

Initial Application Date: 3/24/10 11/16/10 OT

Application # 00-50014388R

1310290

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759 Fax (910) 893-2793

LANDOWNER: A. Keay Kenneth Cummings Mailing Address: 630 Griffin Rd  
City: Lillington State: NC Zip: 27546 Phone #: 919-499-8382 919-107105  
APPLICANT: same Mailing Address: 3417 Spring Hill Church Rd  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

PROPERTY LOCATION: SR #: 421 SR Name: old US 421  
Address: Mamie Bell Circle  
Parcel: 13.0030 0029 18 PIN: 0030-104-1542.000  
Zoning: RA30 Subdivision: Mamie Bell Circle 0308-155 Lot #: 17 Lot Size: .57  
Flood Plain: X Panel: 0080 Watershed: N/A Deed Book/Page: 10000000 Plat Book/Page: 00000000

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Lillington - old US 421 3 miles turn left  
on Mamie Ferguson Dr. - turn left on Mamie Bell Circle - lot 17 on right

PROPOSED USE: 54 x 31  
 Sg. Family Dwelling (Size 40 x 50) # of Bedrooms 3 # Baths 2 1/2 Basement (w/w/o bath) N/A Garage included Deck included  
24 x 26 10 x 18  
crowd space

Multi-Family Dwelling No. Units \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_  
 Manufactured Home (Size \_\_\_\_\_ x \_\_\_\_\_) # of Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_  
 Number of persons per household Spec  
 Business Sq. Ft. Retail Space \_\_\_\_\_ Type 11/16 New owner - new site plan  
 Industry Sq. Ft. \_\_\_\_\_ Type \$25.00 per  
 Church Seating Capacity \_\_\_\_\_ Kitchen \_\_\_\_\_  
 Home Occupation (Size \_\_\_\_\_ x \_\_\_\_\_) # Rooms \_\_\_\_\_ Use \_\_\_\_\_

Additional Information: \_\_\_\_\_  
 Accessory Building (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_  
 Addition to Existing Building (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_  
 Other \_\_\_\_\_

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 Manufactured homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks: proposed Minimum Actual

Front	35	<u>44</u> <u>38.1'</u>
Rear	25	<u>200</u> <u>218'</u>
Side	10	<u>12</u> <u>12.4'</u>
Corner	20	<u>N/A</u>
Nearest Building	10	<u>N/A</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.

Signature of Owner or Owner's Agent [Signature]

