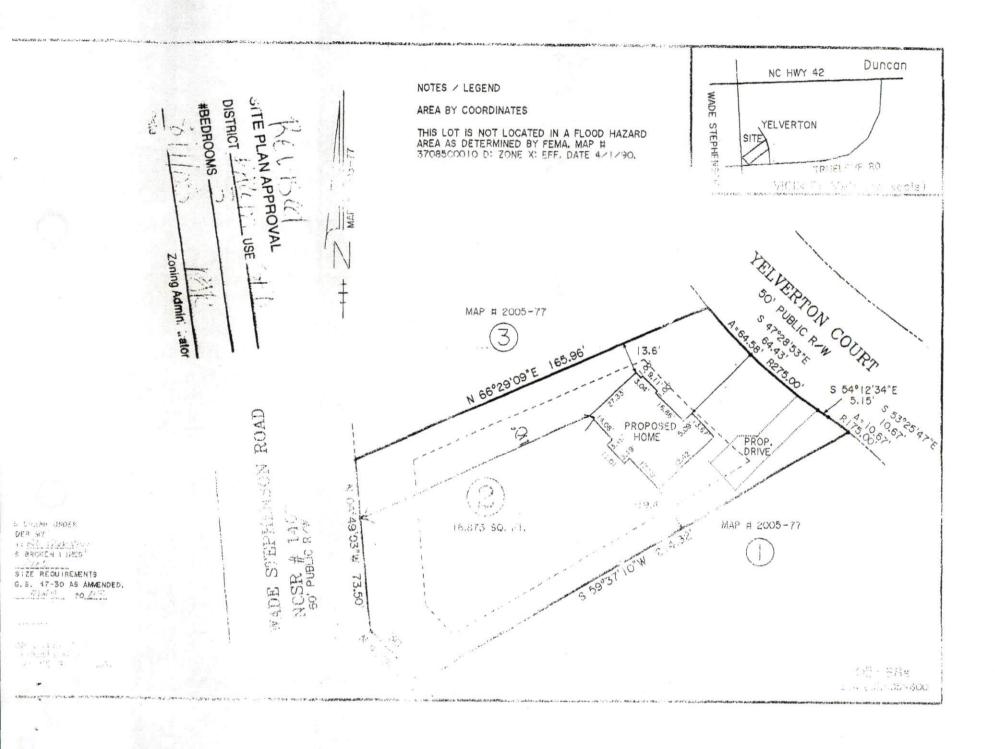
· V	OM	D		
3	7/1	i de		
J Klas	tree on	Revision	MK KNT	MOODER
Initial Application Date:	the 3		Application # 5	DOPURK
8	811102000000	RNETT LAND USE APPLIC	LUCED CUINDI	5 M
Central Permitting	167 E. Front Street, Lillington, N			Fax: (910) 893-2793
0 18.111	()	· (10)		00
PLANDOWNER:	njeverien	Mailing Address:	1292 (C	09054
City: dy-loruston	State: XC	Zip: 2/2 40 Pho	ne #: 893-9227/919+	971-0640KM
APPLICANT CALL	BIRDO	Mailing Address:	ne #: 210-843-3+0/89	
S City: Sylving ac	State: /6C	Zip: 275 re Pho	ne #: 910-843-849/879	-271-06 40 CM)
3	157	0110		
PROPERTY LOCATION: SR #:	SR Name:	Herriton Co	int of the love	Kal
Parcel: 0500350103 6			15 15 16 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
_ 1		PIN: 0635-17-4		
Zoning Z4-20M Subdivision:	layou rolly		Lot #: Lot Si	ze: .32 T
Flood Plain: Panel: 3108	Watershed:	Deed Book/Page;	2062/302 Plat Book/Page:	2005/77
DIRECTIONS TO THE PROPERTY FRO	M LILLINGTON: 40/ 1V	14/5 ON 3/4 /4/5	- 70 MUSTOW L	slet.
loten Cokesbury	1200, Capt on C	was Staphans	on the i Killer	w '
The love Pa	refer on yzeros	ited west.		
DRODOSED HOE.				
PROPOSED USE:	53' 3	0	.11	PORCH
Sg. Family Dwelling (Size 42.5x 3	# Bat	hs Basement (w/wo ba	ath) NA Garage NA	Deak-INC
Multi-Family Dwelling No. Units _			, ,	o: behaviori
Manufactured Home (Size x) # of Bedrooms	Garage Deck		total size
Number of persons per household	•	idula	Descontini	To Deally
		Type (1)	2 100 000	EU INOHI
☐ Industry Sq. Ft		Type NON	10 10 CON	mer (CID)
_ cruiting capacity			circured la	olar Char
☐ Home Occupation (Sizex Additional Information:		UseU	CITUINO IU	CHOICE NO
) Use	AMCIL	of looks a bar	x 1 +5
☐ Addition to Existing Building (Size			d home bac	210
Other	x) Use	- Ly 19ing	u lumon	asper
Additional Information:		EFIGUR	1, nocharg	1e
Water Supply: (County () We	(No dwellings			
Sewage Supply: (New Septic Tank	(_) Existing Septic Tank	(_) Other		
Erosion & Sedimentation Control Plan Re		County Sewer	(_) Other	
Property owner of this tract of land own la		home wife for his last		
Structures on this tract of land: Single fan	nily dwellings N/4 \ Manufac	tured homes All	(500') of tract listed above? YE	s (TO)
Required Residential Property Line Set	backs: DODS		(specify)	
,	Tuesto.	nimum Actual	M1221	
	Front	35 36.2	26 00	
	Rear	25 1057-	90	
	Side	10 13.6	12-13	
	529	12.02	70 /	
	Corner	20		
	Nearest Building	10		
If permits are granted to account				
If permits are granted I agree to conform	to all ordinances and the laws	of the State of North Carolina	a regulating such work and the	specifications or
plans submitted. I hereby swear that the fi	regoing statements are accurate	e and correct to the best of m	y howledge.	
part the de both	Prenich &	1	10/-	
Signature of Owner or Owner's Agent	2 Mary Com		17/05	
Jan Jan Jan	/	Date /	/	
inis ap	olication expires 6 months from	m the initial date if no norm	te have been leavedet	

