

Initial Application Date: 11/9/04

Applic: 03500005144R
775343

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: Kilarnold Corp Mailing Address: Hwy 24
City: Cameron State: NC Zip: _____ Phone #: 919-499-6313

APPLICANT: Antonio Gaddis Mailing Address: 703 Regina Dr.
City: Spring Lake State: NC Zip: 28326 Phone #: 910-670-2924

PROPERTY LOCATION: SR #: 1193 SR Name: Heritage Way
Address: Connecticut Way
Parcel: 09957503 085 13 PIN: 9575-53-0078
Zoning: R226R Subdivision: Heritage Village Lot #: 613 Lot Size: .73
Flood Plain: X Panel: 130 Watershed: n/a Deed Book/Page: OTP Plat Book/Page: # F731-C

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Approx 20 miles on 27 west turn left
on Hwy 24 east for approx 2 miles turn right into Heritage Village
for 100 yards turn right into Heritage Way (paved for 300 yards
to 2nd turning and right. Paved for 200 yards to last lot and right at end

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 28 x 48) # of Bedrooms 3 Garage Deck
 - Number of persons per household 2
 - Business Sq. Ft. Retail Space Type
 - Industry Sq. Ft. Type
 - Church Seating Capacity Kitchen
 - Home Occupation (Size x) # Rooms Use
- Additional Information: _____
- Accessory Building (Size x) Use
 - Addition to Existing Building (Size x) Use
 - Other

Additional Information: _____
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

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
Structures on this tract of land: Single family dwellings Manufactured homes 1 prop dwm Other (specify)

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	50
Rear	25	135
Side	10	15
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 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]
Signature of Owner or Owner's Agent

11-9-04
Date

****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

IVR 11/10/05

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

No 12526

03-5-5144

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "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) McArnold Corp South
Property Location: SR# Sweeney

- New Installation
- Septic Tank
- Repairs
- Nitrification Line

Subdivision Heritage Village Lot # 6-13
Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28756) Lot Size: 31,473 sq ft

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 min ft.

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: 1000 gallons Pump Tank: _____ gallons

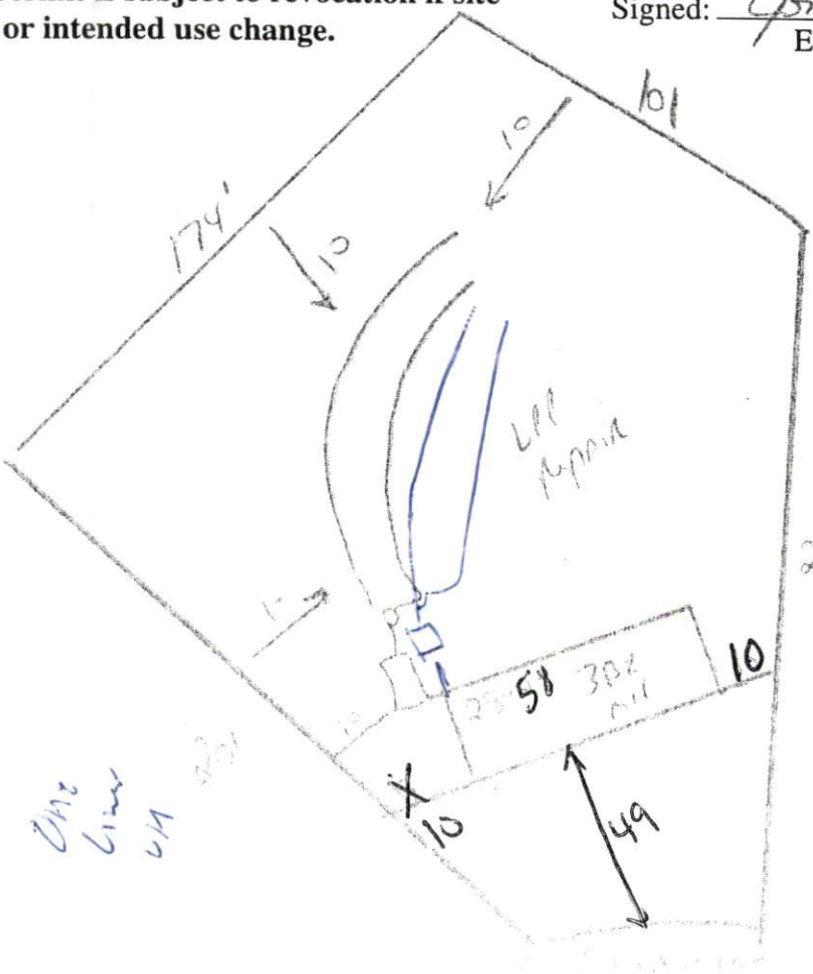
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain Required: _____ Linear feet

Date: 8-19-97 7-23-02

Signed: [Signature] [Signature]
Environmental Health Specialist

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



STUB out Plumbing
Shallow 18.24" Ditch
Depth Follow contour
Maintain all
Required set Backs

Mark
with

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # 12524. 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. I. Arnold Corp

Name: _____ Telephone # _____

Address: _____

Property Location: SR # HWY 24 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Heritage Village Lot # G-13

Number of Bedrooms Proposed: 3 (28x58) Lot size: 21,473 sq ft

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 100

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: [Signature] Date: 8-13-97

(Revised 2/96) CNSTRCT.WPD [Signature] 7-23-02