

Initial Application Date: 08/26/02

Application #: 03-50005438

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

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

LANDOWNER: DEWAR BOBBY T

Mailing Address: _____

City: FUQUAY VARINA

State: NC Zip: 27526

Phone #: 910-980-2274

Disconnected

APPLICANT: LANHAM DONNA C

Mailing Address: 8401 FALCON CREST CIR

City: ANGIER

State: NC Zip: 27501

Phone #: 919-639-9969

*Revised by CFW
10-18-02
no charge*

PROPERTY LOCATION: SR #: 1423

SR Name: TYLER DEWAR LANE

Parcel: 05-0614-0050 PIN: 0614-62-8835

Zoning: RA 30 Subdivision: _____ Lot #: 4 Lot Size: 10.009AC

Flood Plain: X Panel: 5 Watershed: IV Deed Book/Page: OFFER TO PURCHASE

Plat Book/Page: OFFER TO PUR

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 401 N TURN LEFT ON CHRISTIAN LIGHT ROAD TURN LEFT ON COKESBURY ROAD TURN LEFT ON RIVER ROAD APPROX 1.5 MILES TURN RIGHT ON TYLER DEWAR ROAD APPROX 1/4 MILE TURN LEFT THRU GATE FRONT OF JOB SITE RUNS DOWN POWER LINE

PROPOSED USE:

☒ Sg. Family Dwelling (Size 28x60) # of Bedrooms: 3 (MODULAR) # Baths: 2 Basement (w/wo bath): NA Garage: NA Deck: NA

☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

☐ Manufactured Home (Size _____ x _____) # of Bedrooms: _____ Garage: _____ Deck: _____

Comments: _____

☒ Number of persons per household: 3 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: 1 PROPOSED MODULAR 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
Front	35	250
Side	10	71
Nearest Building	10	NA
Rear	25	60
Corner	20	NA

230

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.

Donna Lanham
Signature of Applicant

8-26-02
Date

*per Bryan at
EVMH Home had
to be moved.*

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

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

BOBBY T. DEI
LARRY W. DEI
D.B. 521 PG. 100

4" HARNETT COUNTY
WATER LINE

ECS @ CENTER
INTERSECTION
NCSR 1418
RIVER ROAD
S 80°36'32"
2333.75'

N 60°50'05"E
383.08'

DEDICATED IN
MAP # 2001-443
30' INGRESS
AND EGRESS
EASEMENT

S 24°55'18"W
73.63'

N 41°30'11"E
62.67'

N 24°55'18"E
69.64'

N 45°57'26"E
72.29'

EXISTING
GRAVEL / SOIL
DRIVE

N 57°17'23"E
245.69'

N 47°15'42"E
50.00'

A=45.58'
R50.00'
S 68°51'05"E
44.01'

BOBBY T.
LARRY W.
D.B. 521

TIE LINE
S 02°42'40"W
945.67'

CHRIS & CARMEN PSALTIS
MAP # 2002-323

DONNA & WESLEY LANHAM
10.009 ACRES
TO CENTERLINE EASEMENT

C.P. & L. TRANSMISSION LINE
70' R/W

GLEN JUDD CARROLL et ux
MAP # 2001-443
OLD AREA = 13.86 ACRES
NEW RECOMBINED AREA 22.83 ACRES

Required Property Line Setbacks

Minimum

Actual

230

250 ACRES

TO BE RECOMBINED

35

11

10

10

20

100

25

10

FROM
Side
Corner
Rear
Nearest
Building

SITE PLAN APPROVAL

DISTRICT 2 W.B. DEWAR USE

#BEDROOMS 3

8-26-02 C. Williams

Date

Zoning Administrator

10-18-02 C. Williams

OF ORE HILL

863.44'

622.44'

S 78°26'11"W

2803.96'

571.75'
FENCE ALONG LINE

350.17'

1369.19'

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A=45.58'
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44.01'

