

Initial Application Date: 8/5/04

Application # 04-5-10064R

1/14/05

COUNTY OF HARNETT LAND USE APPLICATION

827225 PR

Central Permitting 02 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: Rebecca Rossen / Poetta Taylor Mailing Address: 2505 Bella Bridge Rd.

City: Broadview State: NC Zip: 27505 Phone #: 919-499-4452

APPLICANT: John S. Johnson Mailing Address: 7467 Hwy 87 S

City: Sanford State: NC Zip: 27332 Phone #: 919-499-7764

PROPERTY LOCATION: SR #: 1d11 SR Name: Bella Bridge Rd.

Address: 2505 Bella Bridge Rd. Broadway, NC, 27850

Parcel: 039588 0092 02 PIN: 9588-99-1072.000

Zoning: R20R Subdivision: Poetta Taylor Etals Lot #: 1 Lot Size: 21.24 AC.

Flood Plain: X Panel: 75 Watershed: n/a Deed Book/Page: 1100/525 Plat Book/Page: 03/637

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take Hwy 27 west out of Lillington.

Go past Western Harnett High School. ~~Turn right on the second road past the school.~~

Turn right on the second road past the school. Take Bella Bridge

Rd. until Jesse Rd. intersects.

PROPOSED USE:

- Sg. Family Dwelling (Size ___ x ___) # of Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage ___ Deck ___
- Multi-Family Dwelling No. Units ___ No. Bedrooms/Unit ___
- Manufactured Home (Size 60' x 14') # of Bedrooms 3 Garage ___ Deck ___
- Number of persons per household 2
- Business Sq. Ft. Retail Space ___ Type ___
- Industry Sq. Ft. ___ Type ___
- Church Seating Capacity ___ Kitchen ___
- Home Occupation (Size ___ x ___) # Rooms ___ Use ___
- Additional Information: ___
- Accessory Building (Size ___ x ___) Use ___
- Addition to Existing Building (Size ___ x ___) Use ___
- Other ___

Waiting for 2nd
 Rev. Per OT -
 unable to IV. msg
 IVR/disap. -
 HITE noted
 2/3/05

Additional Information: ___

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

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 1 prop Other (specify) ___

Required Residential Property Line Setbacks:	Minimum	Actual
Front	35	<u>1450 75</u> - Moved location
Rear	25	<u>100 760</u> of home
Side	10	<u>207 155</u>
Corner	20	—
Nearest Building	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 or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Rebecca Rossen

9-26-04

Signature of Owner or Owner's Agent

Date

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

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE APPLICATION

1/20 S

0-30 G LS VFR NS/HP

30-42 SBK SOL F S/SP 7.5 YR 7/1 @ 36" PS .3

0-31 G LS VFR NS/HP

31-38 SBK SOL F S/SP
38" ABK C W vs/HP 7.5 YR 7/1 @ 38" PS .3

P

JOHNSON
952/949

IT HAVE BEEN EVALUATED BY A PRIVATE
THIS REVIEW, IT APPEARS THAT LOT(S) ON
APPROPRIATE REGULATIONS. ~~NOTE THAT FINAL~~
~~REQUIRES ISSUANCE OF THE APPROPRIATE~~
~~DEPARTMENT PERMITS FOR SPECIFIC USE~~
~~IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE~~
~~TIME OF THIS CERTIFICATION DOES NOT REPRESENT~~
~~OR ANY SITE WORK.~~

[Signature]
ENVIRONMENTAL HEALTH

BRYANT
799/30

LOT 1
21.29 AC.

NEILL THOMAS
1100/529

STATEMENTS A SUBDIVISION OF LAND
AND A COUNTY OR MUNICIPALITY
IN ACCORDANCE WITH THE ZONING ORDINANCE THAT REGULATES PARCELS

Revised

SITE PLAN APPROVAL

DISTRICT RAZOR USE SWMTH

#BEDROOMS 3

CONTROL CR

1/14/05

[Signature]

