



COUNTY OF HARNETT

EH 20⁰⁰ Fee: Receipt: Permit:

006571

4-2-97 Date:

CONF# 590
5-1-97

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME BECKER MINERALS INC.
ADDRESS P O BOX 848
CHERAW SC 29520
PHONE 803 537 7883 W H

APPLICANT INFORMATION:

NAME BECKER MINERALS INC.
ADDRESS P O BOX 848
CHERAW SC 29520
PHONE 803 537 7883 W H

PROPERTY LOCATION:

Street Address Assigned _____
SR # N 210 RD. NAME NC 210 TOWNSHIP 10 FIRE _____ RESCUE _____

TAX MAP NO. 0548-85 PARCEL NO. 5432 FLOOD PLAIN X + A PANEL 95

SUBDIVISION Property of Becker County Sand & Gravel Co. LOT # _____ LOT/TRACT SIZE 103 A

ZONING DISTRICT NA DEED BOOK 878 PAGE 487

WATCHED DIST. TV WATER DIST. _____ PLAT BOOK Tax PAGE map

Give Directions to the Property from Lillington: Take 210
S. Cross upper Little River. Entrance is on left.

PROPOSED USE

- Single Family Dwelling (Size ___ x ___) # of Bedrooms ___ Basement ___
Garage _____ Deck _____ (size ___ x ___)
- Multi-Family Dwelling No. Units ___ No. Bedrooms/unit ___
- Manufactured Home (Size ___ x ___) # of Bedrooms ___ Garage ___
Deck _____ (size ___ x ___)
- Number of persons per Household _____
- Business Soft Retail Space _____ Type _____
- Industry Soft _____ Type _____
- Home Occupation No. Rooms/size _____ Use _____
- Accessory Bldg. Size _____ Use _____
- Addition to Existing Bldg. Size _____ Use _____
- Sign Size _____ Type _____ Location _____
- Other Modular office 28 X 60

6 employees in office

Water Supply: (County) (Well (No. dwellings ___)) (Other ___)
Sewer: (Septic Tank (Existing? no)) (County) (Other ___)
Erosion & Sedimentation Control Plan Required? Yes ___ No
Are there any wells not on this lot but within 40 ft of the property line no (show on Site Plan).

***NOTE:** A Site Plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your property line.

SETBACK REQUIREMENTS	Actual	Minimum/Maximum Required
Front property line	300	35
Side property line	190	10
Corner side line		15
Rear Property Line	NA	25
Nearest building	750 +	10
Stream	180 +	
Percent Coverage		

Are there any other structures on this tract of land? _____
 No. of single family dwellings _____ No. of manufactured homes _____
 Other (specify & number) 1 office, 1 workshop, employee change
to be removed room, employee eating area
 Does the property owner of this tract of land own any land that
 contains a manufactured home within five hundred feet of the tract
 listed above? Yes _____ No _____

I hereby **CERTIFY** that the information contained herein is true to
 the best of my knowledge; and by accepting this permit shall in
 every respect conform to the terms of this application and to the
 provisions of the Statutes and Ordinances regulating development
 in Harnett County. Any VIOLATION of the terms above stated
 immediately REVOKES this PERMIT. I further understand this
 structure is not to be occupied until a CERTIFICATE OF OCCUPANCY
 is issued. This permit expires six months from date issued.

 Landowner's Signature
 (Or Authorized Agent)
 Date 4-2-97

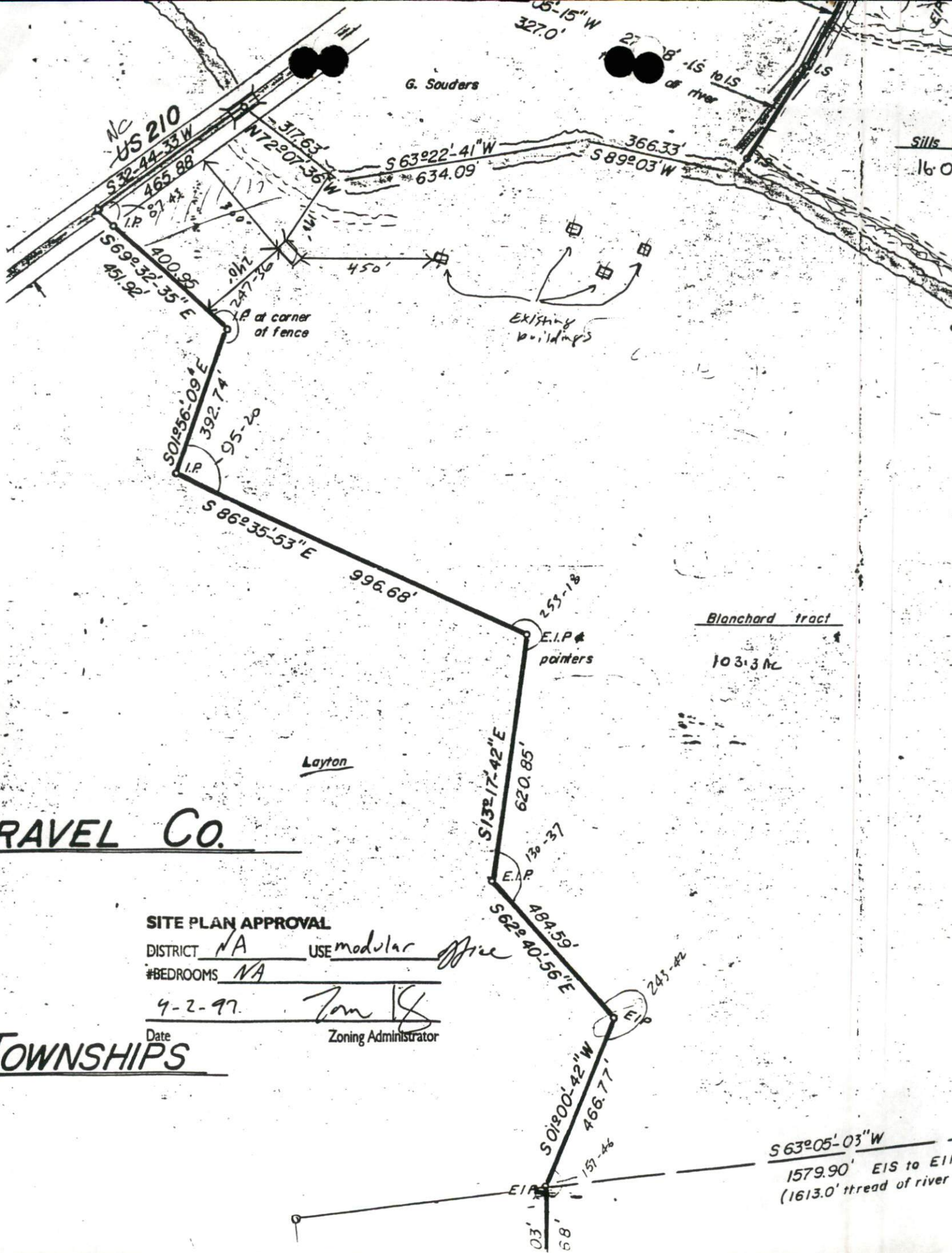
FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? 10
 Is the lot/tract specified above in compliance with the Harnett
 County Subdivision Ordinance? _____
 Watershed Ordinance? _____
 Mobile Home Park Ord? _____

ISSUED _____ DENIED _____

Comments: _____

Tom
 Zoning/Watershed Administrator
 Date 4-2-97



SITE PLAN APPROVAL

DISTRICT NA USE modular office

#BEDROOMS NA

Date 4-2-97

Tom B
Zoning Administrator

RAVEL Co.

TOWNSHIPS

put supply line of oil
+ stove
in tent on site
11/10 4/11

0-28 fill SL
29-44 SL
44-48 SL

250
4/100
3/250
201/100

