Initial Application Date: 7-9-03 WISCO Sul DZ Gell

Application #

## COUNTY OF HARNETT LAND USE APPLICATION

Central Perm	itting	Z
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signature of Applicant

102 E. Front Street, Lillington, NC 27546

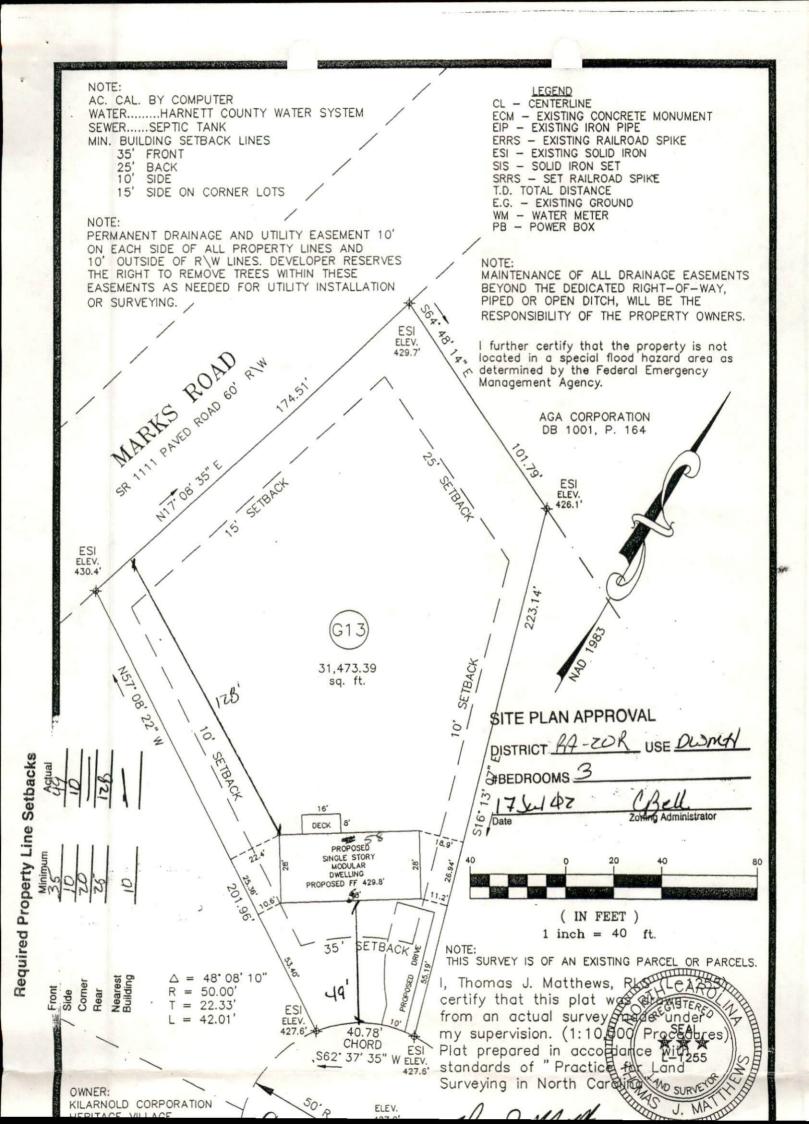
Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: KILARNOLD, CORP	Mailing Address: 260 LAKEVIEW DRIVE
City: SANFORD State: NC	Zip: 27332 Phone #: 919-499-6313
APPLICANT: JUDITH L. SWEENER	Mailing Address: 125 PATSY LEMON LANE
City: LILLINGTON State: NC	Zip: 27546 Phone #: 919-498-0244
	212 130-02-11
PROPERTY LOCATION: SR #: 24 SR Name:	* 1
Parcel: 09-9575-03-0185-13	PIN: 9575-53-0078
Zoning: RA 20 R Subdivision: HERITAGE VILLAGE	Lot #: G13 Lot Size:72ac.
Flood Plain: X Panel: 165 Watershed: NA	Deed Book/Page: otp Plat Book/Page: pcf 731c
SUCION (1)	
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Highway	27 to Johnsonville, turn left on
24 go 2 miles to Heritage Village	e turn right go to lot G13.
160 Connecti	w Vay
PROPOSED USE:	
Sg. Family Dwelling (Size x # Baths # Baths	Basement (w/wo bath) Garage Deck
Multi-Family Dwelling No. Units No. Bedrooms/Unit	t
Manufactured Home (Size 28 x 58) # of Bedrooms 3 Garage	e Deck <u>8X16</u>
Comments:	
Number of persons per household	
☐ Business Sq. Ft. Retail Space	Type 1. Manufactured home must have a pitched roof
☐ Industry Sq. Ft	Type 2. Manufactured home must have underpinning.
☐ Home Occupation (Sizex) # Rooms	Use 3. Moving apparatus must be removed under
☐ Accessory Building (Sizex) Use	pinned, or landscaped.  4. Steps 2&3 completed w/in 60 days of C.O.
Addition to Existing Building (Sizex) Use  Others	issuance.
U Other	
Water Supply: (X) County (No. dwellings)	(_) Other
Sewage Supply: (X) New Septic Tank () Existing Septic Tank (	_) County Sewer () Other
Erosion & Sedimentation Control Plan Required? YES NO X	~w
Structures on this tract of land: Single family dwellings Manufactur	red 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 y
Required Property Line Setbacks: Minimum Actual	Minimum Actual
Front <u>35</u> 49	Rear _25 178
16	
Side	Corner
Nearest Building 10 NA	
It permits are granted I agree to conform to all ordinances and the laws of the Sta	ate 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.
( )	

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

M-10-02



## HARNETT COUNTY HEALTH DEPAPTMENT

Nº 12526

## PROVEMENT PER...T

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." KilArnold Corp Name: (owner) \_\_ New Installation Septic Tank Property Location: Nitrification Line Subdivision Tax ID #\_ Quadrant #\_ Lot Size: 31, 473 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Public ☐ Well ☐ Community 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\_ Septic Tank: 1000 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length width of depth of depth of ditches 1824 in. Drainage Field of each ditch OO ditches French Drain Required: \_ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 101 STUB out Plumbing Shallow 18-24" Ditch Dyrth Follow Contours Maintain All Regulard set BARKS 223 300 28478 30, CONN. WAY

## HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CONTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # $\frac{12526}{1252}$ . 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 KARCOLD CORP
Name: Telephone #
Address:
Property Location: SR # _ HWY 2 4 Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Heritage Village Lot # 6.13  Number of Bedrooms Proposed: 3 Lot size: 31,473 54 A4
Number of Bedrooms Proposed: 3 Lot size: 21,473 54 A4
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines O
Width of ditches $3$ ft. Depth of ditches $1824$ 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: Date: 8-13-97
(Revised 2/96)cnstrct.wpd