Date

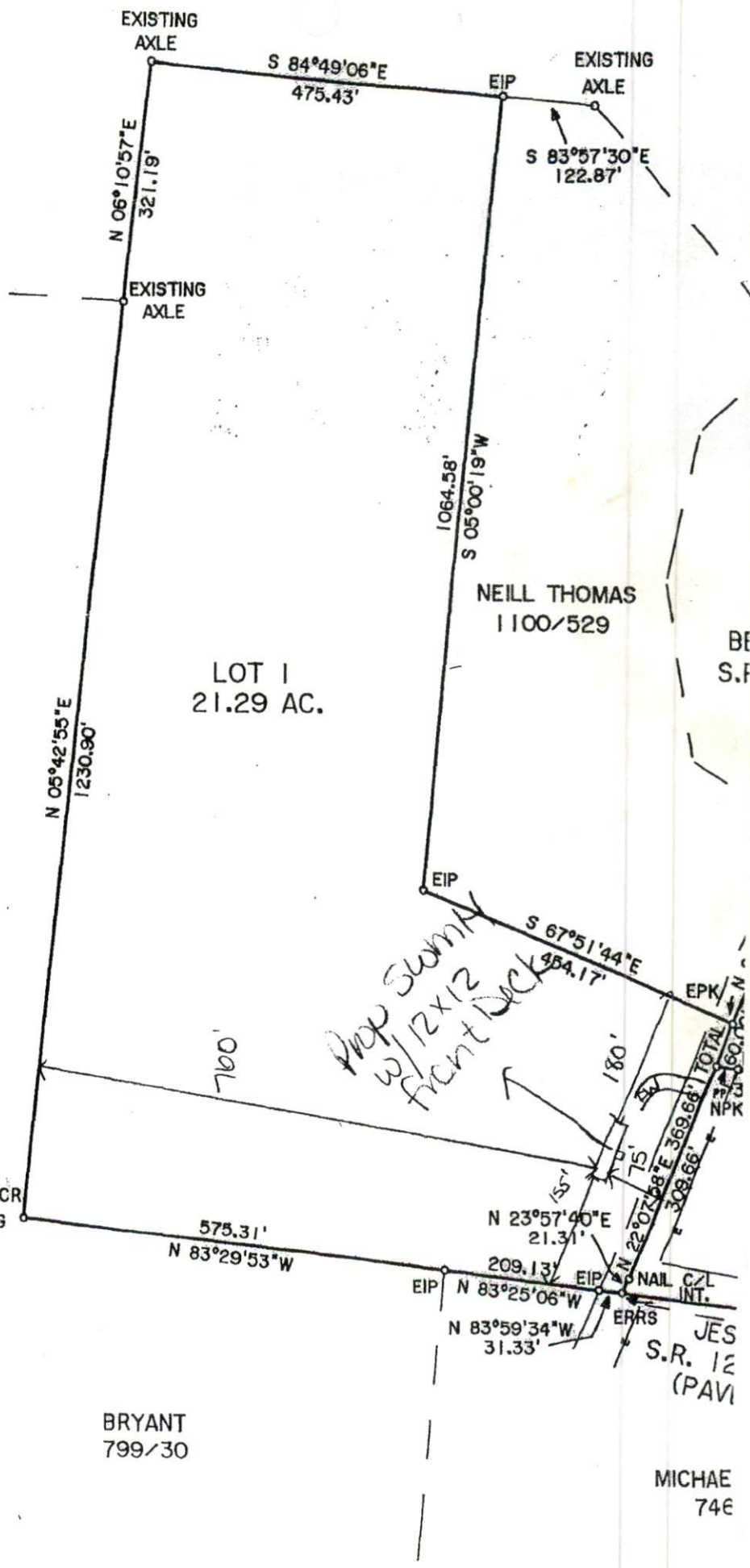
Zoning Administrator

MINIMUM BUILDING STEPBCKS

- FRONT - 35'
- SIDELINES - 10'
- REAR - 25'

BRYANT
799/30

MICHAEL
746



1=200

HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-10064

IMPROVEMENT PERMIT

21210

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) JOHN JOHNSON New Installation Septic Tank
Property Location: SR# 1211 BELLA BRIDGE RD Repairs Nitrification Line

Subdivision ROETA TAYLOR ETALS Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 21.29 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 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

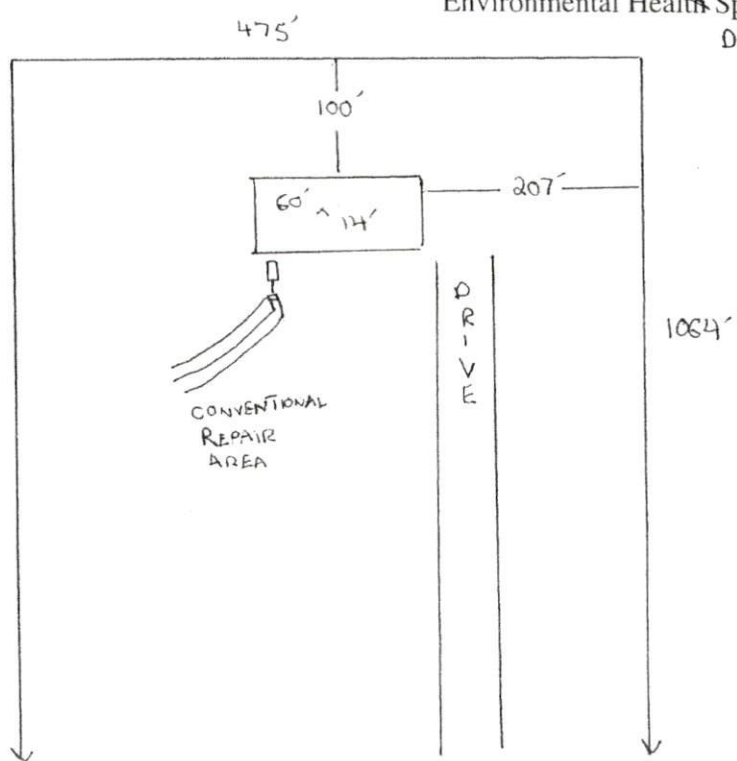
Date: 8/26/04

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

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

DRAWING NTS

- * MAINTAIN ALL SETBACKS
- * CONTRACTOR TO MEET ON SITE FOR FINAL SYSTEM LAYOUT



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 # 21210. 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.*

JOHN JOHNSON 919-299-7764
Name Telephone #

7267 HWY 815 SANFORD NC 27332
Address

1211 BELLA BRIDGE RD
Property Location SR# Road Name

ROETIA TAYLOR ETALS 1 3 21.29AC
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 3 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 24 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]
Signature of Authorized Agent for Harnett County

8/24/04
Date