Signature of Owner or Owner's Agent

COUNTY OF HARNETT LAND USE APPLICATION

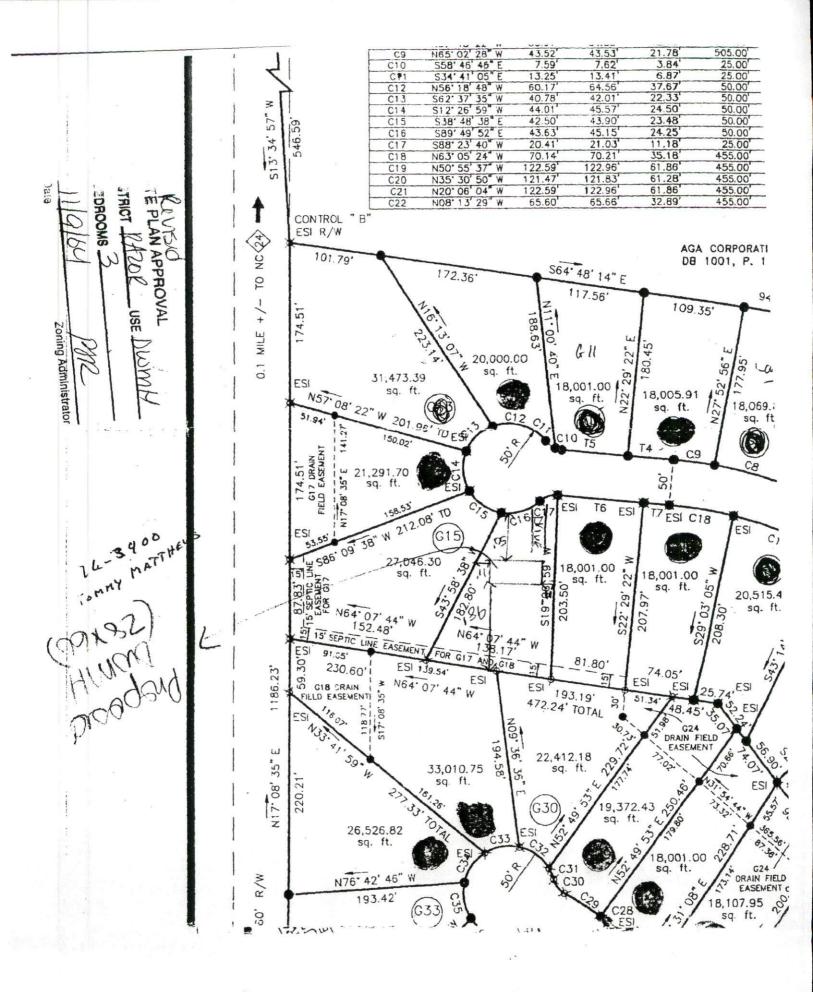
| Central Permitting 1 | 02 E. Front Street, Lilling | ton, NC 27546 | Phone | : (910) 893-4759 | Fax: (910) 893-2793 |
|--|----------------------------------|--|--|------------------------|-----------------------|
| LANDOWNER: KILAMOL | .D | Mailing Addr | ess: Hwy | 24 | |
| City: CAMKRON | | | | | |
| APPLICANT: CHOO CHOO H | | | | | 50 |
| City: FAY KTTRULLE | | | | | |
| | | | The state of the s | | |
| PROPERTY LOCATION: SR #: KW | 4 24 h SR Name: | HWY 2 | 4 | | |
| Address: 67 616 Con | JNECTICUT 1 | VA4 11105 (| Connectic | utwall | |
| Parcel: 099575 0301 | 18516 | PIN: 95 | 75-57-17 | 18 | |
| Zoning: ZAZOR Subdivision: H | KRITACR VIC | ACE | lot# | G16 L | ot Size: 37 |
| Flood Plain: X Panel: 150 | Watershed: Y | 1/A Deed Boo | k/Page: 1195/9 | Z 8 Plat Book | (Page: #F173F) |
| DIRECTIONS TO THE PROPERTY FRO | M LILLINGTON: THICK | 2) west for | a Allan | 20 Must " | THIN EXET HA |
| HWY 24 MI FOR Allas | n 2 Mices 1 | wan reals | INTO HAD | GACK VILL | ACK for 100. |
| TINN RIGHT INTO M | RAISACR WAY | PROCESSO PO | a APPROX | 300 4400 | 2 2 nd Thank |
| RIGHT. PROCKED RON | Affron 2010 y | ARDS TO | STH LOT LOT | y cale | 70 0 7000 |
| PROPOSED USE: | 1 | | | | |
| ☐ Sg. Family Dwelling (Sizex_ |) # of Bedrooms | # Baths Base | ement (w/wo bath) | Garage | Deck |
| Multi-Family Dwelling No. Units | No. Bed | rooms/Unit | , | | DCCK |
| Manufactured Home (Size 28 x 26 | | | | - | |
| Number of persons per household | _ | | | | |
| ☐ Business Sq. Ft. Retail Space _ | | Туре | - | | |
| ☐ Industry Sq. Ft | | Туре | | | |
| ☐ Church Seating Capacity | | | | | |
| Home Occupation (Sizex_ |) # Rooms | Use _ | | | |
| Additional Information: | | | | | |
| Accessory Building (Sizex_ |) Use | | | | |
| ☐ Addition to Existing Building (Size_ | x) Use | | | | |
| Other | | | | | |
| Additional Information: | | | | | |
| Water Supply: (_) County (_) Wel | | | | | |
| Sewage Supply: New Septic Tank | () Existing Septic Ta | ank () Cour | nty Sewer (|) Other | |
| Frosion & Sedimentation Control Plan Rec | | | | | |
| Property owner of this tract of land own lar | nd that contains a manufac | ctured home w/in five | hundred feet (500') | of tract listed above? | YES NO |
| Structures on this tract of land: Single fam | nily dwellings Ma | anufactured homes | prop other label | ify) <u></u> | |
| Required Residential Property Line Set | backs: | Minimum | Actual | | - |
| | Front | 35 | 50 | | |
| | Poor | | 160 98 | | |
| | Rear | 25 | | | |
| | Side | 10 | - 1/ | | |
| | Corner | 20 | | | |
| | Nearest Building | 10 | 26 | | |
| fita | Description of the second second | The second secon | | | |
| f permits are granted I agree to conform | to all ordinances and the | laws of the State of | f North Carolina regu | lating such work and | the specifications or |
| lans submitted. I hereby wear that the fo | regoing statements are a | ccurate and correct t | to the best of my know | wledge. | |
| //s/.//n | | | 1/ | ? 1 | |
| 1000 | | | 1/009 | 1-56 | |

