

Initial Application Date: 12/2/04

OT
Marvin Ferguson
COUNTY OF HARNETT LAND USE APPLICATION

Application # 045000905
1029522

Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: Moss Home Builders
Mike Ray
City: Lillington State: N.C Mailing Address: PO Box 577
3417 Spring Hill Ch Rd Zip: 27546 Phone #: 499 8382
910-890-2111

APPLICANT: Moss Home Builders
Mike Ray
City: Lillington State: NC Mailing Address: 3417 Spring Hill Ch Rd
Zip: 27546 Phone #: 499 8382

PROPERTY LOCATION: SR #: 1291 SR Name: Old US 421
Parcel: 130630 002957 PIN: 0630-65-6139.000
Zoning: RA30 Subdivision: Mamie Bell Ridge Lot #: 56 Lot Size: .67
Flood Plain: X Panel: 80 Watershed: IV Deed Book/Page: 1513/921 Plat Book/Page: 05-1139

If located with a Watershed indicate the % of Imperious Surface: _____
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
From Lillington take old 421 North subdivision is 2 1/2 mile on Right

PROPOSED USE:
 Sg. Family Dwelling (Size 51 x 60 # of Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage Deck
 Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
Comments: _____ Included

Number of persons per household Spic
 Business Sq. Ft. Retail Space _____ Type Will make New file
 Industry Sq. Ft. _____ Type w/ name chg.
 Home Occupation (Size _____ x _____) # Rooms _____ Use _____
 Accessory Building (Size _____ x _____) Use _____
 Addition to Existing Building (Size _____ x _____) Use _____
 Other _____

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: Single family dwellings 1 prop Manufactured homes _____ Other (specify) _____
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
Required Property Line Setbacks:

	Minimum	Actual	Minimum	Actual	
Front	<u>35</u>	<u>50 36'</u>	Rear	<u>25</u>	<u>42 93'</u>
Side	<u>10</u>	<u>40 30'</u>	Corner	<u>-</u>	<u>-</u>
Nearest Building	<u>10</u>	<u>-</u>			

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]

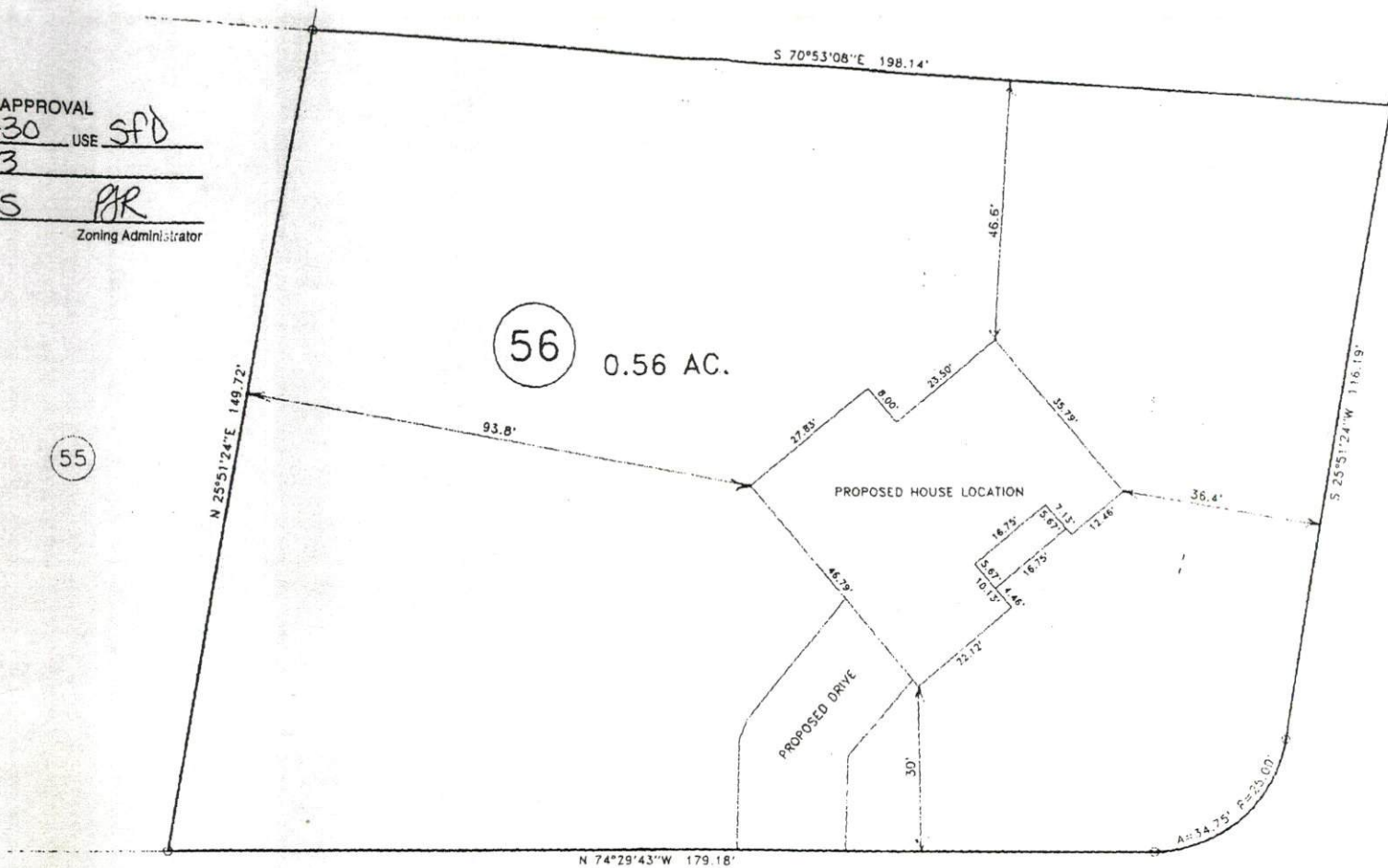
Date: 12-2-04 changed owners
4 location of home (Ray)

