Initial Application Date:_



COUNTY	OF HARNETT!	AND HEE	APPLICATION

Central Permitting 102 E. Front Street, Lillingues, Nr. 1751,

Phone: (910) 893-4759

LANDOWNER: KILARNOLD CORP Mailing Address: HWY 24
City: CAMERON State: NC Zip: 28326 Phone #: 919 499 5776
APPLICANT: CHOO CHOO HOMES Mailing Address: 4209 BRAGE BCVD
City: fay £77 & UICL & State: N < Zip 28303 Phone #: 910 860 8787
PROPERTY LOCATION: SR #: HWY 24 SR Name: Address: LoT G 15 CONNECTION: WAY Parcel: Q OOTO 03 0180 PIN: PIN: Q OOTO 03 0180 P
R APPROX 300 YARDS TIR INTO CONNECTIONS WITH FOR AFFILM 150 YARDS TO COTENT ON THE LEFT HAND SIDE
PROPOSED USE
Sg. Family Dwelling (Size 28 x 56) # of Bedrooms 3 + Series 1 Deck Deck Deck
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit
Manufactured Home (Sizex) # of Bedrooms Garage Deck
Number of persons per household
Business Sq. Ft. Retail Space Type
I Industry Sq. Ft.
Church Seating Canacity Vitabon
Home Occupation (Sizex) #RoomsUse_HouseSize Chariqued
Additional Information:
Accessory Building (Sizex) Use
Addition to Existing Building (Size x) Use
OtherOther
dditional Information:
/ater Supply: (County () Well (Nc. twe"i, gs / .) Ut 4.:
ewage Supply: (New Septic Tank (Existing Septic Tank () County Sewer () Other
rosion & Sedimentation Control Plan Required? YES NO
roperty owner of this tract of land own land that contains a manufaction when which we hundred reet (500%, of tract listed above? YES NO
tructures on this tract of land: Single family dwellings was considered to the control of
equired Residential Property Line Setbacks: TOPESC Minimum Actual
Front 35
Rear 25 /09
Side
Corner
Nearest Building 10
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. Thereby swear that the foregoing statements are accurate and correct to the best of my knowledge

