

Initial Application Date: 9/7/07

Farm
Exempt

Application # 0750018433

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Wayne Farrar Mailing Address: 2210 Leaflet Ch Rd

City: Lillington State: NC Zip: 27546 Home #: 910 8141242 Contact #: Wayne

APPLICANT: Wayne Farrar Mailing Address: 919-618-2965

City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 19.35

Parcel: 13 0518 0049 02 PIN: 0518-18-1264-000

Zoning: PA30 Flood Plain: X Panel: 0508 Watershed: NA Deed Book&Page: 1215/240 Map Book&Page: PC#F/7458

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
Take 27 W For nine miles turn rt on Leaflet
Ch Rd, side is 2 miles on rt just past
Farrar Rd.

PROPOSED USE:

- Circle:
- ☐ SFD (Size x) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Deck _____ Crawl Space / Slab _____
 - ☐ Modular: On frame _____ Off frame (Size x) # Bedrooms _____ # Baths _____ Garage _____ (site built?) _____ Deck _____ (site built?) _____
 - ☐ Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 - ☐ Manufactured Home: SW _____ DW _____ TW (Size x) # Bedrooms _____ Garage _____ (site built?) _____ Deck _____ (site built?) _____
 - ☐ Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
 - ☐ Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
 - ☐ Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
 - ☐ Home Occupation (Size x) # Rooms _____ Use _____ Hours of Operation: _____
 - ☒ Accessory/Other (Size 74x140) Use Agriculture Storage Processing Winery
 - ☐ Addition to Existing Building (Size x) Use _____ Closets in addition () yes () no

Water Supply: () County () Well (No. dwellings _____) **MUST** have operable water before final

Sewage Supply: () New Septic Tank (Must fill out **New Tank Checklist**) () Existing Septic Tank () County Sewer () Other

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

Structures on this tract of land: Single family dwellings _____ Manufactured Homes _____ Other (specify) 1 proposed

Required Residential Property Line Setbacks: Comments: Farm Building

Front Minimum 35 Actual 80 ✓

Rear 25 405.75 ✓

Side 10 30 ✓

Sidestreet/corner lot 20

Nearest Building on same lot 6 1/4

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 of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Signature of Owner or Owner's Agent Wayne Farrar Date 9-7-07

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

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

Thomas Farrar
Pg. 324 (Fifth Tract)

1870.81'
1467.81'

Tract 2
19.35 Acres



DAVIDSON
9705645

Thomas
Farrar

D.B. 535
Pg. 324
(Farrar
Tract)

Thomas Farrar

D.B. 535, Pg. 324
(Farrar Tract)