This application expires 6 months from the initial date, if no permits have been issued
8/23/05
8/24 S

SITE PLAN APPROVAL
 DISTRICT KA30 USE SFD
 #BEDROOMS 3
8/23/05 PR
 Zoning Administrator

55

56 0.56 AC.



"MAMIE FERGUSON DR." 50' R/W

"MARVIN FERGUSON DR." 50' R/W

ENCE: MAP NO. 2003-1139

I-20

HTE 0450010906

IMPROVEMENT PERMIT

21438

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) MIKE RAY New Installation Septic Tank
Property Location: SR# 1291 Old US 421 Repairs Nitrification Line

Subdivision MAMIE BELL RIDGE Lot # 56

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .67ac

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 _____

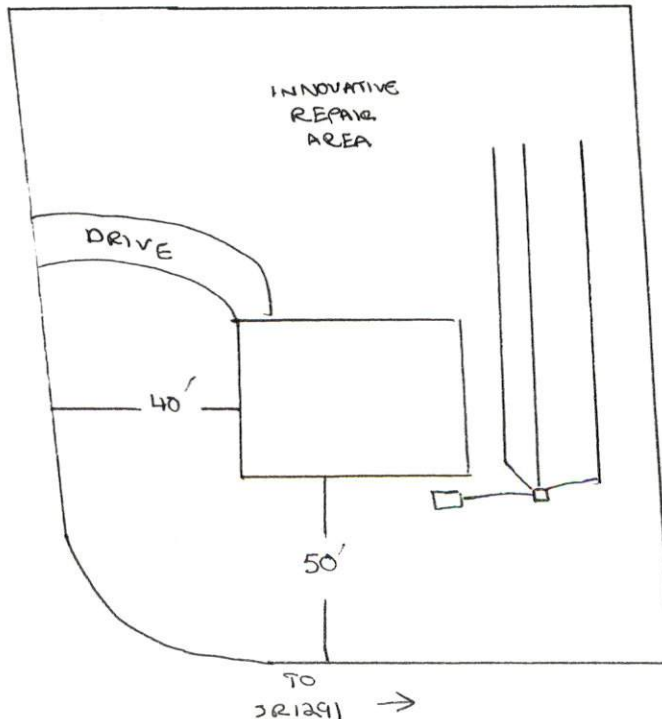
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-32 in.

French Drain Required: _____ Linear feet

Date: 12/20/04
Signed: [Signature] ES (OLIVER TOLKSCOFF)
Environmental Health Specialist

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



→ 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 # 21238. 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.*

Name MIKE RAY Telephone # 499-8382

Address 3417 SPRING HILL CH RD, LILLINGTON NC 27546

Property Location SR# 1291 Road Name Old US421

Subdivision MAMIE BELL RIDGE Lot # 58 # Bedrooms Proposed 3 Lot Size .57ac

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 18-32 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 of Authorized Agent for Harnett County [Signature] Date 12/20/04