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

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

Date

IVR 14/10 S



=100

IM. POVEMENT PERMI. Be it ordained by the Harnett County Bo f Health as follows: Section III, Item B. "... erson 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." Kilarnold New Installation Septic Tank Name: (owner) _ Property Location: ☐ Repairs Nitrification Line UllAge Subdivision_ Tax ID #. _ Quadrant #_ Number of Bedrooms Proposed: Lot Size: 18,013 55 Basement with Plumbing: Garage: Water Supply: Public ☐ Well Community Somia Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other_ Size of tank: Septic Tank: (33) gallons Pump Tank: 1000 gallons Subsurface No. of exact length depth of Drainage Field of each ditch ditches _> ft. ditches 18-24 in. French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. 3 32 3

HARNE IT COUNTY HEALTH DEPARTMENT

12529

AUT ORIZATION TO CONTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # $\frac{12529}{12529}$. 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 K. IAROSICI CORP | | | | | |
|--|--|--|--|--|--|
| Name: Telephone # | | | | | |
| Address: | | | | | |
| Property Location: SR# HWY 24 Road Name | | | | | |
| New Installation Repair Septic Tank Nitrification Lines | | | | | |
| Subdivision Heritage Village Lot# G-16 | | | | | |
| Number of Bedrooms Proposed: Lot size: 18,013 59 f4 | | | | | |
| Basement With Plumbing Without Plumbing | | | | | |
| Water Supply: Well Public Minimum Well Setback: ft. | | | | | |
| Type of System: Conventional Other | | | | | |
| Tank Volume: Septic Tank /000 gallons Pump Chamber /000 gallons | | | | | |
| Nitrification Field Specifications | | | | | |
| Number of fields Number of Lines per Field Length of lines | | | | | |
| Width of ditches 3 ft. Depth of ditches $18-24$ 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: (13-97) Date: 8-13-97 Revised 2/96 parameters (18 4/8) | | | | | |
| (Revised 2/96) CNSTRCT.WPD (L. W.) 8-1-02 | | | | | |

