

Initial Application Date: 12/16/05 1/11/06

Application # 5500136592 ⁴⁵ ¹⁴¹⁴

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

SEACREST
1300871
Fax: (910) 893-2793

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

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

PROPERTY LOCATION: SR #: 1120 SR Name: Overhills Rd
Parcel: 01053514 0100 23 PIN: 0515-30-4105.000
Zoning: RA 20R Subdivision: Stonecross Sc 2 Ph 1 Lot #: 49 Lot Size: .48 AC
Flood Plain: X Panel: 155 Watershed: n/a Deed Book/Page: 1284/841 Plat Book/Page: 2005/953
2109/1360

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: 46 x 39 3 2 1/2 CROWN SPACE
 Sg. Family Dwelling (Size 48 x 60) # of Bedrooms 4 # Baths 3 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: Included

Number of persons per household SPEC
 Business Sq. Ft. Retail Space _____ Type 48' Per customer revised by EH (AD)
 Industry Sq. Ft. _____ Type _____
 Home Occupation (Size x) # Rooms _____ Use 10/19 No charge per EH (AD)
 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
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>36.5 90</u>	Rear	<u>25'</u> <u>165' HT 137'</u>
Side	<u>10</u>	<u>15 0.8'</u>	Corner	<u>20'</u> <u>20'</u>
Nearest Building	<u>-</u>	<u>-</u>		

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

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

10/30/05

Initial Application Date: 12/6/05

Application: 550013659
1106804 SEACREST

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

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

APPLICANT: Caviness Land Development Mailing Address: 2818 Raeford Rd Ste. 200
City: Fayetteville State: NC Zip: 28303 Phone #: 910 481 0503

PROPERTY LOCATION: SR #: 1120 SR Name: Overhills Rd
Parcel: 01053514 010023 PIN: _____
Zoning: RA 202 Subdivision: Stonecross Lot #: 49 Lot Size: .48 ac
Flood Plain: X Parcel: 155 Watershed: n/a Deed Book/Page: 1284/81 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 SIDNECROSS

PROPOSED USE:

Sg. Family Dwelling (Size 48 x 60', # of Bedrooms 4 # Baths 3 Basement (w/wo bath) _____ Garage 2 car Deck Yes 12x14

Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____

Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____ Included

Comments: _____

Number of persons per household 3PEC

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 _____

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

Erosion & Sedimentation Control Plan Required? YES

Structures on this tract of land: Single family dwellings 1 prop Manufactured homes _____ Other (specify) _____

Does property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? NO YES NO

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>35</u>	<u>36.5</u>	Rear <u>25'</u>	<u>165</u>
Side	<u>10</u>	<u>15</u>	Corner <u>20'</u>	<u>20'</u>
Nearest Building	<u>-</u>	<u>-</u>		

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

Signature of Owner or Owner's Agent

12/6/05
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

12/9/05

NOTES

PROPERTY ZONED RAZOR
TAX ID #0515-30-4538
PIN #01-0535-0100-92

THIS PROPERTY IS NOT LOCATED WITHIN
A FLOOD HAZARD AREA.
F.E.M.A. MAP #37080C155 D
ZONE X

ALL STREETS TO BE 50' PUBLIC DEDICATED ROADS
ALL DISTANCES GROUND HORIZONTAL UNLESS NOTED
OTHERWISE.
NO N.C.G.S. CONTROL FOUND WITHIN 2000'

REFERENCES

D.B. 1284 PG. 841
P.C. # SL 035-575-C
MAP #2000-1299
D.B. 886 PG. 239
OTHERS AS SHOWN

REVIEW OFFICER'S CERTIFICATE
STATE OF NORTH CAROLINA
COUNTY OF HARNETT
I, Shirley Bevel REVIEW OFFICER OF _____ COUNTY/TOWNSHIP,
CERTIFY THAT THE MAP OR PLAN TO WHICH THIS CERTIFICATION IS
AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.
Shirley Bevel
REVIEW OFFICER
11-14-05



THE LOTS(S) ON THIS PLAN HAVE BEEN EVALUATED BY A PRIVATE
CONSULTANT, BASED ON THIS REVIEW, IT APPEARS THAT THE LOTS(S) ON
THIS PLAN MEET APPROPRIATE REGULATIONS. NOTE THAT FINAL
APPROVAL FOR EACH LOT REQUIRES ISSUANCE OF THE APPROPRIATE
HARNETT COUNTY HEALTH DEPARTMENT PERMITS FOR SPECIFIC USE
AND SITING IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE
TIME OF PERMITTING. THIS CERTIFICATION DOES NOT REPRESENT
APPROVAL OF A PERMIT FOR ANY TYPE WORK.
11/10/05
DATE ENVIRONMENTAL HEALTH

