

LOT
Rev. w/ name change also

Env. Rec'd 10/25/06

Initial Application Date: 10/24/06 Application # 03-50004449R

1298090

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: BUFFALO CANYON GROUP, LLC Mailing Address: 555 VICTORIA HILLS SOUTH DR

City: FURQUAY-VARINA State: NC Zip: 27526 Home #: 919-552-6740 Contact #: 919-274-4021

APPLICANT: BUFFALO CANYON GROUP, LLC Mailing Address: 555 VICTORIA HILLS SOUTH DR

City: FURQUAY-VARINA State: NC Zip: 27526 Home #: 919-552-6740 Contact #: 919-274-4021

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1443 State Road Name: LAFAYETTE Rd.

Parcel: 08 0053 DIC 105 24 PIN: 0003-15-9533.000

Zoning: RA30 Subdivision: VICTORIA HILLS 11 Lot #: 92 Lot Size: 1.02

Flood Plain: X Panel: 0050 Watershed: IV Deed Book/Page: 2042/144 Plat Book/Page: 2005/357

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NORTH ON HWY 401 - TURN RIGHT ON LAFAYETTE Rd. - TURN RIGHT INTO VICTORIA HILLS 11 GO TO END OF VICTORIA HILLS DR.

PROPOSED USE:

- SFD (Size 100 x 58) # Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) N/A Garage yes Deck yes 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 x) Use
Addition to Existing Building (Size x) Use Closets in addition () yes () no

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

Sewage Supply: (X) New Septic Tank (Need to 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 (X) NO

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

Required Residential Property Line Setbacks:

Table with columns: Front, Minimum, Actual, and Comments. Data includes setbacks of 35, 25, 10, 20, 10 and actual values of 83.33, 110, 31, 4/A, N/A. Comments mention 'New applicant - changed site plan' and 'Revision fee charged (10)'.

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

Date OCT. 24, 06

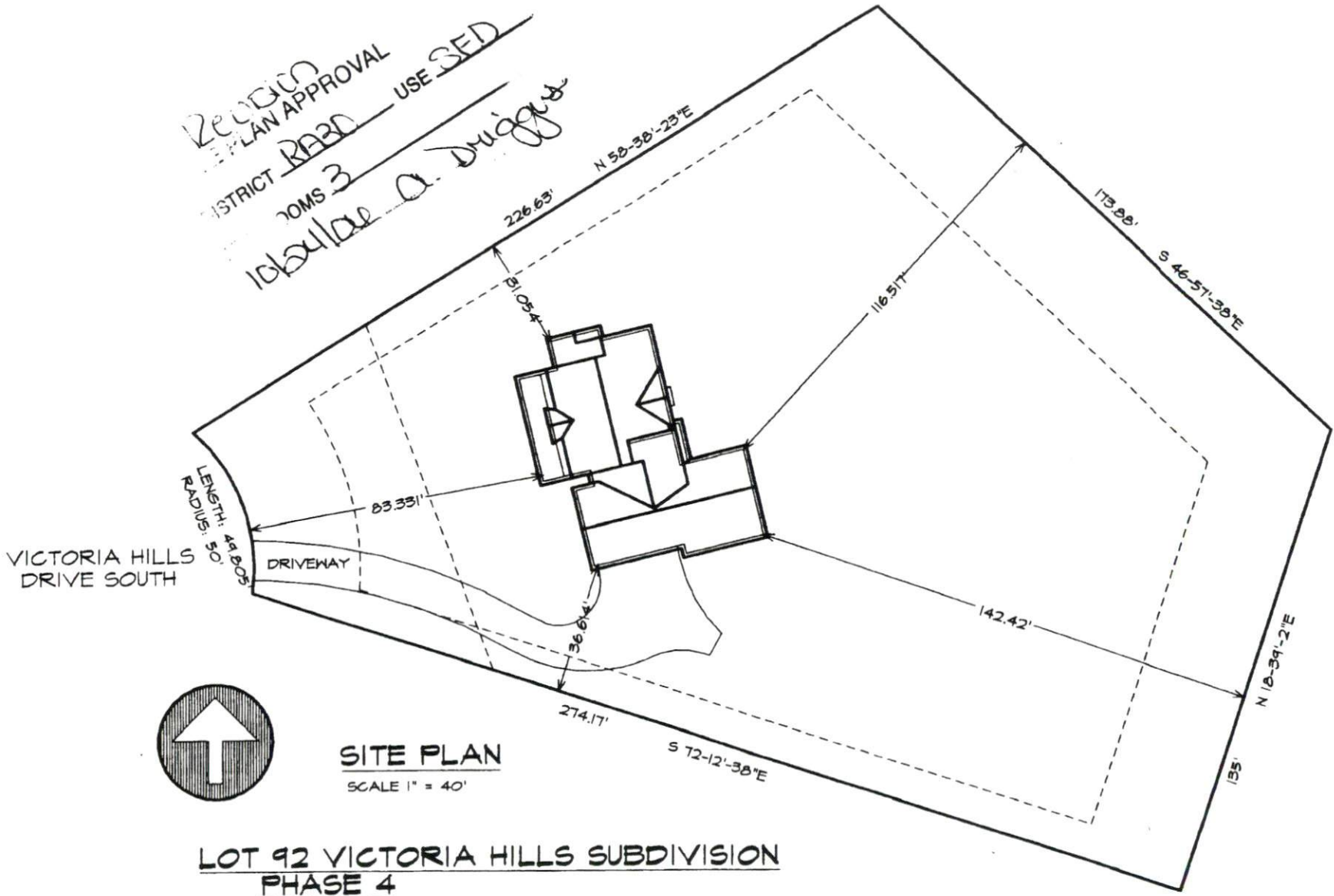
This application expires 6 months from the initial date if no permits have been issued

