	4-7-	
Initial Application Date:_	1	

COUNTY OF HARNETT LAND USE APPLICATION

01	2	X	14	C
01	dH	00	7/1	

Central	Permit	ting
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102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893 2702

		9.4	\ \			(210) 023-4739	Fax: (910) 893-279;
LANDOWN	ER:/	MATTHEW	Dury	Mailing	Address:	114	
City:	APEX		State:	NC Zip:	27502	Phone #	708 70 70
APPLICANT	r: _ Prigi	RESTIVE	Buildens o	ALC Mailing	Address	00 118	919 562-325
Parcel: OX Zoning: D Flood Plain: DIRECTIONS T	Panel:	#: USY  Odivision: Sy  Y FROM LILLING	SR Name:	PIN:	401 O(e54- PK, Book/Page:	- 57 - 40 Lot#: 14 Pla	
	201	14 on X	14H7				B47701- 6000 (0
Sper	vce Mill	IND PK	(				
PROPOSED US	E:						
	d Home (Size	x) # of Bedr	drooms # Baths No. Bedrooms/Un rooms Garag	eI			Deck
☐ Number of pe	rsons per househole	1	_				4.28
				Туре	0		
☐ Home Occupa	tion (Size	x ) #	Rooms	Туре			ALC: VIII LAND AND AND AND AND AND AND AND AND AND
☐ Accessory Buil	ding (Size_	x) U	lse				- 4
Addition to Exi			Use_				
Water Supply: ()	County (	) Well (No dw	rellings	unise			
Sewage Supply:	New Septic Tank	() Existing 8	Septic Tank	County Sewer			
Erosion & Sedimentat	ion Control Plan R	equired? YES	NO		Oth		
Structures on this tract	of land: Single	family dwellings_	Manufacture	ed homes	Other (specif	in	
rroperty owner of this	tract of land own la	and that contains a r	nanufactured home w/in	five hundred feet	(500') of tract lis		YES NO
Required Property L	ine Setbacks:	Minimum	Actual		Minimum	Actual	YES NO
	Front	55	122.4	Rear	25	321	
	Side	_10	_30	Corner	27		
1	Nearest Building	10					
If permits are granted I	agree to conform	to all ordinances a	nd the laws -fit - Gr				
hereby swear that the for	egoing statements	are accurate and con	rect to the hest of my kn	of North Carolina	regulating such	work and the specific	cations or plans submitted. I
1977			reet to the best of my kn				
Signature of A-11				9-7-01	/		
Signature of Applicant				Date			

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

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## UNTY HEALTH DEPA....IENT

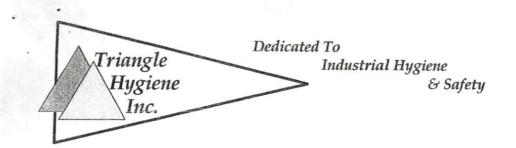
## IMPROVENENT PERMIT

Nº 1549

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 Name: (owner) \_ Matthew Daly New Installation M Septic Tank Property Location: SR#\_ 401 ☐ Repairs M Nitrification Line Subdivision\_ Spine Mill ladustrial Lot # 19 Tax ID#\_ Quadrent #\_\_\_\_ Number of Bedrooms Proposed: 15 employees Lot Size: 1,347ac Basement with Plumbing: Garage: Public Public Community Distance From Well: 504 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to Type of system: Conventional Other\_ Size of tank: Septic Tank: 1900 gallons Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length width of Drainage Field ditches 2 depth of of each ditch \_105 ditches 3 ft. ditches 18-30 in. French Drain Required: Linear feet Date: This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist Meialoin Setbacks Contractor to meet on site prior parking 2

## HARNETT COUNTY HEALTH DL.\_RTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # 15492 . 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 Matthew Daly
Name: Telephone # _ 303 - 2570
Address: 1111 Santour Drive April No 27502
Property Location: SR # Road Name
New Installation X Repair Septic Tank X Nitrification Lines X
Subdivision Spena Mill lide Park Lot # Lot #
Number of Bedrooms Proposed: 15 emplayees Lot size: 1347 ac
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: _50+ ft.
Type of System: Conventional Other
Tank Volume: Septic Tank gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields/ Number of Lines per Field Length of lines
Width of ditches3ft. Depth of ditches19-30 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: Thomas Q. Boyce R.S. Date: Date:
(Revised 2/96) CNSTRCT WRD



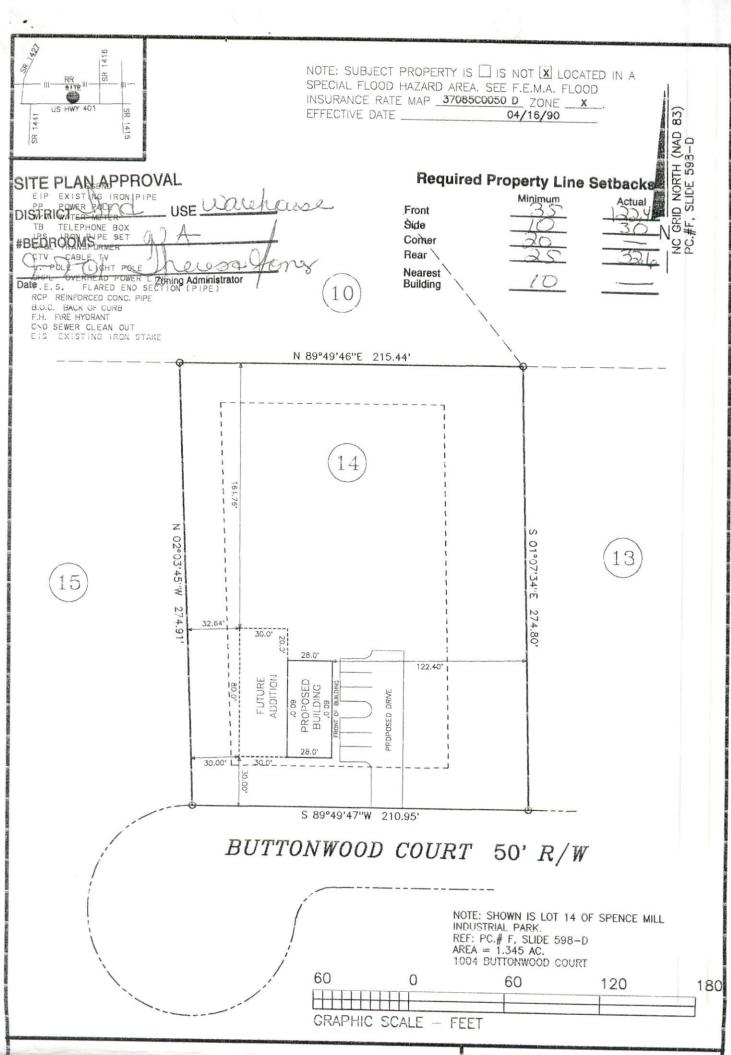
To: Harnett County Planning and Development Department

From: Jerry Coburn, Secretary/Treasurer of Triangle Hygiene

Subject: Primary Business of Triangle Hygiene, Inc.

The Primary business of Triangle Hygiene, Inc. is the wholesale distribution of Industrial Hygiene and Health/Safety products.

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THIS IS TO CERTIFY THAT THIS MAP WAS PREPARED FROM AN ACTUAL SURVEY OF THE

PRELIMINARY PLOT PLAN FOR:
PROGRESSIVE RUIL DERS OF NO