I HEREBY CERTIFY THAT THIS RECORD PLAN COMPLIES WITH THE
SUBDIVISION ACT OF HARNETT COUNTY, NC AND THAT
THIS PLAN HAS BEEN APPROVED FOR RECORDING IN THE REGISTER
OF DEEDS IN HARNETT COUNTY.
11/10/05 J.P. O'Neil
DATE

Table with columns: CURVE, RADII, LENGTH, DELTA, CHORD, CHANGING. Lists curve data for various road segments.

Table with columns: COURSE, BEARING, DISTANCE. Lists course data for various road segments.

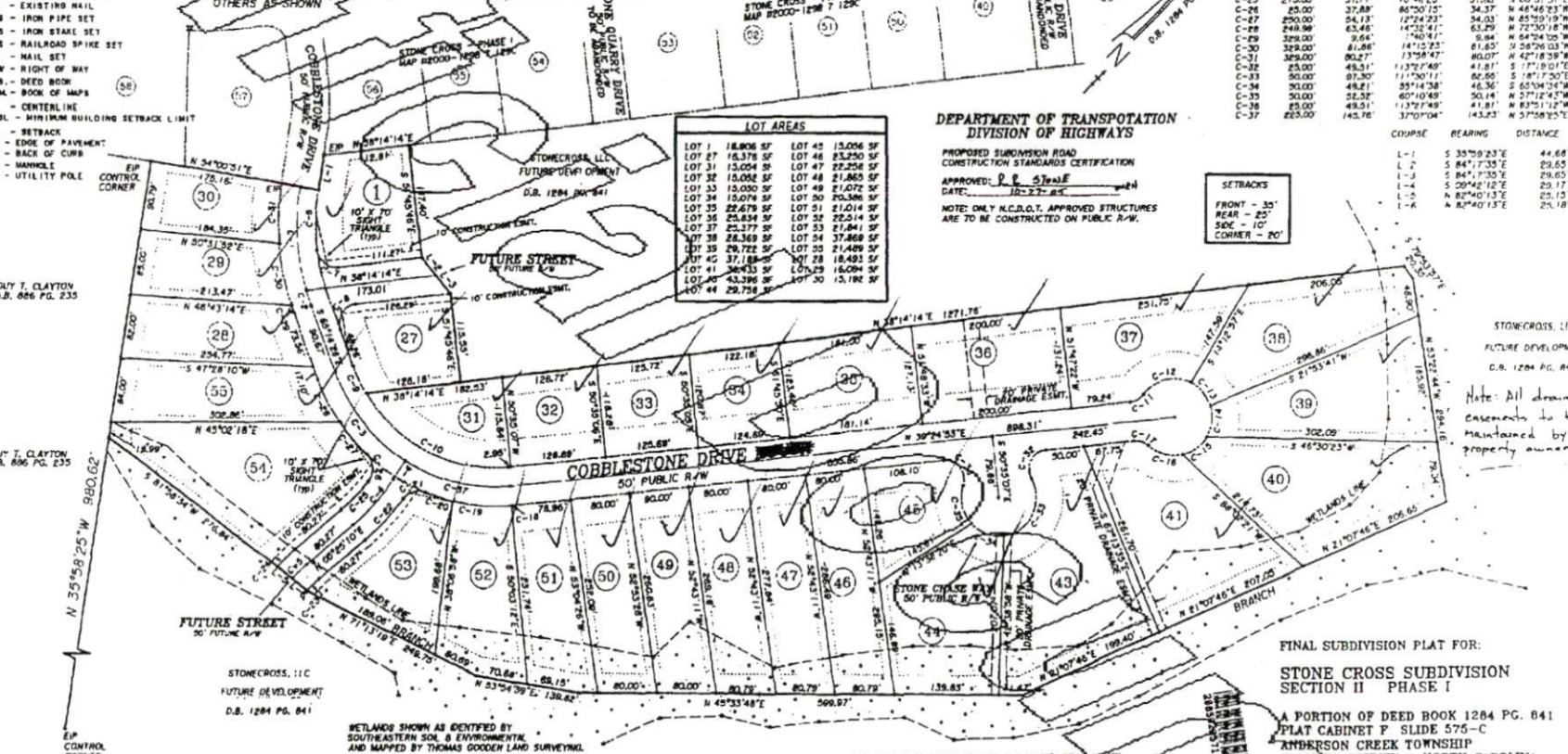
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS

PROPOSED SUBDIVISION ROAD
CONSTRUCTION STANDARDS CERTIFICATION
APPROVED: P.P. Steale
DATE: 10-27-05
NOTE: ONLY N.C.G.S. APPROVED STRUCTURES
ARE TO BE CONSTRUCTED ON PUBLIC R.W.

