

Initial Application Date: 4/16/06  
5/31/06

JW  
9/20/06

Application # 50014695BR  
1277638 SOUTHPORT

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: Woodshire Partners / Caviness Land Dev Mailing Address: 2818 Raeford Rd Ste 200  
City: Fayetteville State: NC Zip: 28303 Phone #: 9104810503

APPLICANT: Caviness Land Development Mailing Address: 2818 Raeford Rd Ste 200  
City: Fayetteville State: NC Zip: 28303 Phone #: 9104810503

PROPERTY LOCATION: SR #: 1125 SR Name: Lemeul Black Rd  
Parcel: 0105360028 PIN: 08110-03-3995.000  
Zoning: RA-20R Subdivision: Forest Oaks Lot #: 60 Lot Size: .58  
Flood Plain: X Parcel: D185 Watershed: N/A Deed Book/Page: 1899/805 Plat Book/Page: 2005/401

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 87 W. TURN (L) ON NURSEY RD. TURN  
(L) ON LEMEUL BLACK, TURN (L) INTO FOREST OAKS (R) ON HOLLY OAK  
(L) ON SAMOOTH CIR.

PROPOSED USE: 53x36 3 2.5  
 Sg. Family Dwelling (Size 53x36 # of Bedrooms 3 # Baths 2.5 Basement (w/wo bath) N/A Garage YES Deck 12x12  
 Multi-Family Dwelling No. Units \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_  
 Manufactured Home (Size x) # of Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_

Comments: \_\_\_\_\_  
 Number of persons per household SPEC  
 Business Sq. Ft. Retail Space \_\_\_\_\_ Type 5/31 - Moved location of home  
 Industry Sq. Ft. \_\_\_\_\_ Type PER EH. NO FEE. (AD)  
 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 \_\_\_\_\_  
Sewage Supply:  New Septic Tank  Existing Septic Tank  County Sewer  Other \_\_\_\_\_

Erosion & Sedimentation Control Plan Required? YES  NO   
Structures on this tract of land: Single family dwellings 1 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	35	107	25	76-28' 43
Side	10	31	20'	48 N/A
Corner		30		
Nearest Building	/	/		

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]  
Signature of Owner or Owner's Agent

4/24/06  
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

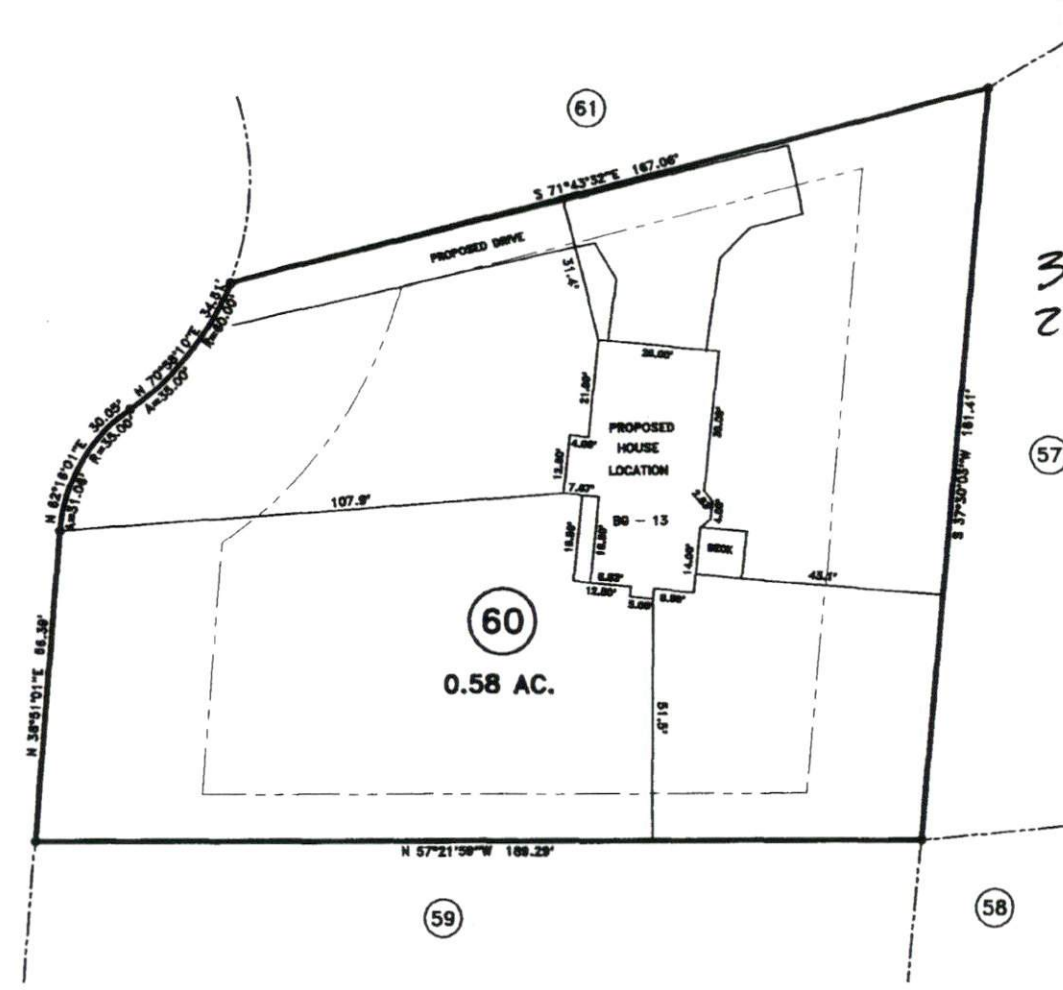
9/21 S



SITE PLAN APPROVAL  
 DISTRICT RR20R USE SFD  
 #BEDROOMS 3  
 Date 9/30  
 Zoning Administrator [Signature]

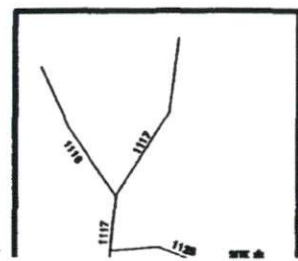
MAP REFERENCE: MAP NO. 2005-401

"SAWTOOTH OAK CIRCLE" 50' R/W



3 BR  
 2 1/2 BATH

**MINIMUM BUILDING SET BACKS**  
 FRONT YARD — 36'  
 REAR YARD — 25'  
 SIDE YARD — 10'  
 CORNER LOT SIDE YARD — 20'  
 MAXIMUM HEIGHT — 30'



SURVEY FOR: <b>PROPOSED PLOT PLAN - LOT - 60</b> <b>FOREST OAKS S/D, PHASES ONE &amp; TWO</b>		JOB NO. 06223 <b>BENNETT SURVEYS, INC.</b> 1662 CLARK RD., LILLINGTON, N.C. 27546 (910) 893-5252	
TOWNSHIP ANDERSON CREEK	COUNTY HARNETT	20 0 40 SCALE: 1" = 40'	SURVEYED BY: DRAWN BY: RVB
STATE: NORTH CAROLINA	DATE: SEPTEMBER 08, 2006		FIELD BY: DRAWING



OWNER NAME: Caviness Lard

APPLICATION #: 06-50014695

**\*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.**

  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/18/06  
DATE