

Initial Application Date: 8/1/05

Appli # 0550011505
863783

COUNTY OF HARNETT LAND USE APPLICATION

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

APP
LANDOWNER: CAVINESS LAND DEV. Mailing Address: 2818 Raeford RD. Suite 301
City: FAVETTEVILLE State: NC Zip: 28305 Phone #: 481-0503
Landowner: Woodshire Prop
APPLICANT: SAME AS ABOVE Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: 1117 SR Name: NURSERY ROAD
Parcel: 0105360100280034 PIN: _____
Zoning: RA-20R Subdivision: WOODSHIRE Lot #: 84 Lot Size: .54
Flood Plain: X Parcel: 75/155 Watershed: NO Deed Book/Page: OTP Plat Book/Page: 2004/1314

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 27 From Lillington. Turn left onto Nursery Rd. Go approx. 5 miles. Turn left into Woodshire Subdivision. Turn Right on Dunbar - then left on Advance. (A) on Woodshire. (B) on Silver Oaks. right on Union Circle

PROPOSED USE: 6/54 32 36
 Sg. Family Dwelling (Size x) # of Bedrooms 3 # Baths 2 1/2 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 _____
 Business Sq. Ft. Retail Space _____ Type _____
 Industry Sq. Ft. _____ Type _____
 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 10/10 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>36</u>	Rear	<u>25</u>
Side	<u>10</u>	<u>15</u>	Corner	<u>20</u>
Nearest Building	<u>—</u>	<u>—</u>		<u>#1311</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]
Signature of Owner or Owner's Agent

2/25/05
Date

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

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

3/75

MINIMUM BUILDING SET BACKS

FRONT YARD	25'
REAR YARD	10'
SIDE YARD	5'
CORNER LOT SIDE YARD	5'
MAXIMUM HEIGHT	45'

DATE PLAN APPROVAL RAZOR USE SFD
 DISTRICT RAZOR
 #BEDROOMS 3
 Zoning Administrator PKR
 Date 3/1/05

"Lot to Scale"

(83)

S 46°00'45"E 182.99'

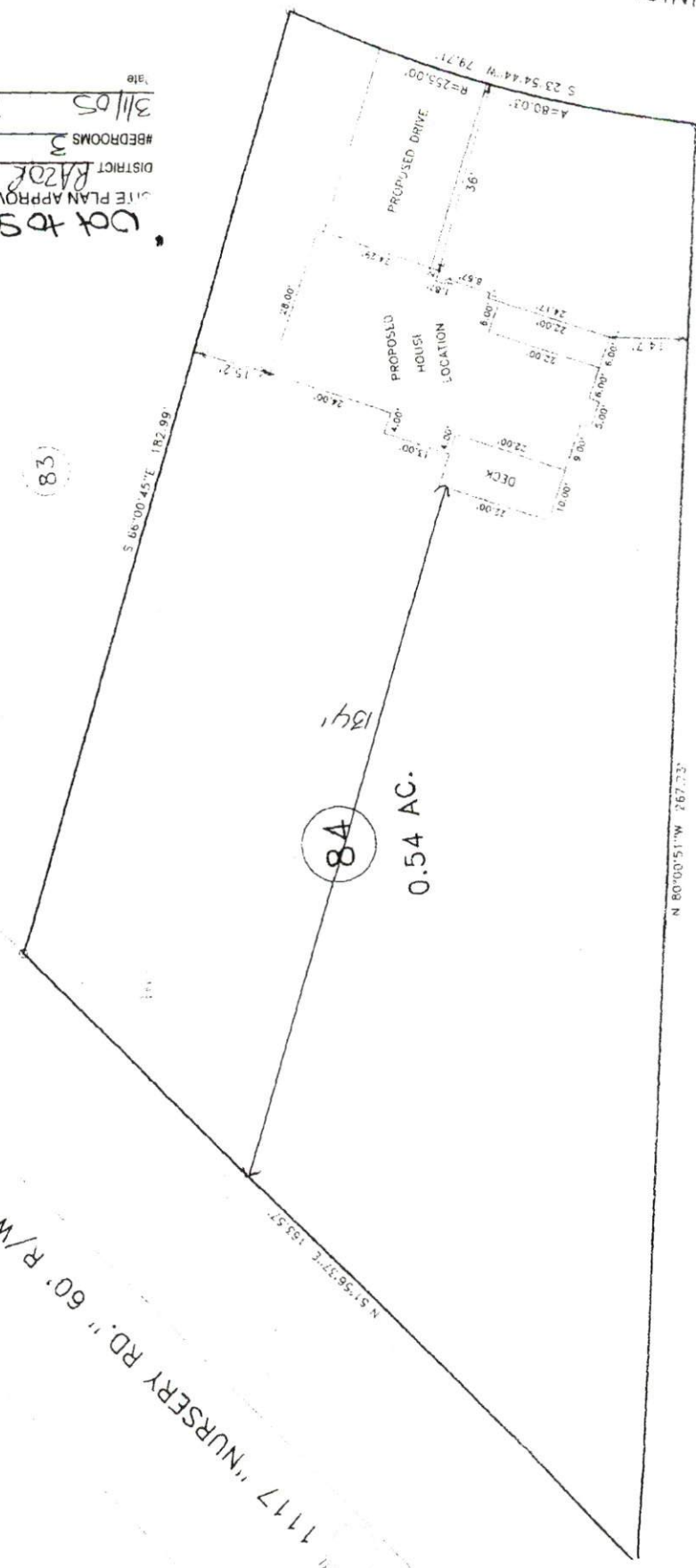
(84)

0.54 AC.

134'

1117 "NURSERY RD." 60' R/W
 N 51°58'37"E 183.57'

"UNION CIRCLE" 50' R/W
 S 23°54'44"W 79.71'



N 80°00'51"W 267.73'