SETBACKS
FRONT - 35'
REAR - 25'
SIDE - 10'
CORNER - 20'

LOT AREAS table listing lot numbers and square footages.

- LEGEND: CMG - CONCRETE MONUMENT SET, ECP - EXISTING CONCRETE MONUMENT, E1P - EXISTING IRON PIPE, etc.



1. BENTON W. DEWAR, PROFESSIONAL LAND SURVEYOR
NO. 3040, CERTIFY:
THAT THIS PLAN IS OF A SURVEY THAT CREATES A
SUBDIVISION OF LAND, THAT IS REGULATED BY COUNTY
OR MUNICIPALITY ORDINANCE THAT REGULATES
PARCELS OF LAND.
Benton W. Dewar
BENTON W. DEWAR, NCPLES - 3040

1. BENTON W. DEWAR CERTIFY THAT THIS PLAN WAS DRAWN UNDER
MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY
SUPERVISION; THAT THE RATIO OF PRECISION IS 11.14; THAT
THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES
PLOTTED FROM INFORMATION FOUND IN BOOK 1284 PAGE
841; THAT THIS PLAN WAS PREPARED IN ACCORDANCE
WITH G.S. 47-30 AS AMENDED; WITNESS MY ORIGINAL SIGNATURE
REGISTRATION NUMBER AND SEAL THIS 30 DAY OF 2005.
Benton W. Dewar BENTON W. DEWAR, NCPLES - 3040



HARNETT COUNTY PUBLIC UTILITIES
THIS PLAN FOR STONE CROSS SUBDIVISION
SECTION II PHASE I HAS BEEN APPROVED.

DATE SIGNATURE
HARNETT COUNTY, N.C.
FILED DATE 11-14-05 TIME 4:52 P.M.
MAP BOOK 2005-953
REGISTER OF DEEDS
WHERLY S. HARRIS
BY: Cheryl McKen DEPUTY

CERTIFICATE OF OWNERSHIP, REDIGATION AND JURISDICTION
I (WE) HEREBY CERTIFY THAT I (AM (ARE) THE OWNER(S)
AGENT OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT
I (WE) HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY (OUR)
FREE CONSENT. ESTABLISH THE MINIMUM BUILDING SETBACK LINES
AND DEDICATE ALL STREETS, ALLEYS, WALKS, PARKS AND OTHER
SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED. ALL
OF THE LAND SHOWN HEREON IS WITHIN THE SUBDIVISION REGULATION
JURISDICTION OF HARNETT COUNTY EXCEPT:
Sect. 1
(DATE)

TAX PARCEL I.D. NUMBER
OWNER
OWNER

FINAL SUBDIVISION PLAT FOR:
STONE CROSS SUBDIVISION
SECTION II PHASE I

A PORTION OF DEED BOOK 1284 PG. 841
PLAT CABINET P SLIDE 575-C
ANDERSON CREEK TOWNSHIP
HARNETT COUNTY - NORTH CAROLINA
SCALE: 1" = 100' AUGUST 23, 2005
PIN #01-0535-0100-92 ZONED RA 20R

BENTON W. DEWAR AND ASSOCIATES
PROFESSIONAL LAND SURVEYOR
5920 HOMEY CUTT ROAD
HOLLY SPRINGS, NC 27540
PH. # (910)-652-9815

RECORDED IN MAP #2005- HARNETT CO. REG.

