

Initial Application Date: 12/20/05  
615107

*locate file? not confirmed prev. denied*

Application # 0550013745A

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

COUNTY OF HARNETT LAND USE APPLICATION

LANDOWNER: Y + M Properties dnc Mailing Address: 3485 Johnston County Rd  
City: Angier State: N.C. Zip: 27521 Phone #: (919) 639-2934  
APPLICANT: Bernard Young Mailing Address: 3485 Johnston County Rd  
City: Angier State: NC Zip: 27521 Phone #: 919 796 0565

PROPERTY LOCATION: SR #: 1563 SR Name: Bill Avery  
Address: 129 Glenview Ct  
Parcel: 07 0680 0132 08 PIN: 0681-80-8074-00  
Zoning: R-30 Subdivision: The Glen Lot #: 8 Lot Size: 0.170  
Flood Plain: X Panel: 105 Watershed: IV Deed Book/Page: UTP Plat Book/Page: 98/93

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 TO BULLIES CREEK LEFT ON  
27 LEFT ON BILL AVERY LEFT ON GLENVIEW COURT  
LOT ON LEFT

PROPOSED USE:

- SFD (Size 57x45) # Bedrooms 3 # Baths 2 Basement (w/wo bath) \_\_\_\_\_ Garage \_\_\_\_\_ Deck 12x14 Crawl Space / Slab \_\_\_\_\_
- Multi-Family Dwelling No. Units \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_
- Manufactured Home (Size \_\_\_\_\_ x \_\_\_\_\_) # of Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ Deck Included
- Number of persons per household Spec
- Business Sq. Ft. Retail Space \_\_\_\_\_ Type \_\_\_\_\_
- Industry Sq. Ft. \_\_\_\_\_ Type \_\_\_\_\_
- Church Seating Capacity \_\_\_\_\_ Kitchen \_\_\_\_\_
- Home Occupation (Size \_\_\_\_\_ x \_\_\_\_\_) # Rooms \_\_\_\_\_ Use Revision - Customer  
is requesting lot to  
be reworked @  
for septic
- Accessory Building (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_
- Addition to Existing Building (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_
- Other \_\_\_\_\_

Additional Information: \_\_\_\_\_  
Water Supply:  County  Well (No. dwellings \_\_\_\_\_)  Other \_\_\_\_\_ Environmental Health Site Visit Date: \_\_\_\_\_  
Sewage Supply:  New Septic Tank  Existing Septic Tank  County Sewer  Other \_\_\_\_\_  
Erosion & Sedimentation Control Plan Required? YES NO

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  
Structures on this tract of land: Single family dwellings 1 proposed Manufactured homes \_\_\_\_\_ Other (specify) Spec

Required Residential Property Line Setbacks:	Minimum	Actual
Front	35	<u>38</u>
Rear	25	<u>159</u>
Side	10	<u>26</u>
Corner	20	<u>A</u>
Nearest Building	10	<u>D</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.

Bernard Young  
Signature of Owner or Owner's Agent

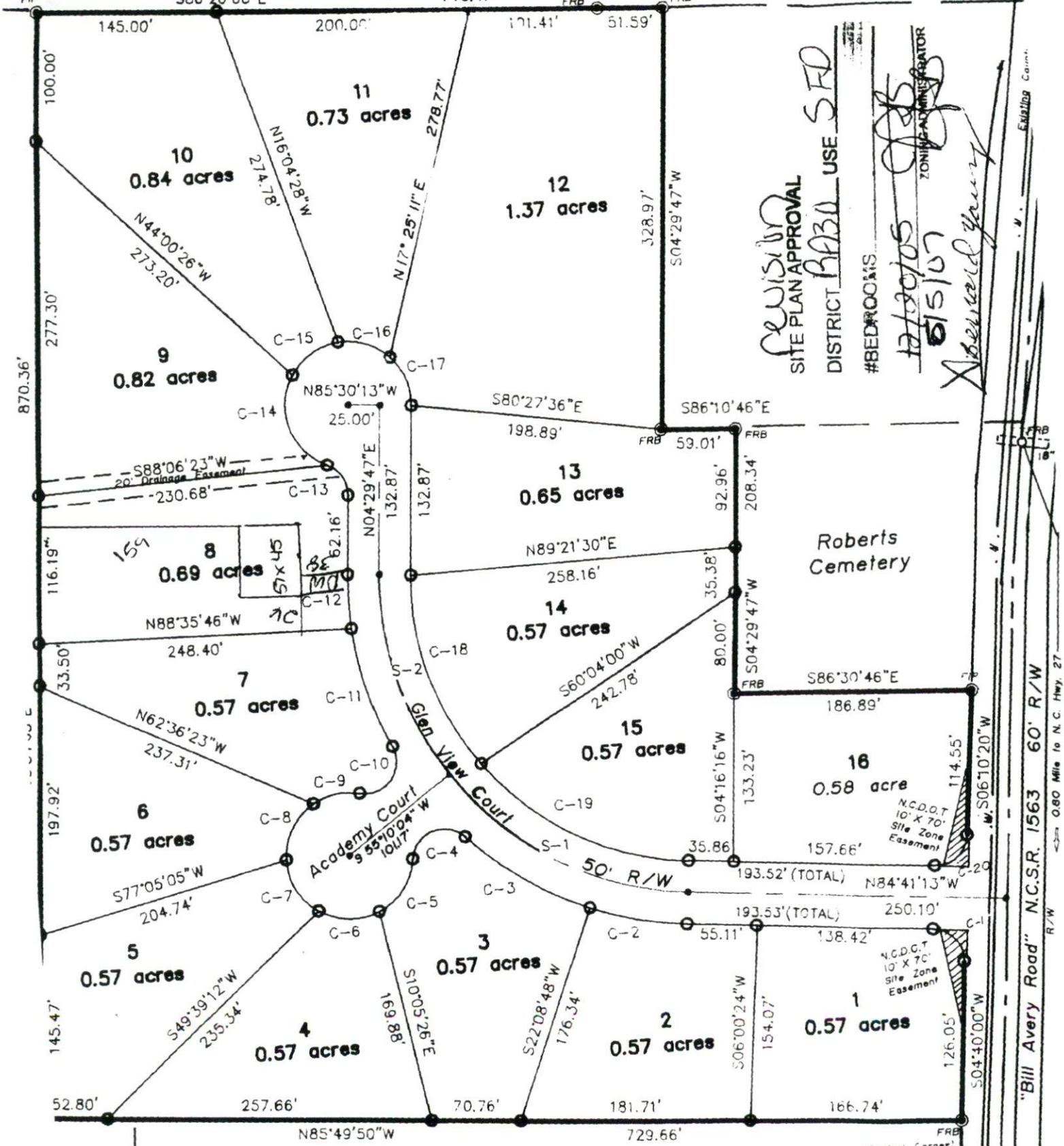
12-20-05  
Date

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

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

415 N 06/04

Control Corner  
FIP



REVISION  
 SITE PLAN APPROVAL  
 DISTRICT BOARD USE SFD  
 #BEDROOMS  
 12/20/05  
 6/5/07  
 [Signature]  
 ZONING ADMINISTRATOR  
 [Signature]

L. E. McKnight

1=100

"Bill Avery Road" N.C.S.R. 1563 60' R/W

0.80 Mile to N.C. Hwy. 27

Existing Corn.

R/W

FRB

FRB

FRB

FRB

FRB

FRB

FRB

Control Corner



OWNER NAME: YJM Properties, Inc APPLICATION #: 13745

\*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?
- YES  NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**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.**

Bernard Young  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-5-07  
DATE