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

8/06 10/24 N

ZONING
 PLAN APPROVAL
 DISTRICT RABD USE SFD
 ZONING 3
 1061/1062 A. Duggan



VICTORIA HILLS
DRIVE SOUTH



SITE PLAN
 SCALE 1" = 40'

LOT 92 VICTORIA HILLS SUBDIVISION
PHASE 4

02-5-4449

HARNETT COUNTY HEALTH DEPARTMENT

No 19143

IMPROVEMENT PERMIT

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 from the Harnett County Health Department."

Name: (owner) ROGER EDWARDS New Installation Septic Tank
Property Location: SR# 1443 LAFAYETTE RD Repairs Nitrification Line

Subdivision VICTORIA HILLS III Lot # 92

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 44 473 ft²

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in.

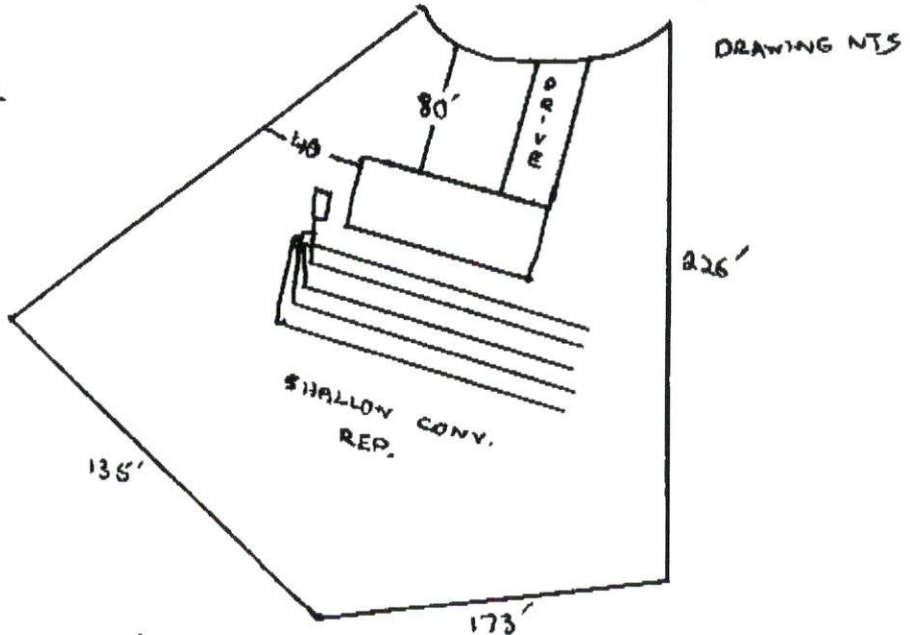
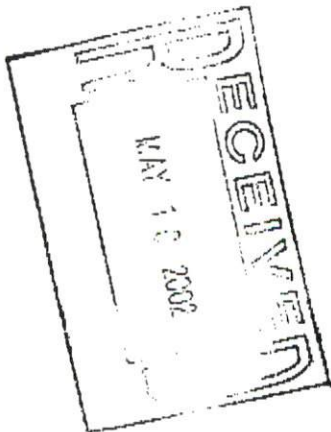
French Drain Required: _____ Linear feet

Date: 5/10/02

Signed: [Signature]
Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.

- * MAINTAIN ALL SETBACKS
- * RUN LINES ON CONTOUR
- * MEET ON SITE FOR FINAL LAYOUT



*OK'd
D. Johnson*

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19143. 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.*

ROGER EDWARDS 919-665-5353
Name Telephone #

1879 GOAT ISLAND RD SUMMERSON SC 29148
Address

1443 LAFAYETTE RD
Property Location SR# Road Name

VICTORIA HILLS III 92 3 4447342
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.

Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 20 Ft.

Width of ditches 2 ft. Depth of ditches 18 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.

 5/10/02
Signature of Authorized Agent for Harnett County Date

OWNER NAME: BUFFALO CANYON GROUP, LLC

APPLICATION #: 0525000444912

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?

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)

Oct. 24, 06
DATE