

Initial Application Date: 7-10-02 *As. issued Dec 2002* Application # 3-5-5094

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: Terry L. Wagoneer Mailing Address: Revised by CJO
City: _____ State: _____ Zip: _____ Phone #: 10-28-02 *per Oliver*

APPLICANT: Clayton Tracy McClain Mailing Address: 1248 Latrell Cir
City: Spring Lake State: NC Zip: 28390 Phone #: 960-8960

PROPERTY LOCATION: SR #: 1122 SR Name: McKay Duru
Parcel: 01-0574-0315-01 PIN: 0574-01-0807
Zoning: RAZOM Subdivision: Seven Lakes Sic 1A Lot #: 3 Lot Size: .47AC
Flood Plain: X Panel: 0165 Watershed: N/A Deed Book/Page: 01K Plat Book/Page: 7/119

Modular

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Come down 210 all the way to Spring Lake at the light in Spring Lake at Ray Road make right at the light onto Ray Rd come down until you get to a sign say Farm View Park that's McKay Rd right behind the brick building is lot #3 you should see survey stake

PROPOSED USE:
 Sg. Family Dwelling (Size 2876 # of Bedrooms 4 # Baths 2 Basement (w/wo bath) _____ Garage _____ Deck 7x8 front

Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
Comments: _____ 7x8 deck near

Number of persons per household 4
 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 _____ per Oliver's Det home back 30 feet from back property line no charge per Oliver 10-28-02

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) _____

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

	Minimum	Actual	Minimum	Actual
Front	<u>35'</u>	<u>55'</u>	<u>25'</u>	<u>50'</u> <u>30'</u>
Side	<u>10'</u>	<u>27'</u>	<u>—</u>	<u>—</u>
Nearest Building	<u>10'</u>	<u>—</u>	<u>—</u>	<u>—</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.
Signature of Applicant: Clayton Tracy McClain Date: 7/10/02

