

Initial Application Date: 8-4-05 Replacement Application # 05-5001JX2
1015074

COUNTY OF HARNETT LAND USE APPLICATION
 Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: William L. Stewart Mailing Address: 290 Anderson Rd
 City: Linden State: NC Zip: 28356 Phone #: 910-893-9689
 APPLICANT: William L. Stewart Mailing Address: 290 Anderson Rd
 City: Linden State: NC Zip: 28356 Phone #: 910-893-9689

PROPERTY LOCATION: SR #: 2031 SR Name: Anderson Rd
 Address: 290 Anderson Rd
 Parcel: 12 0555 011 PIN: 0555-22-9313-000
 Zoning: NA Subdivision: _____ Lot #: _____ Lot Size: 3.104 AC
 Flood Plain: X Panel: 0175 Watershed: NA Deed Book/Page: 71 p 281-282 Plat Book/Page: BIS

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Go South on 401 turn right onto Josie Williams Road follow to the sign turn left onto W. 1st St Anderson Rd go up hill



HARNETT COUNTY
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
 307 CORNELIUS HARNETT BLVD.
 LILLINGTON, NORTH CAROLINA 27546
 PHONE (910) 893-7547
 FAX (910) 893-9371

3 Basement (w/w bath) N/A Garage N/A Deck N/A
 t _____
 age _____ Deck _____

Type _____
 Type _____
 Use _____

Other _____ Environmental Health Site Visit Date: _____
 nty Sewer Other

are w/in five hundred feet (500') of tract listed above? YES NO

Other (specify) 1 ex submit to be removed.

m	Actual
-	<u>75</u>
-	<u>75</u>
-	_____
-	_____
-	<u>40</u>

- NEED TO PUMP TANK
- WILL CALL WHEN PUMPED

NOTED IN HTE - app. Tracking
 File in HOLD Drawer
 sgs 8/12/05

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 Owner or Owner's Agent: William L. Stewart Date: 7-4-05

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

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PROPOSED USE: Off Home Medication
 Sg. Family Dwelling (Size 60 x 42) # of Bedrooms 3 # Baths 3 Basement (w/wo bath) N/A Garage N/A Deck N/A
 Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home (Size x) # of Bedrooms _____ 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 _____ Environmental Health Site Visit Date: _____
 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 1 proposed Manufactured homes 1 exists to be removed Other (specify) _____

Required Residential Property Line Setbacks:	Minimum	Actual
Front	<u>35</u>	<u>75</u>
Rear	<u>25</u>	<u>75</u>
Side	<u>10</u>	_____
Corner	<u>20</u>	_____
Nearest Building	<u>10</u>	<u>40</u>

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