MAR 4 2005 953

OWNER NAME: Coviness Land

APPLICATION #: 0550013459 RR

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

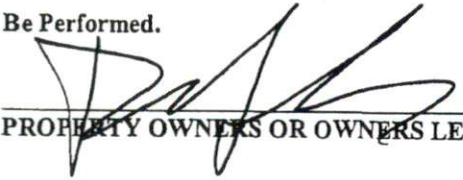
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- 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

Initial Application Date: 12/6/05

Application # 5500136592⁴¹⁵

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SEACREST

Central Permitting

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Parcel: 01053514 0100 23 PIN: _____
Zoning: RA 202 Subdivision: Stonecross Lot #: 49 Lot Size: .48 ac
Flood Plain: X Parcel: 155 Watershed: n/a Deed Book/Page: 1284 | 8A1 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

PROPOSED USE:

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Comments:

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 Industry Sq. Ft. _____ Type _____
 Home Occupation (Size _____ x _____) # Rooms _____ Use _____
 Accessory Building (Size _____ x _____) Use _____
 Addition to Existing Building (Size _____ x _____) Use _____
 Other _____

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Side	<u>10</u>	<u>15 10.8'</u>	Corner	<u>20'</u> <u>20'</u>
Nearest Building	<u>-</u>	<u>-</u>		

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

12/6/05
Date

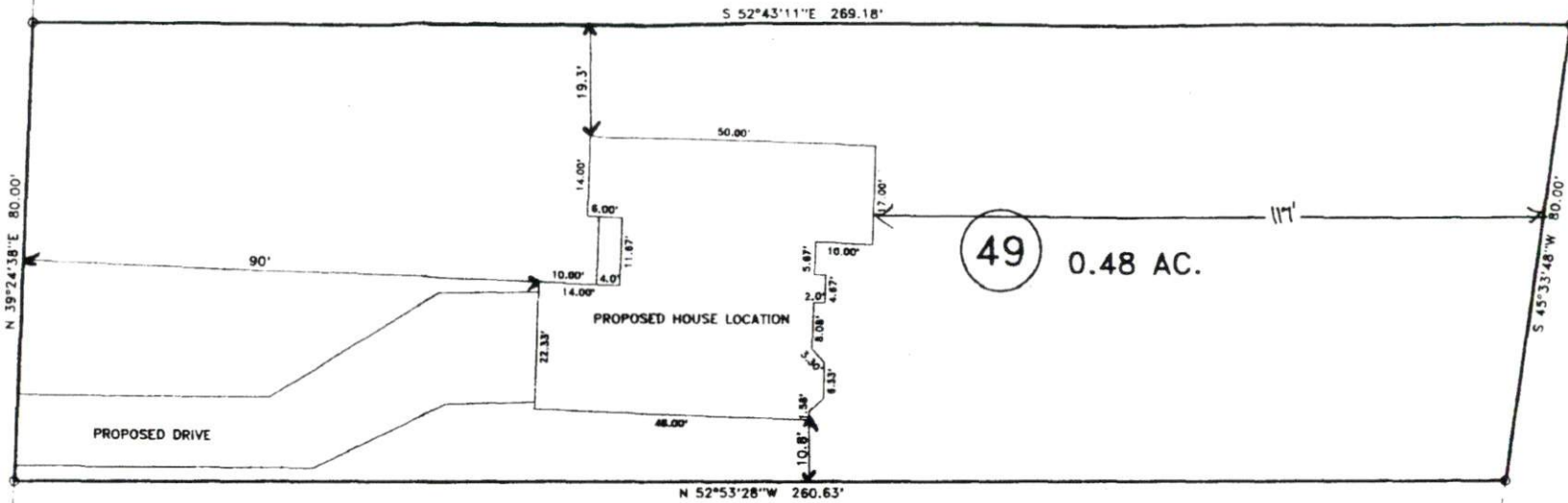
This application expires 6 months from the date issued if no permits have been issued

W/ K/W

DRIVE

48

13059



49 0.48 AC.

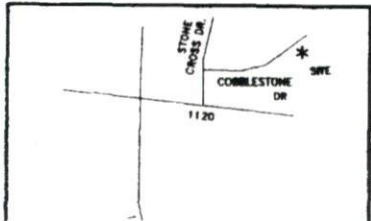
SITE F

DISTR

ADC

50

1-20' Revision
 SITE PLAN APPROVAL
 DISTRICT RAZOR USE SEO
 ROOMS 4
4/10/09 A. Duggins
 Zoning Attnk.



SURVEY FOR:
PROPOSED PLOT PLAN - LOT - 49
 STONE CROSS S/D SECTION II PHASE I

BENNETT SURVEYS, INC.
 1662 CLARK RD., ILLINGTON, N.C. 27546
 (919) 887-5858