

For Joe

Initial Application Date: 5/10/01

Revised by [Signature]

21-50001982

COUNTY OF HARNETT LAND USE APPLICATION

11

Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: ANDERSON CREEK GOLF CLUB, LLC Mailing Address: 3831 NURSERY ROAD
City: SPRING LAKE State: NC Zip: 28370 Phone #: 910-814-2613

APPLICANT: BURR JOHNSON Mailing Address: 3831 NURSERY ROAD
City: SPRING LAKE State: NC Zip: 28370 Phone #: 910-814-2613

PROPERTY LOCATION: SR #: 1117 SR Name: Ray Rd (Nursery Rd.)
Parcel: 01-0535-0100 PIN: 0505-86-8897
Zoning: RA20R Subdivision: Anderson Creek Golf Course Lot #: - Lot Size: 1462.43 AC
Flood Plain: X Panel: 150 Watershed: NIA Deed Book/Page: 0827-04B Plat Book/Page: Tax Map.

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 210 South to Ray Rd. - Right on Ray Road
Approx 4-5 miles to Anderson Creek Golf Club on the right.

PROPOSED USE:

- Sg. Family Dwelling (Size x) # of Bedrooms # Baths Basement (w/wo bath) Garage Deck
Multi-Family Dwelling No. Units No. Bedrooms/Unit
Manufactured Home (Size x) # of Bedrooms Garage Deck
Comments:
Number of persons per household
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 15x40 ea. Halfway house
Other men 3 women public Bathroom on Front 3 Back 9

Water Supply: () County () Well (No. dwellings) () Other

Sewage Supply: (X) 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 Manufactured homes Other (specify) Halfway Houses

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)

Table with columns: Required Property Line Setbacks, Minimum, Actual, Minimum, Actual. Rows: Front, Side, Corner, Nearest Building.

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 Applicant [Signature]

Date 5/10/01

This application expires 6 months from the date issued if no permits have been issued
T-Box 14 or "13" T-Box #5
A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT

(" Denied ")

see west
5-16-01

TITLE REFERENCE

BEING A PORTION OF THAT TRACT DESCRIBED IN DEED BOOK 1346 PAGE 98 HARNETT COUNTY REGISTRY.

NCGS NAD 83

PLAN APPROVAL
 DISTRICT BAAOR USE (a) Halfway House
 #BEDROOMS _____
5-10-01 SR. 1125
W. Williams
 Zoning Administrator

Required Property Line Setbacks

	Required	Actual
Front	35	1000+
Side	25/10	1000+
Corner	20	
Rear	25/6	100+
Nearest Building	10	1000+

STATE OF NORTH CAROLINA
 COUNTY OF _____

I, _____ REVIEW OFFICER OF _____ COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER _____

DATE _____

CERTIFICATE OF APPROVAL OF STREETS, UTILITIES, AND OTHER

I HEREBY CERTIFY THAT STREE HAVE BEEN INSTALLED IN AN WITH HARNETT COUNTY SUBDIV AND THE COUNTY HAVE ENTER GUARANTEES THE INSTALLATION

DATE _____, 20____ HA _____

I, WILLIAM C. McII DRAWN UNDER M UNDER MY SUPER AS SHOWN); THAT CLEARLY INDICATE (SEE REFERENCES AS CALCULATED IS PREPARED IN ACC WITNESS MY ORIG AND SEAL THIS -