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

Revision by (C) 10-28-02

per Oliver
no charge

SITE PLAN APPROVAL

DISTRICT RA20M USE dwmt

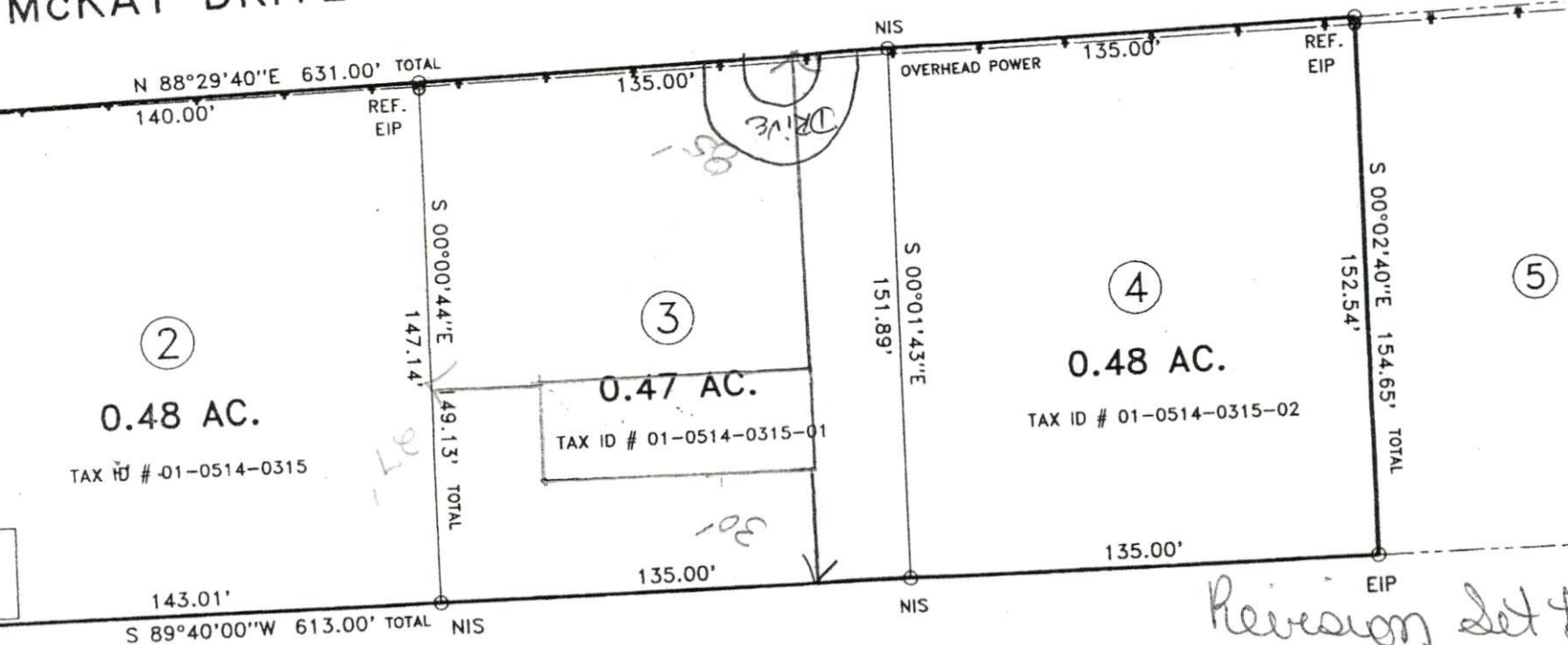
#BEDROOMS 3

Date 10-28-02 C.J. Williams

Zoning Administrator

"McKAY DRIVE"

60' R/W



②
0.48 AC.
TAX ID # 01-0514-0315

③
0.47 AC.
TAX ID # 01-0514-0315-01

④
0.48 AC.
TAX ID # 01-0514-0315-02

ALL AMERICAN MORTGAGE
DB 995, PG 699
PC F, SLIDE 130-C

Required Property Line Setbacks

	Minimum	Actual
Front	35	85
Side	10	27
Corner	20	
Rear	25	30
Nearest Building		

Revision Set Backs

10-28-02

Revision by (C) 10-28-02
per Oliver no charge

92

ROAD

(180)

210

4020

McKAY DR SR 1122

SR 1122

SR 1122

3840

3760

ANDERSON CREEK COMMUNITY CHURCH

(4.7A)

4405

91

CAMELLIA LANE (PRIVATE DRIVE)

CAMELLIA LANE (PRIVATE STREET)

AZALEA DRIVE (PRIVATE DRIVE)

01

Required Property Line Setback

Minimum	Actual
35'	55'
10'	27'
25'	35'
10'	10'

THE PLAN APPROVAL
DISTRICT 0752
BEDROOMS 4

RAZOR USE Modular

7-1-02

Boundary Bed
Zoning Administrator
Wally McAdam

02

(1.10A)

1607

8331

149.92

105

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THE PLAN APPROVAL
DISTRICT (1.19A) RAZON USE Modular
0752 4 BEDROOMS

7-1-02 Sunday Bed
City Administrator
Mary McAllen
6536
02

92

Required Property Line Setbacks

Minimum	Actual
35'	55'
10'	27'
25'	5'
10'	

ROAD

(180)

McKAY DR SR 1122

SR 1122

CARNATION CIRCLE

CAMELLIA LANE (PRIVATE DRIVE)

CAMELLIA LANE (PRIVATE STREET)
AZALEA DRIVE (PRIVATE DRIVE)

91

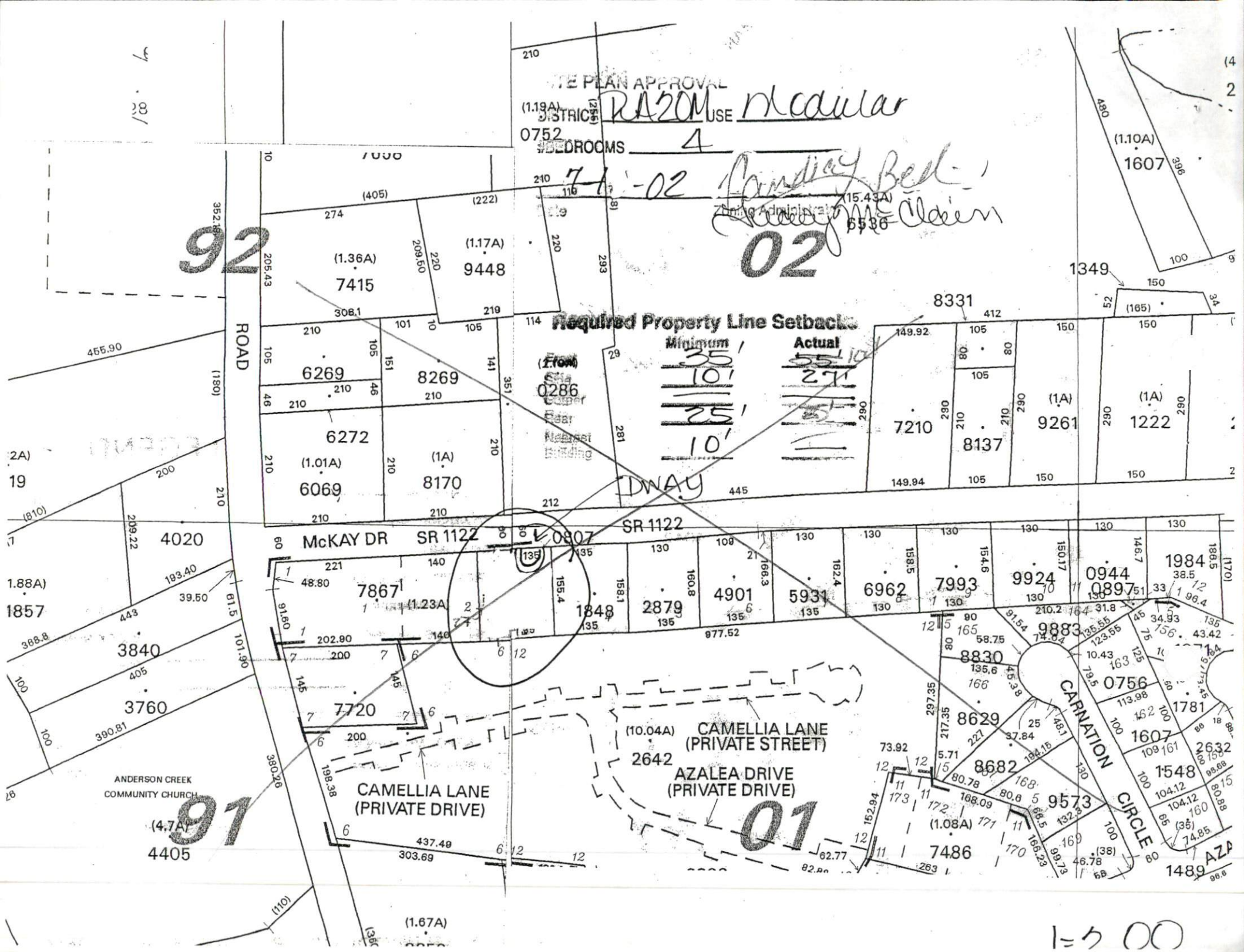
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ANDERSON CREEK COMMUNITY CHURCH

