

Initial Application Date: 12/6/05 1, 19/06 OT

Application # 35001365 RR R ^{2/23/05 10/19}

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

1300853 BA 15

LANDOWNER: Stonecross LLC Mailing Address: 1201 N. Orange St
City: Wilmington State: DE Zip: 19801 Phone #: _____

OWNER/APPLICANT: Caviness Land Development Mailing Address: 2818 Rufford Rd Ste. 200
City: Fayetteville State: NC Zip: 28803 Phone #: 910 481 0503

Travis 919-422-3380

PROPERTY LOCATION: SR #: 1120 SR Name: Overhills Rd
Parcel: 01053514 010021 PIN: 051530-5208.000
Zoning: RA 20R Subdivision: Stonecross SC 2 Ph 1 Lot #: 47 Lot Size: .52 AC
Flood Plain: X Panel: 155 Watershed: n/a Deed Book/Page: 1284/341 Plat Book/Page: 2005/953

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 210 (S) TOWARDS SPRING LAKE. TAKE (R) ON RAY RD
TURN (R) ON OVERHILLS. TURN (L) INTO STONECROSS (R) ON COBBLESTONE. LOT ON (R)

PROPOSED USE: Sg. Family Dwelling (Size 41x40 ~~57x39~~) # of Bedrooms 3 # Baths 2.5 Basement (w/w/o bath) _____ Garage 2 car Deck Yes 12x14

Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home (Size x) # of Bedrooms _____ Garage _____ Deck _____

Comments: _____
 Number of persons per household 3PEC

Business Sq. Ft. Retail Space _____ Type 2/23 Moved home back per

Industry Sq. Ft. _____ Type Oliver. (an)

Home Occupation (Size x) # Rooms _____ Use _____

Accessory Building (Size x) Use _____ 4-15- Per customer revised by E.H. (an)

Addition to Existing Building (Size x) Use _____ 10/19 Revision by CWA per E.H. (an)

Other _____ no charge (an)

Water Supply: County Well (No. dwellings _____) Other _____

sewage Supply: New Septic Tank Existing Septic Tank County Sewer Other _____

Ironing & 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>35</u>	Rear	<u>25'</u>
Side	<u>10</u>	<u>13</u>	Corner	<u>20'</u>