5R

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MAP # 2001-443
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RECOMBINED AREA 22.83 ACRES

4

DONNA & WESLEY LANHAM
10.009 ACRES
TO CENTERLINE EASEMENT

1369.19'
C.P. & L. TRANSMISSION LINE
70' R/W
350.17'

N 17°39'20"E
503.70'

250'

N 34°10'44"W
1594.60'

Required Property Line Setbacks

OF ORE HILL
Front
Side
Corner
Rear
Nearest
Building

Minimum	Actual
35	250
10	11
20	100
25	
10	

SITE PLAN APPROVAL

DISTRICT R.A.30 USE 1 modular

#BEDROOMS 3

8-26-02 C. Williams

Date Zoning Administrator

03-5-5438

HARNETT COUNTY HEALTH DEPARTMENT

No 19704

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) Dana Lanken☒ New Installation☒ Septic TankProperty Location: SR# 1423 Tyler Dewar☐ Repairs☒ Nitrification Line

Subdivision _____

Lot # 4

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3Lot Size: 10 AcBasement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public☐ CommunityDistance 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 Pump to ConventionalSize of tank: Septic Tank: 1000 gallonsPump Tank: 1000 gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches 4of each ditch 100 ft.ditches 3 ft.ditches 18-20 in.

French Drain Required: _____ Linear feet

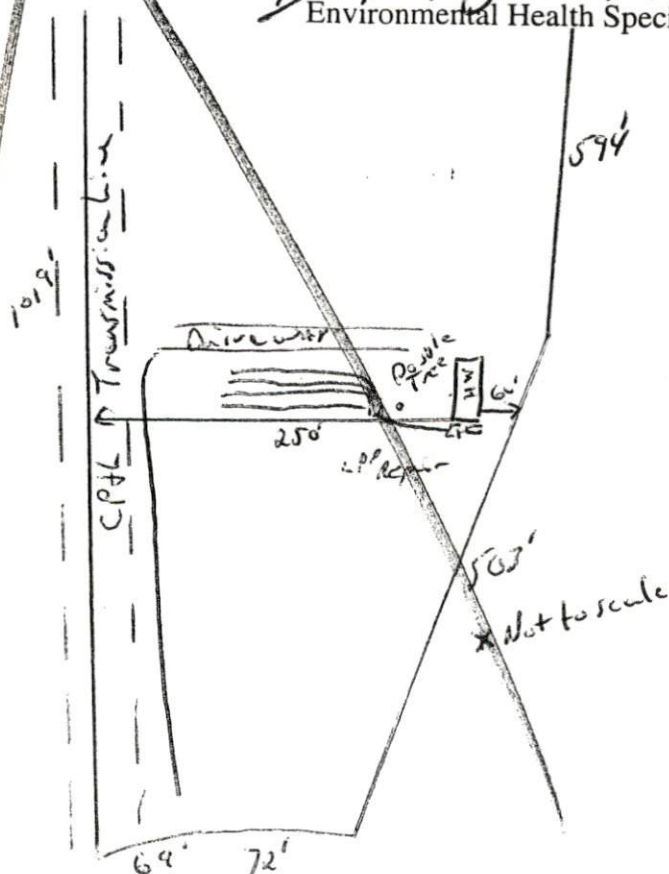
Date: 9/10/2002Signed: Bryan McJannet D.S.

Environmental Health Specialist

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

* Maintain all setbacks

* If fall can be achieved
from tank to lines
pump will not be needed



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 # 19704. 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.

Name Donna L. Latham Telephone # 919-639-9969
Address 8401 Falcon Crest Cir Angier NC 27501
Property Location SR# 1423 Road Name Tyler Dawson
Subdivision _____ Lot # 4 # Bedrooms Proposed 3 Lot size 10 AC

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☐ Nitrification Lines

☐ Conventional Other Pump to Conventional ☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☒ Public - Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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]
Signature of Authorized Agent for Harnett County

9/10/2002
Date