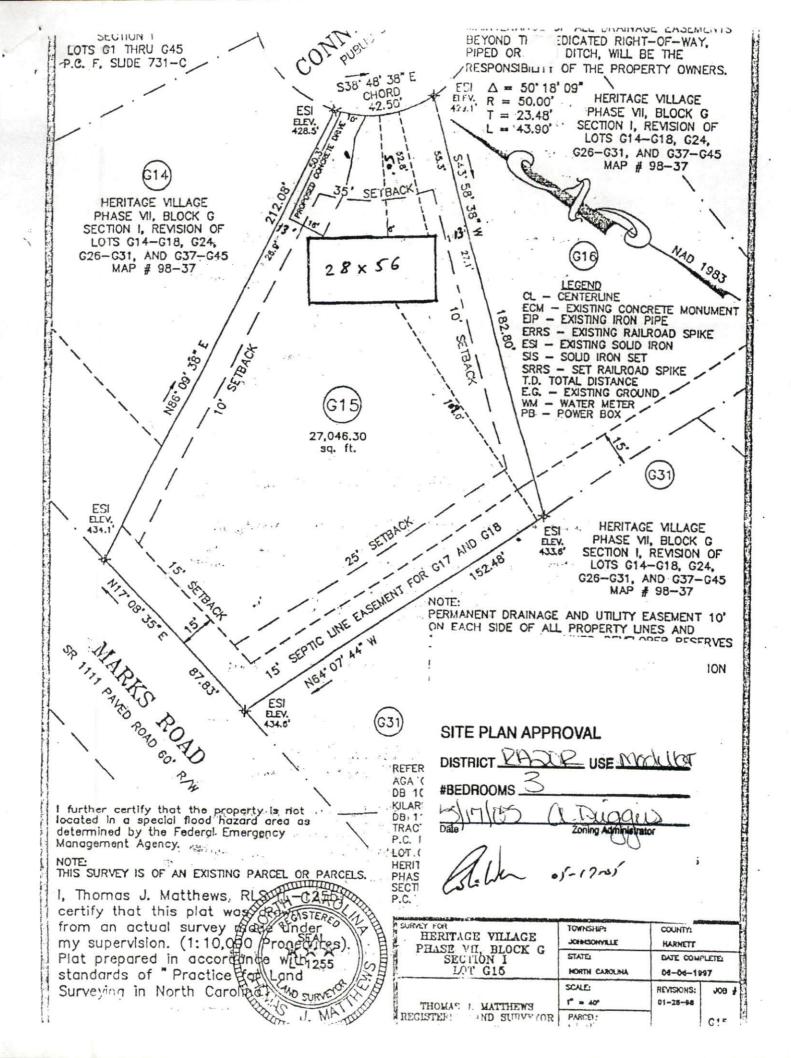
Signature of Owner or Owner's Agent

5-16-05

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

A RECORDED SURVEY PLAT AND RECORDED DEED ADE 4 TO 4 RED 1945/1 APPLYING FOR A LAND USE APPLICATION

06/04



HARNETT COUNTY HEALTH DEPARTMENT

IMP VEMENT PERMIT

Nº 12528

'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) Kal AROSIA New Installation Septic Tank Property Location: SR# □ Repairs Nitrification Line Subdivision. Lot # Tax ID #-Quadrant # -Lot Size: 27,046 55 Number of Bedrooms Proposed: Basement with Plumbing: MUH Meet onsite Before Garage: \Box Water Supply: ☐ Well M Public ☐ Community Installing Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. uno to Convention Type of system: ☐ Conventional Other_ Septic Tank: 1000 Pump Tank: 1000 gallons Size of tank: _ gallons Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch ft. ditches Bay in. ft. ditches ______ French Drain Required: _____ Linear feet Date: 8-19-97 Priva R Environmental Health Specialist This permit is subject to revocation if site Signed: plans or intended use change. Must Meet onsite Before Installing 18-24" Oilch Oyoth Follow manton Jel BAILS

HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO COTTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # $\frac{12523}{}$. 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 KIAROSICI CORP
마루바퀴 사용하다 보고 있는 것이 되었다. 이 경기 회에 가장 이 경기 가장 보고 있는 것이 되었다. 그런 그 것이 되었다. 그런 그리고 있는 것이 되었다. 그런 그리고 있는 것이 되었다. 그런 그
Name: Telephone #
Address:
Property Location: SR# HWY 24 Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Heritage Village Lot# 6-15
Number of Bedrooms Proposed: Lot size:
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: (3-13-97) Date: 8-13-97
(Revised 2/96)cnstrct.wpd

Be it ordained by the Harnett County Board of Health as follows: tion of any building at which a septic tank system is to be used for dispo from the Harnett County Health Department."	sai of sewage without fire	st obtaining a written permit	scribed
Name: (owner) Kil ARASHI CORP	New Installation	n Septic Tank	ization
Property Location: SR# HwyaY	☐ Repairs	Nitrification Line	
Subdivision Hertage VIIIAge	I	ot #_ G-15	
Tax ID#	Quadrant #	- 01	
Tax ID #	ot Size: Q 7, 090	· 35 F7	
Basement with Plumbing: Garage:	Must Meet InHalling	onsite Before	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Water Supply:	Intalling	•	
Distance From Well:ft.	0		′
Following is the minimum specifications for sewage disposal systinal approval. Type of system: Conventional Other	op to Grunt	um!	
Size of tank: Septic Tank: Oo gallons P			
Subsurface No. of exact length of each ditch of each ditch	width of ft. ditches 3 ft.	depth of ditches A in.	
French Drain Required: Linear feet			
Date:	3-19-97		
This permit is subject to revocation if site plans or intended use change.	In WAR Environmental F	Jealth Specialist	
plans of intended use change.		E 4	
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