

JM (When confirmed)

Initial Application Date: ~~9/15/06~~ 10/10/06

Application # ~~0650015754R~~
1274613

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

LANDOWNER: Atkins Place, LLC Mailing Address: 635 Christahall Rd
City: Angier State: NC Zip: 27501 Phone #: 419 639 3714
APPLICANT: Brian Johnson Builders Inc Mailing Address: 635 Christahall Rd
City: Angier State: NC Zip: 27501 Phone #: _____

PROPERTY LOCATION: SR #: 1429 SR Name: Chalybeate Rd
Address: 182 Brendamoore Ct
Parcel: 080653 0030 29 PIN: 0653 37 5448 000
Zoning: RA-30 Subdivision: Dexterfield Lot #: 29 Lot Size: 349
Flood Plain: X Panel: 50 Watershed: IV Deed Book/Page: 02044/0564 Plat Book/Page: 06144-145

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: From Lillington take 401 to Fuquay
Varing T/L on SR 1429 Chalybeate Rd go 1/8 mile
Dexterfield on left

PROPOSED USE:

- SFD (Size 52 x 60) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage 1 x 21 Deck _____ Crawl Space / Slab _____
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____ included
- Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
- Number of persons per household Spec
- Business Sq. Ft. Retail Space _____ Type 10/10/06
- Industry Sq. Ft. _____ Type Revision per
- Church Seating Capacity _____ Kitchen _____ Fee, Moved house
- Home Occupation (Size _____ x _____) # Rooms _____ Use to 30 ft from
- Additional Information: right side
- 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 Manufactured homes _____ Other (specify) _____

Required Residential Property Line Setbacks:	Minimum	Actual
Front	35	36
Rear	25	28
Side	10	20-30
Corner	20	-
Nearest Building	10	-

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.

Brian Johnson
Signature of Owner or Owner's Agent

9/15/06
Date manually confirmed 10/13

revision

SITE PLAN APPROVAL

DISTRICT RA30 USE SFD

#BEDROOMS 3

~~J. [Signature]~~ 9/15/06
ZONING ADMINISTRATOR
10/10/06 [Signature]

1=60

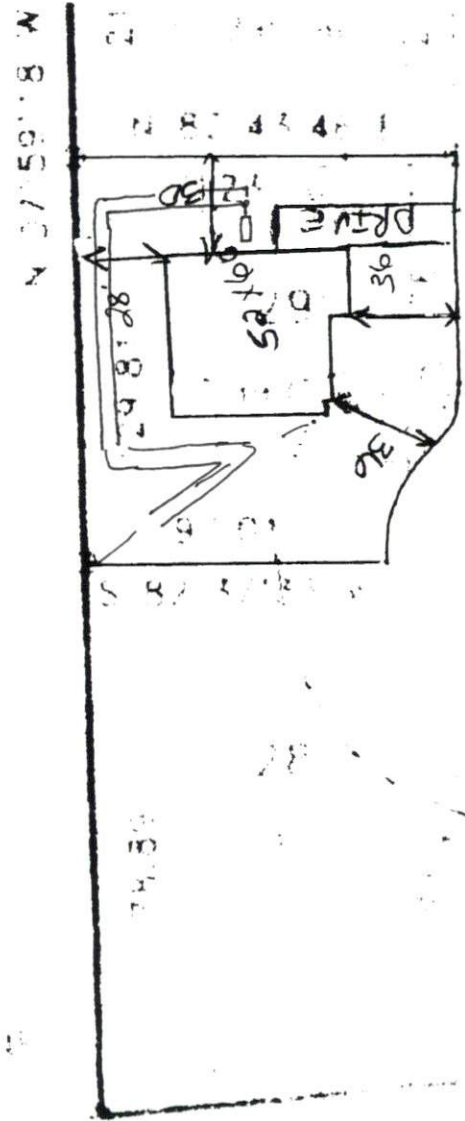
20.41	S 24' 42" 22' E
36.21	N 51' 42" 56" W
35.61	N 41' 58" 39" W
55.30	N 61' 50" 32" W

Utilities
1 Only

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this site
ted on

ite:



688

OWNER NAME: Brian Johnson

APPLICATION #: Brian Johnson

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.

Brian Johnson
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/15/06
DATE