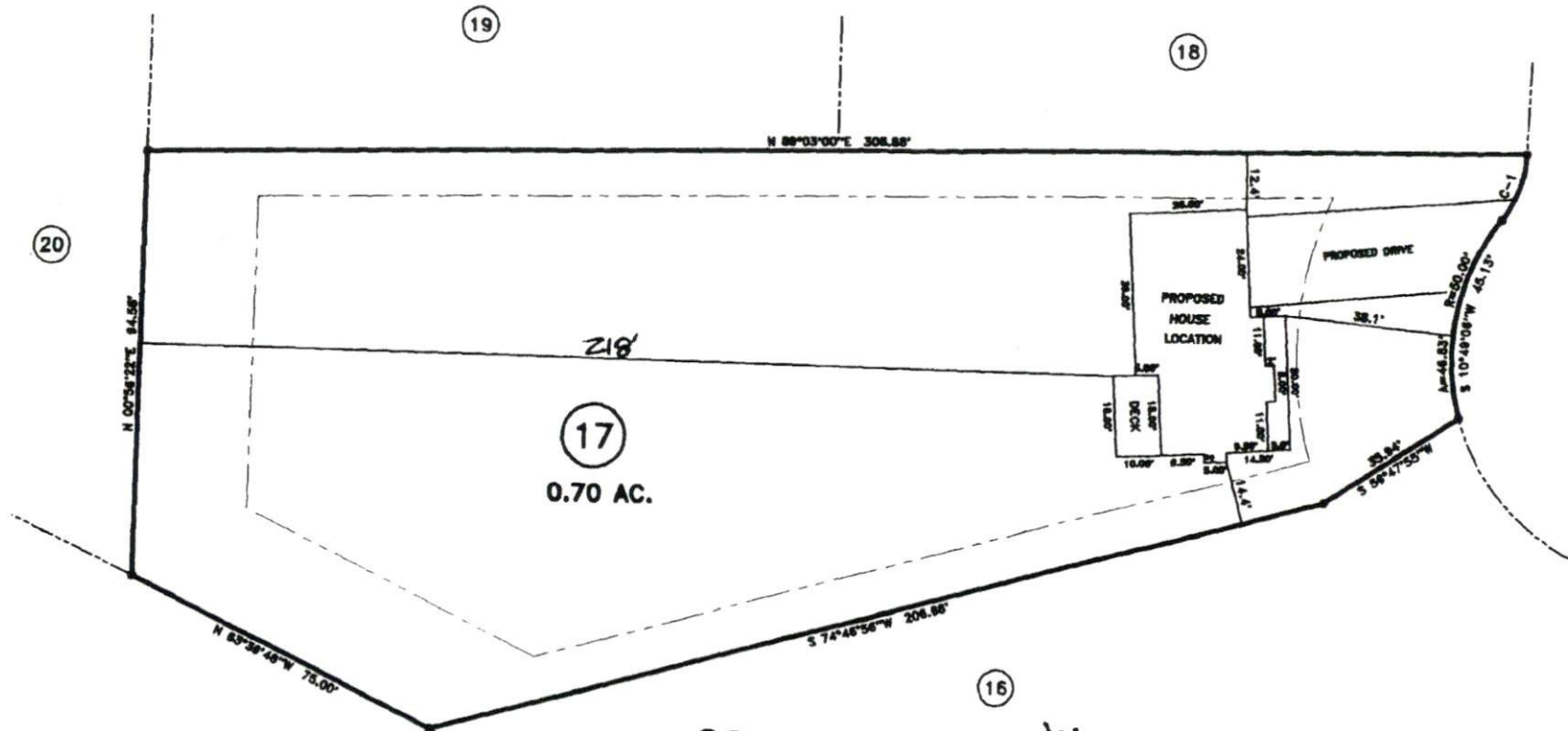
Date 3/24/10 11/16/10

\*\*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

11/17 S 03/04

MAGNETIC NORTH  
MAP NO. 2003-1139



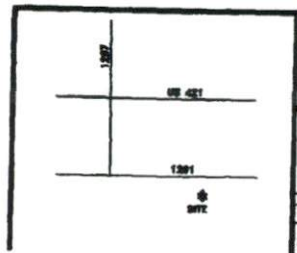
"MAMIE BELL CIRCLE" 50' R/W

Note: See Map for Septic Easement

11/16/06 A. Burgess  
TOWNSHIP 3  
DISTRICT 2830 USE SFD  
PLAN APPROVAL

MAP REFERENCE: MAP NO. 2003-1139

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



SURVEY FOR:		JOB NO. 06779	
PROPOSED PLOT PLAN - LOT - 17		BENNETT SURVEYS, INC.	
MAMIE BELL RIDGE S/D, PHASE THREE		1662 CLARK RD., LILLINGTON, N.C. 27546	
		(910) 893-5252	
TOWNSHIP UPPER LITTLE RIVER	COUNTY HARNETT	20 0 40	SURVEYED BY:
STATE: NORTH CAROLINA	DATE: NOVEMBER 09, 2006	SCALE: 1" = 40'	DRAWN BY: RVB
			FIELD BOOK
			DRAWING NC



OWNER NAME: Kenneth Cummings LLC

APPLICATION #: DW 50014388

**\*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.**

*Kenneth Cummings*  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11-14-06  
DATE