

Initial Application Date: 3/1/05
4/26/05

E. Health

Application 35001500R
912766 *PJR*

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 300
City: FAYETTEVILLE State: NC Zip: 28305 Phone #: 481-0503

owner Woodshire Prop
APPLICANT: SAME AS ABOVE Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: 1117 SR Name: NURSERY ROAD
Parcel: 0105360100280040 PIN: _____
Zoning: RA-20R Subdivision: WOODSHIRE Lot #: 90 Lot Size: .35
Flood Plain: X Panel: 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. (R) on Woodshire. (R) on Silver Oaks. (R) on Union Circle

PROPOSED USE:
 Sg. Family Dwelling (Size 55⁵¹ x 33⁴¹) # 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 _____ *Included*

Comments: _____
 Number of persons per household Spec
 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 1000 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 55'</u>	Rear	<u>25</u>
Side	<u>10</u>	<u>22 15'</u>	Corner	<u>20</u>
Nearest Building	<u>—</u>	<u>—</u>		<u>80' 3' 54'</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

4/25/05
Date

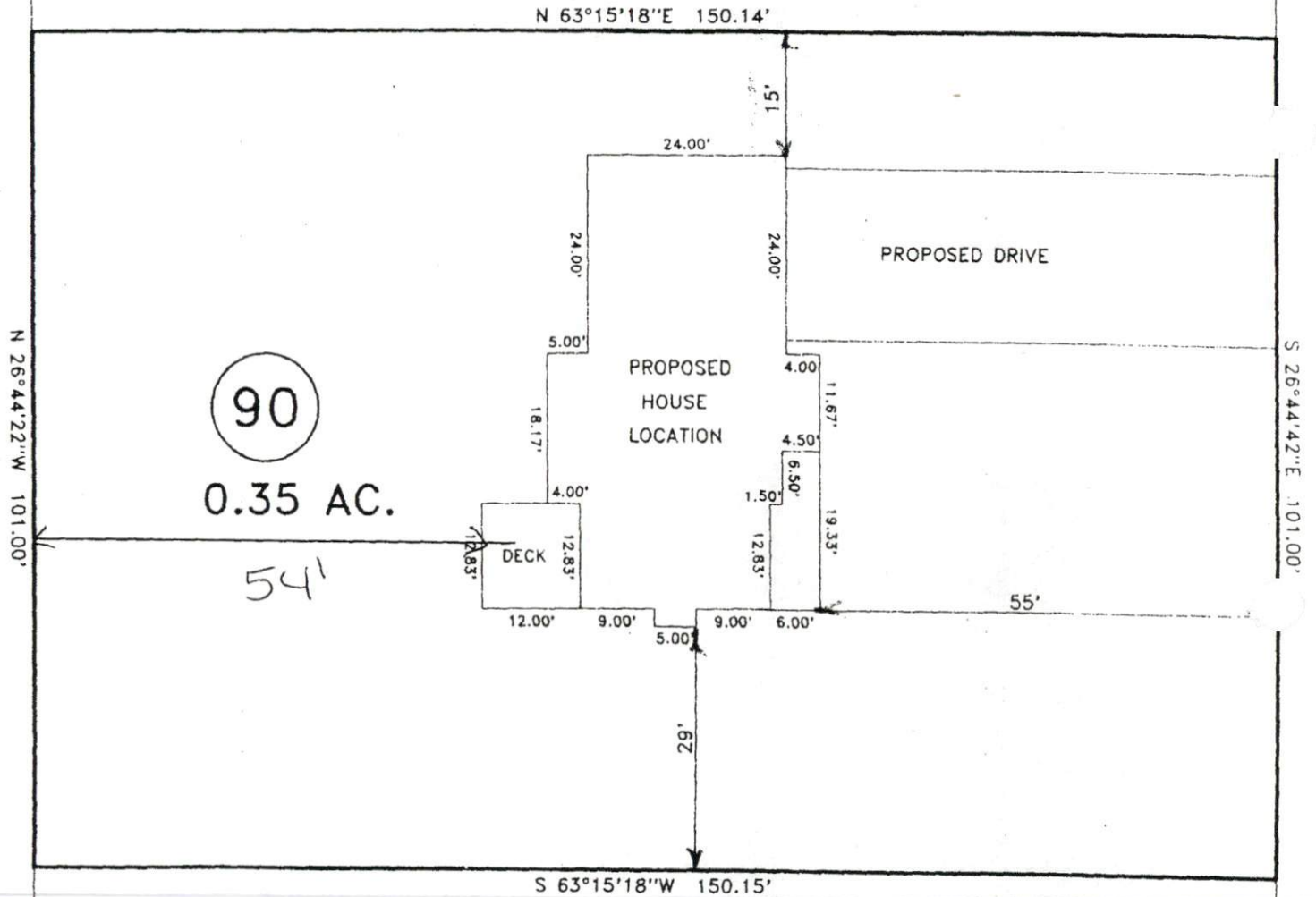
Revised as per E Health, no charge

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

4/27 S

Revised
 SITE PLAN APPROVAL
 DISTRICT RAZOR USE SFD
 #BEDROOMS 3
4/26/05
 Date
PJR
 Zoning Administrator

89



F-20