4405

(1.67A)

1-5 00



03-5-5094

HARNETT COUNTY HEALTH DEPARTMENT

No 19532

IMPROVEMENT PERMIT

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) TRACY McCLAIN

New Installation

Septic Tank

Property Location: SR# 1122 MCKAY DR.

Repairs

Nitrification Line

Subdivision TWIN LAKES SEC 2A

Lot # 3

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 4

Lot Size: .47 AC

Basement with Plumbing:

Garage:

Water Supply: Well Public

Community

Distance From Well: 100 ft.

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

Type of system: Conventional

Other 25% REDUCTION SYSTEM

Size of tank: Septic Tank: 1000 gallons

Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 5 of each ditch 5 ft.

^{or} width of ditches 3 ft. ^{or} depth of ditches 18 in.

French Drain Required: _____ Linear feet

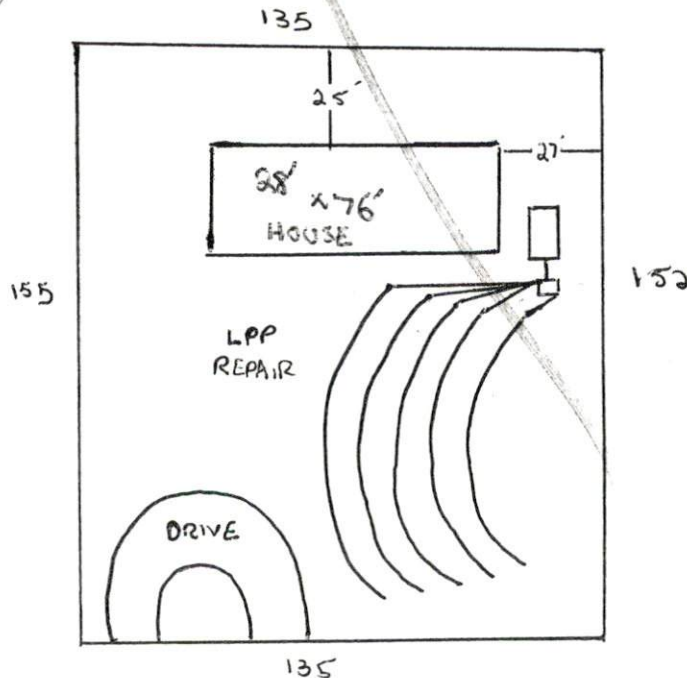
Date: 7/24/02

Signed: OLIVER TOLKSOEFF
Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
- * RUN LINES ON CONTOUR

DRAWING
NTS



SR 1122

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 # 19532. 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.*

TRACY McCLAIN 960-8960
Name Telephone #

1248 LATRELL CIRCLE SPRING LAKE NC 28390
Address

1122 MCKAY DRIVE
Property Location SR# Road Name

TWIN LAKES SEC 1A 3 4 .47 AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 25% RED Sys [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 70 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] 7/24/02
Signature of Authorized Agent for Harnett County Date