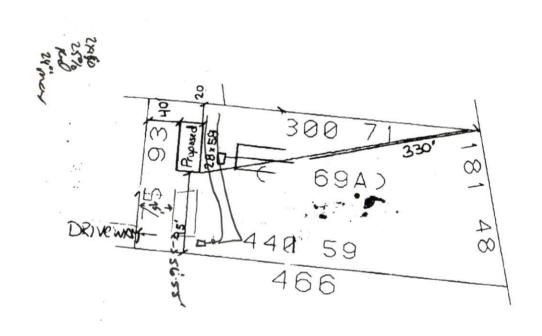
Initial Application Date: 1113/06 Applic # 01050013854
COUNTY OF HARNETT LAND USE APPLICATION ROST 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793
City: Francy Varine State: NC Zip: 17524 Phone #: 919-582-8927
mH Hopes Contact Bass Mailing Address: 3912 Fayetteville Rd  City: Faleigh State: NC zip: 27603 Phone #: 919-630-0408
PROPERTY LOCATION: SR #: 1428 SR Name: LYNIC Smith Rd  Parcel: OB USS3 COLI OD PIN: 0153-DG-1554000  Zoning: KA 3D Subdivision: Spring Maddow Acres Lot #: 3 Lot Size: 1,478  Flood Plain: Pancl: SO Watershed: Deed Book/Page: OIP Plat Book/Page: 2002/207  Plat Book/Page: 2002/207  Plat Book/Page: Lot #: 40 Chalubeate Rd  R, Bastist Grove Rd 4,0 mile (L) Lennie Swith Rd 4,0 m Lot on Lt
PROPOSED USE:  Sg. Family Dwelling (Sizex) # of Bedrooms # Baths Basement (w/wo bath) Garage Deck  Multi-Family Dwelling No. Units No. Bedrooms/Unit  Manufactured Home (Size 32 x 47) # of Bedrooms 3 Garage Deck  Comments:
□ Number of persons per household 3 □ Business Sq. Ft. Retail Space Type □ Industry Sq. Ft. Type
☐ Home Occupation (Sizex) #RoomsUse
Other
Erosion & Sedimentation Control Plan Required? YES NO  Structures on this tract of land: Single family dwellings Manufactured homes   Cropo Sed Durn H
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 Minimum Actual  Front 35 75' Rear 25 247'
Front SS Rear SS ALG I  Side 10 45' Corner C
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.
Debra Cardane 1-13-05
Signature of Owner's Agent Date

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



0653-26-1554

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## HARNETT COUNTY HEALTH DEPARTMENT

## HTE 04-5-877712

## **IMPROVEMENT PERMIT**

20754

Name: (owner) Palm Harbor Homes	New Installation	Septic Tank Nitrification Line
Property Location: SR# 1478 Lewise Smrth	☐ Repairs	
Subdivision Spering Mendow Acres  Fax ID #  Number of Bedrooms Proposed: 3	Lot	#_3
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:3	Lot Size:	25
Basement with Plumbing:		
Water Supply: ☐ Well	munity	
Distance From Well: 56 ft.		
Following is the minimum specifications for sewag	e disposal system on above captio	ned property. Subject
to final approval.		
Type of system:		
Size of tank: Septic Tank: 1000 gallon	Pump Tank:gallons	
Subsurface No. of exact length	width of ditches 3 ft.	depth of
Drainage Field ditches of each ditch_	ft. ditches 5 ft.	ditche 24->18 in.
French Drain Required:Linear fee	2 - 0 04	
	Date: 3-8-04	. 10.19
This permit is subject to revocation if site	Signed James & M	anhant
plans or intended use change.	U.Environmental F	lealth Specialist
	Contractor	to Contact
	INSPECTOR I	4 DAY IN ADVANC
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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20754. 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.  PAIM HALDON HOMES  Name  S429 Fayettevelle 170 N.C. 27603			
1478 Property Location SR#  Subdivision  Lot # Bedrooms Proposed  Lot Size			
Subdivision Lot # # Bedrooms Proposed Lot Size			
TYPE OF SYSTEM  [ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines			
[ ] Conventional [ ] Other			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [ Well [ ] Public Water Supply Minimum Well Setback:Ft.			
Septic Tank gal Pump Chamber gal			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field/ Length of lines Ft.			
Width of ditchesft. Depth of ditchesinches			
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 of Authorized Agent for Harnett County  3-8-04  Date			