



COUNTY OF HARNETT

EH

Fee: 20⁰⁰

Receipt: _____

Permit: 05390

Date: 8-5-96

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME CUSTOM CONTRACTING
ADDRESS P.O. Box 2825
SANFORD N.C.
PHONE 775-5548 W _____ H _____

APPLICANT INFORMATION:

NAME JANE
ADDRESS _____
PHONE _____ W _____ H _____

PROPERTY LOCATION:

Street Address Assigned 12508 SUNRISE CT. CAROLINA SEASONS
OFF
SR # 201 RD. NAME Ponderosa Rd. TOWNSHIP 09 FIRE N/A RESCUE N/A
TAX MAP NO. 9567-03-11 PARCEL NO. 0259 FLOOD PLAIN X PANEL 0150D
SUBDIVISION Carolina Seasons Ph IV LOT # H-12 LOT/TRACT SIZE .5
ZONING DISTRICT Unzoned DEED BOOK 916 PAGE 287-290 ON FILE
WATSHED DIST. N/A WATER DIST. N/A PLAT BOOK F PAGE 360-D

Give Directions to the Property from Lillington: NC Hwy 27 WEST
TO NC 1201 TURN RIGHT GO TO CAROLINA SEASONS TRAIL
LEFT GO TO FERN RIDGE LOT H-12 ON RIGHT AT
SUNRISE CT.

PROPOSED USE

- Single Family Dwelling (Size 30x60) # of Bedrooms 3 Basement No
Garage YES Deck YES (size 8 x 12)
- Multi-Family Dwelling No. Units _____ No. Bedrooms/unit _____
- Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____
Deck _____ (size _____ x _____)
- Number of persons per Household 4
- Business SqFt Retail Space _____ Type _____
- Industry SqFt. _____ Type _____
- Home Occupation No. Rooms/size _____ Use _____
- Accessory Bldg. Size _____ Use _____
- Addition to Existing Bldg. Size _____ Use _____
- Sign Size _____ Type _____ Location _____
- Other _____

Water Supply: County Well (No. dwellings _____) Other _____
Sewer: Septic Tank (Existing? 26) County Other _____
Erosion & Sedimentation Control Plan Required? Yes _____ No
Are there any wells not on this lot but within 40 ft of the property line NO (show on Site Plan).

*NOTE: A Site Plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your property line.

A recorded deed and recorded plat are also required.

SETBACK REQUIREMENTS

	Actual	Minimum/Maximum Required
Front property line	<u>45</u>	<u>35</u>
Side property line	<u>30-40</u>	<u>10</u>
Corner side line	<u> </u>	<u> </u>
Rear Property Line	<u>130</u>	<u>25</u>
Nearest building	<u> </u>	<u> </u>
Stream	<u> </u>	<u> </u>
Percent Coverage	<u> </u>	<u> </u>

Are there any other structures on this tract of land? NO
 No. of single family dwellings 1 No. of manufactured homes 0
 Other (specify & number) _____

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet of the tract listed above? Yes _____ No ✓

I hereby **CERTIFY** that the information contained herein is true to the best of my knowledge; and by accepting this permit shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any **VIOLATION** of the terms above stated immediately **REVOKES** this **PERMIT**. I further understand this structure is not to be occupied until a **CERTIFICATE OF OCCUPANCY** is issued. This permit expires six months from date issued.

[Signature] 8-5-96
 Landowner's Signature Date
 (Or Authorized Agent)

FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? ✓
 Is the lot/tract specified above in compliance with the Harnett County Subdivision Ordinance? _____
 Watershed Ordinance? _____
 Mobile Home Park Ord? _____

ISSUED ✓ DENIED _____

Comments: _____

[Signature] 8-5-96
 Zoning/Watershed Administrator Date

SITE PLAN APPROVAL
District NA Use SFD (30 X 60)
Bedrooms 3
8-5-96 Tom K
Date Zoning Administrator

307.14

40

219.68

40

30

45