Nearest Building _____

I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

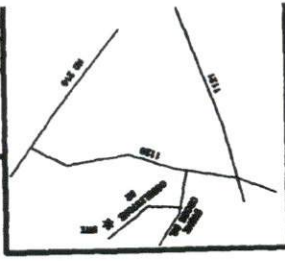
Signature of Owner or Owner's Agent

Date: 12/6/05

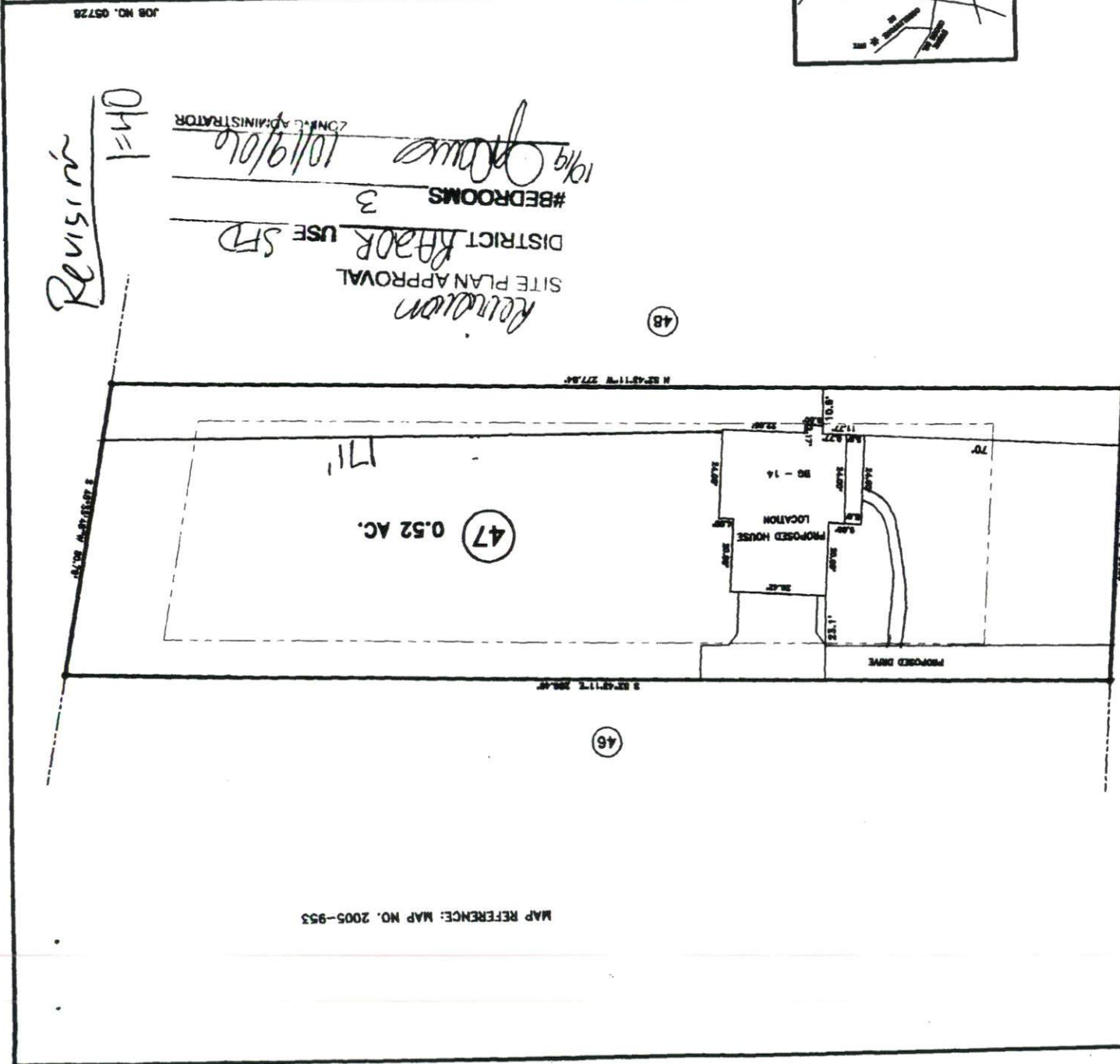
This application expires 6 months from the date issued if no permits have been issued

10/30 S

STATE: NORTH CAROLINA
 TOWNSHIP: ANDERSON CREEK
 COUNTY: HARNETT
 DATE: OCTOBER 11, 2006
 SCALE: 1" = 40'
 DRAWN BY: MVB
 SURVEYED BY: 40
 FIELD BOOK
 PROPOSED PLOT PLAN - LOT - 47
 STONE CROSS S/D, SECTION II, PHASE I
 SURVEY FOR:
 BENNETT SURVEYS, INC.
 1662 CLARK RD., LILLINGTON, N.C. 27546
 (910) 893-5292



MINIMUM BUILDING SET BACKS
 FRONT YARD - 30'
 REAR YARD - 20'
 SIDE YARD - 10'
 CORNER LOT SIDE YARD - 20'
 MAXIMUM HEIGHT - 35'



Revision
 1=40

Retention
 SITE PLAN APPROVAL
 DISTRICT R/AOR USE SFD
 #BEDROOMS 3
 10/19/06
 10/19/06
 COMM. ADMINISTRATOR

MAP REFERENCE: MAP NO. 2005-953

"COBBLESTONE DRIVE" 50' R/W

MAGNETIC NORTH
 MAP NO. 2005-953

OWNER NAME: Caviness Lurd

APPLICATION #: 05-50013657 RRR

This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes no unknown

SEPTIC

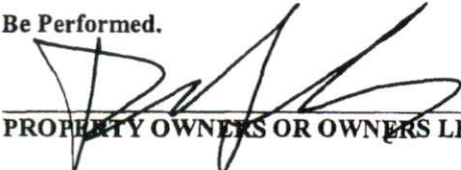
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative
- Alternative Other
- Conventional Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES NO Does The Site Contain Any Jurisdictional Wetlands?
- YES NO Does The Site Contain Any Existing Wastewater Systems?
- YES NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
- YES NO Is The Site Subject To Approval By Any Other Public Agency?
- YES NO Are There Any Easements Or Right Of Ways On This Property?

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.



10/16/06

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE