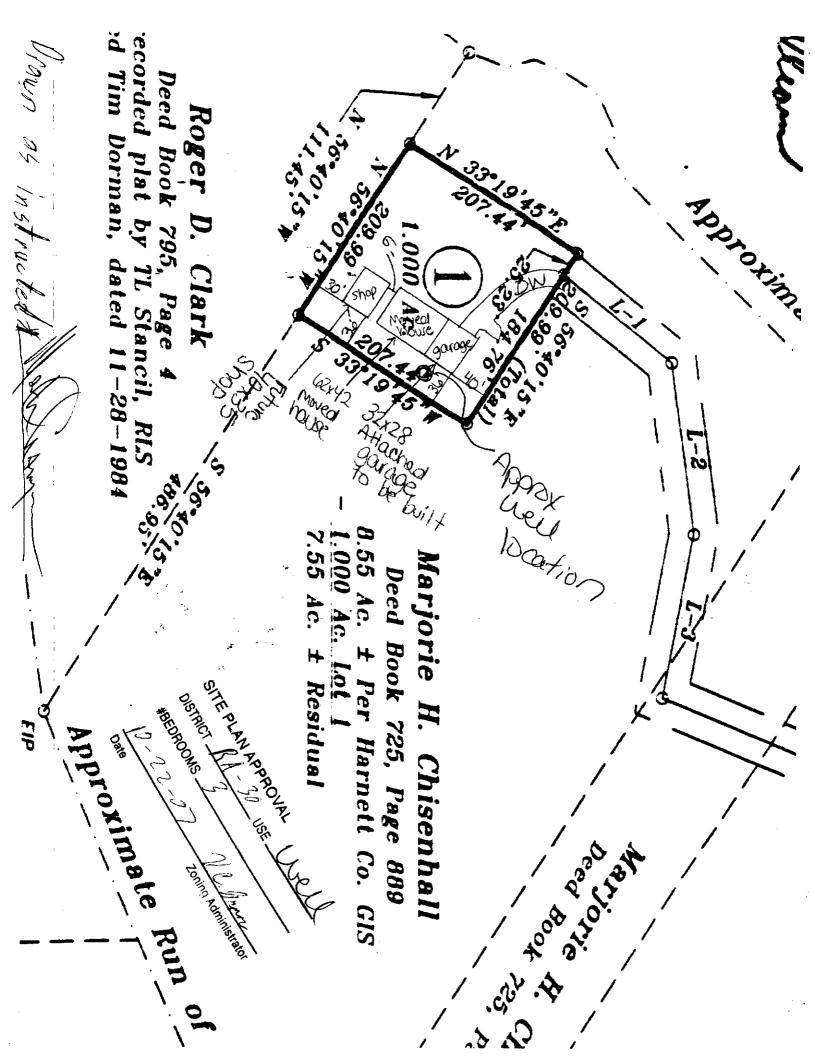
Initial Application Date: 1 - 33 - 0	Application #
COUN Central Permitting 108 E. Front Street, Lillington	TY OF HARNETT RESIDENTIAL LAND USE APPLICATION NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org
	hanglow Mailing Address:
City: 10183 Husy 210 1) State:	UC Zip: 2)50/ Home #: 9/9-639-0260 Contact #:
	Mailing Address:
	Zip:Home #:Contact #:
imease illi out applicant information it different than landown	ar
CONTACT NAME APPLYING IN OFFICE: 513	Phone #:
PROPERTY LOCATION: Subdivision:	Lot #: Lot Size 1Ac
State Road #: State Road Name:	
Parcel: 04 0684 6062 03	PIN: 0684-80-7167,000
	rshed: <u>N/A</u> Deed Book&Page: <u>24 24 , 379 - 38 0</u>
SPECIFIC DIRECTIONS TO THE PROPERTY FROM	ILILLINGTON: Hwy 210 N TO ANGIE. Drive WA
EXCT 2.5 MILES ON K	14h7 (very Long drumy) Two Green
Signs Thay Sty Chi	Inyllau"
2,5 Miles from	- Huy 55 Intersection
PROPOSED USE: (Include Bond	us room as a bedroom if it has a closet)
SFD (Size 17 6 x 61 7), # Bedrooms 7 # Ba	ths Z Basement (w/wo bath) N/A Garage 28732 Deck Crawl Space/ Slab
☐ Manufactured Home; SW DW TW	ths Basement (w/wo bath) Garage Site Built Deck ON Frame / OFF (Sizex) # Bedrooms Garage (site built?) Deck (site built?)
☐ Duplex No. Buildings No. Bedro	oms/Unit
☐ Home Occupation # Rooms Use	Hours of Operation:#Employees
☐ Addition/Accessory/Other (Size x) Us	closets in addition(_)yes (_)no
Water Supply: () County (X) Well (No. dwe	ollings) MUST have operable water before final
Sewage Supply: (A) New Septic Tank (Complete M	ew Tank Checklist) () Existing Septic Tank () County Sewer
Property owner of this tract of land own land that conta	ins a manufactured home w/in five hundred feet (500') of tract listed above? ()YES ()NO
Structures (existing or proposed): Single family dwelling	ngs <u>SFD</u> Manufactured Homes Other (specify)
•	Comments:
Required Residential Property Line Setbacks:	
Front Minimum Actual 36	wer fermit only ton
Rear $\frac{17V}{40}$	Sty under construction.
Closest Side	Ker # 0750018725
Sidestreet/corner lot	
Nearest Buildingon same lot	
If permits are granted I agree to conform to all ordinance	es and laws of the State of North Carolina regulating such work and the specifications of plans submitted.
I helpby state that foregoing statements are accurate a	nd correct to the best of my knowledge. Permit subject to revocation if false information is provided.
Jack Since	12 a a a a a a a a a a a a a a a a a a a
Signatura of Owner	= 10-22-01 GA
Signature of Owner or Owner's Agent	Date Dires 6 months from the initial date if no permits have been insulated.

"This application expires 6 months from the initial date in the permits have been 199000

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

9/07



Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become <u>invalid</u>.

APPLICANT INFORMATION
Mark Champton (919) 625-233° Applicant/Owner Phone Number 11454 Hwy 210 N Angler NC 27501
Applicant/Owner Phone Number
11454 Hwy 210 N Augler NC 27501
Street Address, City, State, Zip Code
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show: 1. existing and/or proposed property lines and easements with dimensions; 2. the location of the facility and appurtenance; 3. the location for the proposed well; 4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well 5. the location of any existing wells within 100 feet of the property; surface water bodies; 6. above ground and/or underground storage tanks; 7. and any other known sources of contamination within 100 feet of the proposed well site.
The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction: 1. there is a relocation of the proposed facility; 2. there is a change in the intended use of the facility; 3. there is a need for installing the waste water system in an area other than indicated on the well permit; or 4. there are landscape changed that affect site drainage. Contact information: Environmental Health Division - 910-893-7547
PROPERTY INFORMATION
Proposed use of well
Proposed use of well Single-Family ✓ Multifamily □ Church □ Restaurant □ Business □ Irrigation □
Street Address 11454 Hwy 210 W Subdivision/Lot # PIN #
Directions to the Site Hwy 210 N- 2/2 miles passed Hwy 55 Big Black Mailbox with #11454 ON RI VERY LONG DONEWAY
I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.
I understand that I am soletoresponsible for the proper identification and labeling of all property lines, underground utility lines, and hidding the site accessible so that a will can be properly constructed according to the permit.
1-23-08
Property Owner's Of Owner's Legal Representative Signature Required Date