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



HARNEL I COUNTY HEALTH DEPARTMENT

HTE 05-5- 1220372

IMPROVEMENT PERMIT

22046

Be it ordained by the Harnett County Board of Health as follows: Stion of any building at which a septic tank system is to be used for disposal from the Harnett County Health Department."	of sewage without first obt	aining a written permit
Name: (owner) TZW Conponation	New Installation	Septic Tank
Name: (owner) TZW Confonation Property Location: SR# 1452 Truelove (Z)		Nitrification Line
Subdivision Taylor Point Tax ID #_ Number of Bedrooms Proposed:	Lot #	_Z
Tax ID #	_ Quadrant #	Record statement
Number of Bedrooms Proposed: Lot Si	ze: . 38 ⁺	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well: 50' ft.		
Following is the minimum specifications for sewage disposal systo final approval.		
Type of system:	tion system	
Size of tank: Septic Tank: 1000 gallons Pump		
Subsurface No. of exact length	width of	depth of
Drainage Field ditches 4 of each ditch 60 ft.	ditches 3 ft.	ditches 24 in.
French Drain Required: Linear feet		
Date:	6-27-05	
Plans or intended use change.	Environmental He	
HOME & LIB	7/2	29 Spoke With Jerre 3 do a revision 7/29

HARN... COUNTY HEALTH DEPARTMEN.

HTE 05-5- 122037

IMPROVEMENT PERMIT

22046

Be it ordained by the Harnett County Board of Health as follows: S tion of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."	ection III, Item B. "No Pe of sewage without first obta	rson shall begin construc- aining a written permit
Name: (owner) TZIA (anomat-)	No. Installation	~
Name: (owner) TZW Conformation Property Location: SR# 1452 Truelove 12)	New Installation	Septic Tank
Subdivision Taylor Powt Tax ID #_ Number of Bedrooms Proposed: 3 Lot Siz	Lot #	_Z
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Lot Siz	ce:38+	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sys to final approval.		
Type of system:	hian System	
Size of tank: Septic Tank: 1000 gallons Pump	Гаnk:gallons	
Subsurface No. of exact length	width of	depth of
Drainage Field ditches 4 of each ditch 60 ft.	width of ditches3_ft.	ditches 24 in.
French Drain Required:Linear feet		
	6-27-05	
This permit is subject to revocation if site plans or intended use change. Signed	Environmental He	Lantens
FOR PROME BY LIB STON CT		

HARNETT COUNTY DEPARTMENT OF PI IC HEALTH Al HORIZATION TO CONSTRUCT 05-5-12203A

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit #
Name 910-893-9277
7.0. Box 292 Collengton N.C. 27546
7542 Property Location SR# Road Name
TAylor Point Z Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [TOther 25% Reduction System
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field 4 Length of lines 60 Ft.
Width of ditches ft. Depth of ditches 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 in a linear transfer 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 Date