Application #

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759 Fax: (910) 893-2793

| City: S ANFORD | | Mailing | Address: | 260 LAKEVIEW PRIM |
|---|----------------------------|-------------------|---------------|--|
| City: SANFORD | State:N | IC Zip: | 27332 | |
| | | | | 177-0515 |
| APPLICANT: JUDITH L. SWEENER City: LILLINGTON | × | Mailing | Address. | 125 Dames: |
| City: LILLINGTON | State: N | IC Zin: | 27546 | 125 PATSY LEMON LANE |
| | | | 27340 | Phone #: 919-498-0244 |
| PROPERTY LOCATION: SR #: 24 | SR Name: | | | |
| Parcel: 09-95/5-03-0185-16 | | DDY 95 | 75-57 | - 1746 |
| Zoning: RA ZU R Subdivision: HERTTACE | TITTAC | T) | | |
| DIRECTIONS TO THE PROPERTY FROM LILLINGTON: | Highway | 27 +0 | Tobas | Plat Book/Page: pcf 731c |
| 24 go 2 miles to Herita | ge Vill | age on r | iaht | go to lot gis |
| | 1 | | | go to lot GIb. |
| 165 | Conneck | iced 4 | ray | |
| PROPOSED USE: | | | | |
| ☐ Sg. Family Dwelling (Sizex) # of Bedrooms ☐ Multi-Family Dwelling No. Units | # Baths | Bas | ement (w/v | (o bath) Garage |
| | | | | |
| Manufactured Home (Size 28 x 60) # of Bedrooms | 3 Gara | ige | Deck 8 | X16 |
| Comments. | | | | |
| □ Number of persons per household □ Business Sq. Ft. Retail Space | | | | |
| dilei | Use | Type Use | 3. 4. | Manufactured home must have a pitched re- Manufactured home must have underpinning Moving apparatus must be removed, under pinned, or landscaped. Steps 2&3 completed w/in 60 days of C.O. issuance. |
| Water Supply: (X) County (Well (No. dwelling | gs) | () (| Other | |
| Grosion & Sedimentation Control Plan Required? YES Structures on this tract of land: Single family dwellings | ic Tank (NO X Manufacts |) County Sew | er (| |
| Property owner of this tract of land own land that contains a mar Required Property Line Setbacks: Minimum | iuiactured nome | w/in five hundre | ed feet (500 |) of tract listed above? YES NO X |
| Front 35 | Actual 5 D | Rear | Minim | Actual |
| Side10 | 10 | rear | _ 25 | |
| | | Corner | _20 | _ |
| Nearest Building 10 | _NA_ | | | |
| nermits are granted Lagree to conform to all and | | | | |
| permits are granted I agree to conform to all ordinances and the ereby swear that the foregoing statements are accurate and corre | e laws of the Sta | ate of North Caro | olina regular | ing such work and the specifications or plans submitted |
| ereby swear that the foregoing statements are accurate and corre | ct to the best of | my knowledge. | | , and an interest of the second |
| udithy Sulloner | | Date | -10 | -02 |

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

HARNETT COUNTY HEALTH DEPARAMENT

Nº 12529

IPROVEMENT PEI...IIT

| Be it ordained by the Harnett County Board of Health as fol tion of any building at which a septic tank system is to be used for from the Harnett County Health Department." | lows: Section III, Item B. "No Person shall begin constructed disposal of sewage without first obtaining a written permits." |
|--|--|
| Name: (owner) Kilmand Corp | New Installation Septic Tank |
| Property Location: SR# Hentage Ullage | Repairs Nitrification Line |
| Subdivision Heritage VIIAge | Lot #_ G-16 |
| Tax ID # | Quadrant # |
| Number of Bedrooms Proposed: | Lot Size: 18,013 54 PJ |
| Basement with Plumbing: Garage: | |
| Water Supply: Well Public Commun | nity |
| Distance From Well: 50mm ft. | |
| Following is the minimum specifications for sewage disposatinal approval. | ^ |
| Type of system: Conventional Other | Punp to Carri |
| Size of tank: Septic Tank: (25) gallons | Pump Tank: 1000 gallons |
| | width of depth of ft. ditches 18-24 in. |
| French Drain Required: Linear feet | |
| Date | : 8-15-57 |
| This permit is subject to revocation if site plans or intended use change. | ed: In LAN Environmental Health Specialist |
| plans of intended use change. | /Environmental Health Specialist |
| 5. | |
| 5. 1 | 113 |
| Shallow Shallow Shallow Shallow Sollow Sontones Lephone Lephon | Intalling Connectic-t was Connectic-t was Now 382 MH D8848 382 |
| 1 S. OSA X. | 25 88 |

