

Initial Application Date: 2-6-04

OT

808519

Application
200 Mamie Ferguson Dr
COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

04-5-8708RR

LANDOWNER: PHILIP AREVALO Mailing Address: 14601 NW 89th St.
City: MIAMI LAKES State: FL Zip: 33018 Phone #: (954) 447-3682

APPLICANT: WAYNE HOMES MID ATLANTIC Mailing Address: 3015 S. JEFFERSON DAVIS Hwy
City: SANFORD State: NC Zip: 27330 Phone #: (910) 286-8737

PROPERTY LOCATION: SR #: Old 421/1291 SR Name: MAMIE FERGUSON DRIVE Old 421
Parcel: 13-0030-0029-32 PIN: 0630-64-3652
Zoning: R430 Subdivision: MAMIE BELL RIDGE / PHASE III Lot #: 31 Lot Size: .82 ACRES
Flood Plain: Y Parcel: 0080 Watershed: IV Deed Book/Page: 1307/513 Plat Book/Page: 2003-1137

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 TOWARD SANFORD SUBDIVISION ON LEFT.
FOLLOW WAYNE HOMES SIGNS TO LOT 31
LEFT ON WILLIE CAMPBELL

PROPOSED USE:

- Sg. Family Dwelling (Size 57 x 37) # of Bedrooms 4 # Baths 3 Basement (w/wo bath) N/A Garage 2 CAR Deck ✓
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home (Size x) # of Bedrooms _____ Jarage _____ Deck _____

Included

- Number of persons per household 5.3
- Business Sq. Ft. Retail Space _____ Type *
- Industry Sq. Ft. _____ Type *
- Home Occupation (Size x) # Rooms _____ Use 12-21-04
- Accessory Building (Size x) Use _____
- Addition to Existing Building (Size x) Use _____
- Other _____

Customer is asking for a revision to move septic lines. The customer is adding a future pool and a future Det Garage to site plan.

Water Supply: County Well (No. dwellings _____) Other _____
Sewage Supply: New Septic Tank Existing Septic Tank County Sewer Other _____

Erosion & Sedimentation Control Plan Required? YES NO

structures on this tract of land: phased Single family dwelling: phased Other (specify) _____

property owner of this tract of land own land that contains a manufactured home with five hundred feet (500') of tract listed above? YES NO

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>35</u>	<u>60</u>	<u>25</u>	<u>122</u>
Side	<u>10</u>	<u>58/60</u>	<u>20</u>	<u>144</u>
Nearest Building	<u>10</u>	_____	_____	_____

* Front (R) corner drive some side entry garage

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 or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Signature of Owner or Owner's Agent: [Signature]

Date: 2 FEB 04

- Paid for perk test but never called to confirm

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

12/22 N

REFERENCE: DEED BK 1397, PAGE 513

MAP NO. 2003-1137, 1139

Revised
 SITE PLAN APPROVAL
 DISTRICT R1930 USE SED
 #BEDROOMS 4
12-21-04

04-5-8706
 RR
 04-5-8708
 RR



REFERENCE: DEED BK 1397, PAGE 513

MAP NO. 2003-1137.1139

Revised
SITE PLAN APPROVAL
DISTRICT *RA30* USE *SFD*
#BEDROOMS *4*
12-21-04 ZONING *RA30*

SEPTIC EASEMENT
FOR OTHER LOT

30

0.82 AC.
31



"MAMIE FERGUSON DRIVE" 50' R/W

101

HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-8708R

IMPROVEMENT PERMIT

21404

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) WAYNE HOMES MID ATLANTIC

New Installation

Septic Tank

Property Location: SR#1291 Old US421

Repairs

Nitrification Line

Subdivision MAMIE BELL RIDGE

Lot # 31

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 4

Lot Size: .82 ac

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 4 exact length of each ditch 70 ft.

width of ditches 3 ft.

depth of ditches 18-30 in.

French Drain Required: _____ Linear feet

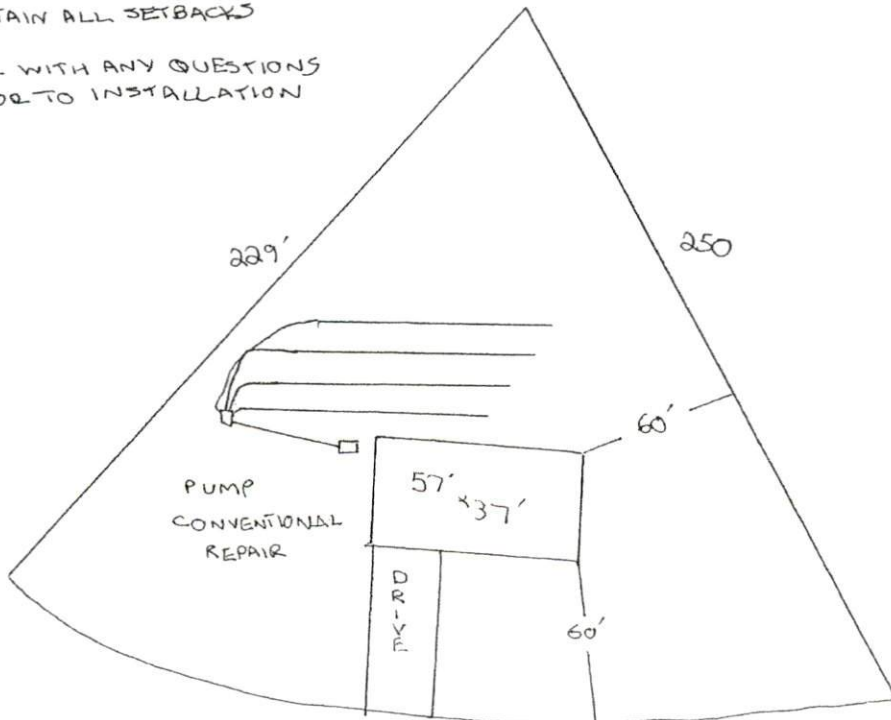
Date: 10/27/04

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

Signed: [Signature] RS (OLIVER TOLKSDORF)
Environmental Health Specialist

*MAINTAIN ALL SETBACKS

*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21404. 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.*

WAYNE HOMES MID ATLANTIC 266-8737
Name Telephone #

3015 S. JEFFERSON DAVIS HWY SANFORD NC 27330
Address

1291 OLD US 421
Property Location SR# Road Name

MAMIE BELL RIDGE 31 4 82AC
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 Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 18-30 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.

[Signature] RS
Signature of Authorized Agent for Harnett County

10/27/04
Date