Tract 1
38.95 Acres

W. I. Holder

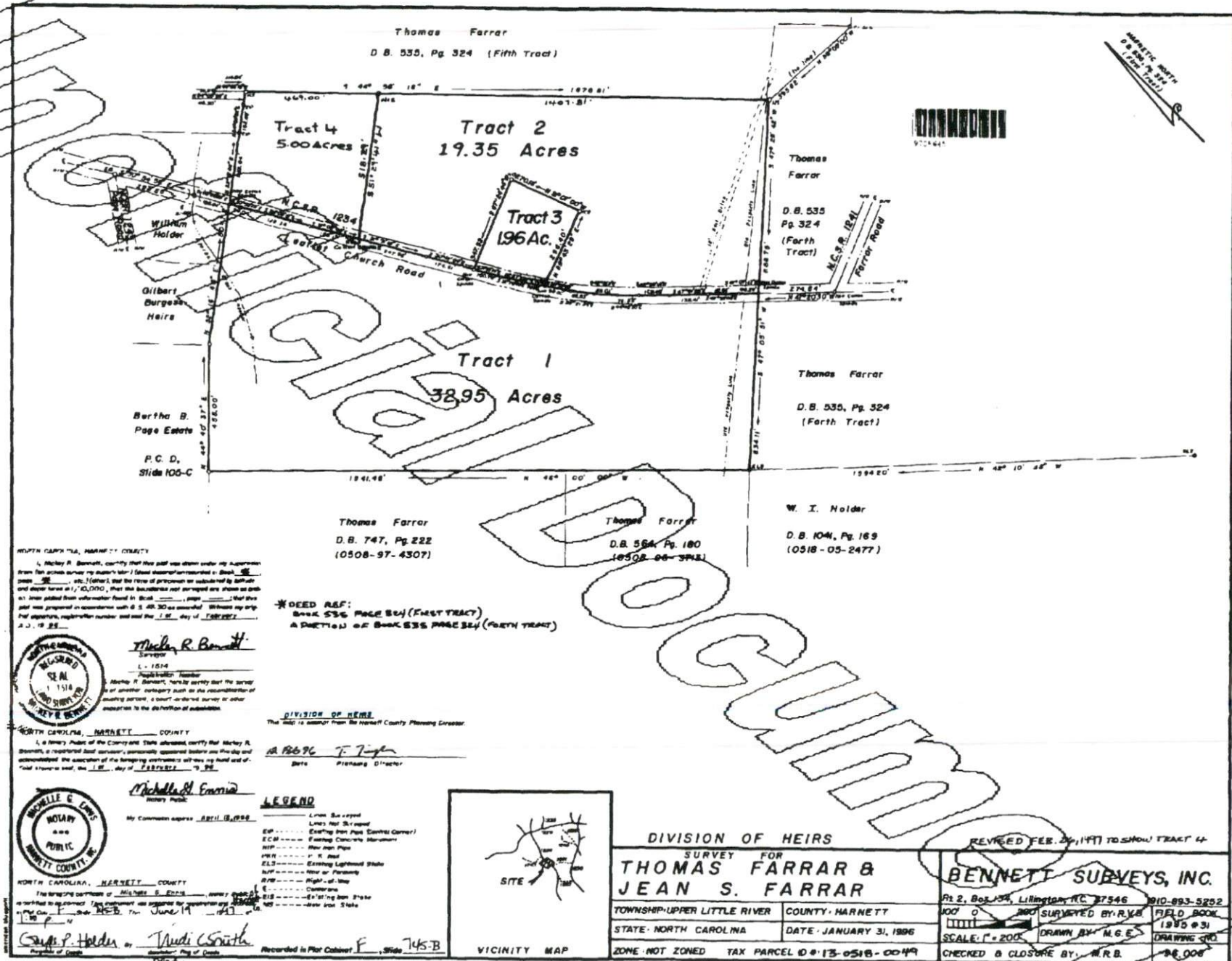
D.B. 1041, Pg. 169
(0518-05-2477)

Farrar
Pg. 222
(3307)

Thomas Farrar
D.B. 564, Pg. 180
(0508-06-3713)

4 (FIRST TRACT)
LESS PAGE 324 (FARRAR TRACT)

PC #F3 slide 745B



14.5 p

05/8 - 08 - 5/50

OWNER NAME: _____

APPLICATION #: _____

This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

DEVELOPMENT INFORMATION

- ☐ New single family residence
- ☐ Expansion of existing system
- ☐ Repair to malfunctioning sewage disposal system
- ☒ Non-residential type of structure

WATER SUPPLY

- ☐ New well
- ☐ Existing well
- ☐ Community well
- ☒ Public water
- ☐ Spring

Are there any existing wells, springs, or existing waterlines on this property?

☐ yes ☒ no ☐ unknown

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- ☐ Accepted ☐ Innovative
- ☐ Alternative ☐ Other _____
- ☒ Conventional ☐ Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- ☐ YES ☒ NO Does the site contain any Jurisdictional Wetlands?
- ☐ YES ☒ NO Does the site contain any existing Wastewater Systems?
- ☐ YES ☒ NO Is any wastewater going to be generated on the site other than domestic sewage?
- ☐ YES ☒ NO Is the site subject to approval by any other Public Agency?
- ☐ YES ☒ NO Are there any easements or Right of Ways on this property?
- ☐ YES ☒ NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.

I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9-7-7
DATE