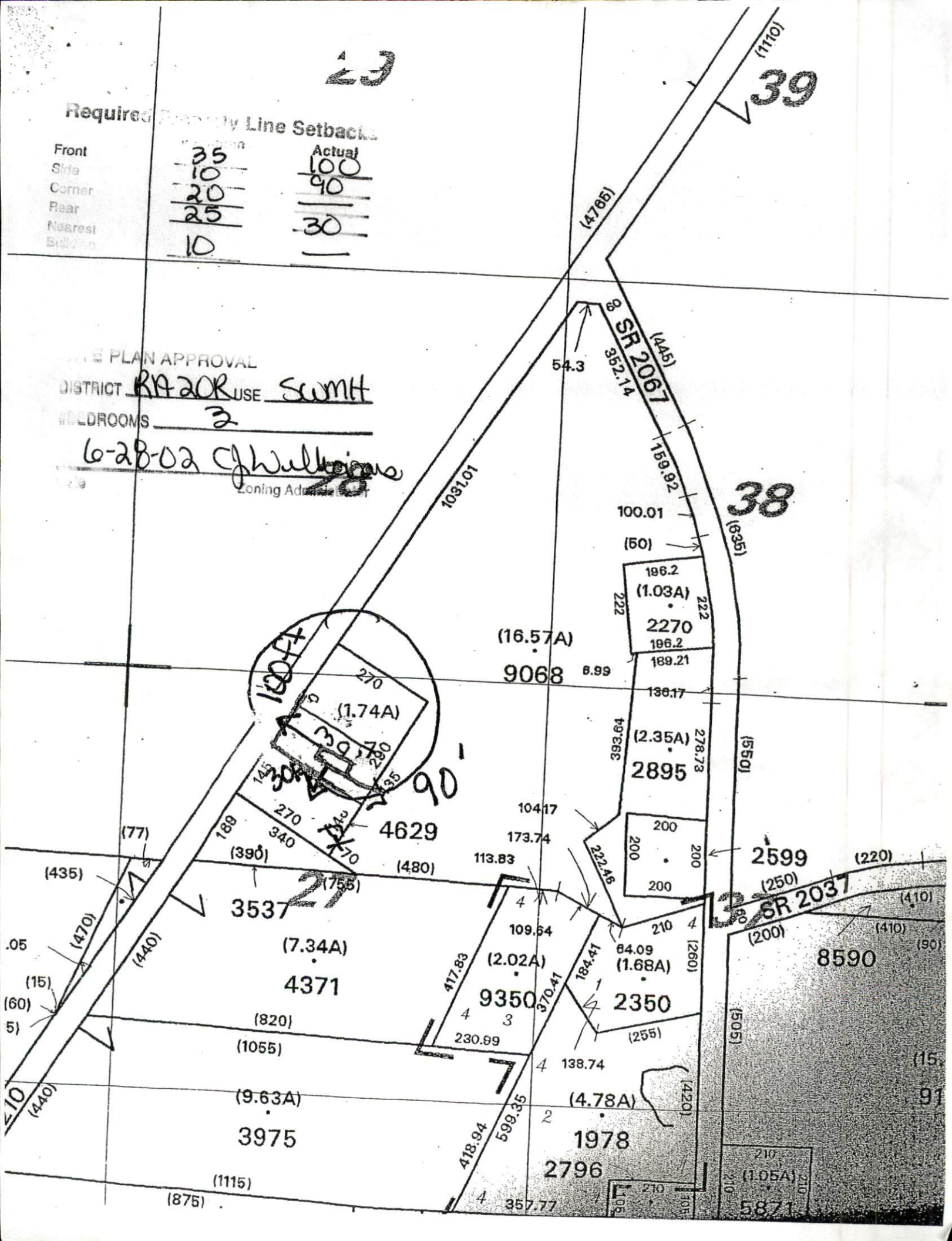
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A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT

Required Property Line Setback

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Side	10	90
Corner	20	
Rear	25	
Nearest Building	10	30

PLAN APPROVAL
 DISTRICT RA20R USE SumH
 BEDROOMS 3
6-28-02 C. Williams
 Zoning Administrator



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SR 2037

(875)

5871