ENV. Rec'd 9/20/06

Initial Application Date: 91900	ication # 00500157La5	
į.	127/2292	
County of Harnett Land USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax	(910) 893-2793 www.harnett.org	
LANDOWNER: Mastin Baker Investments LLC Mailing Address: PO Box	k 181	
City: Erwin State: NC 7in: 29339 Phone #		
City: Erwin State: NC Zip: 28339 Phone #: APPLICANT: Jeffrey C. Pittman Mailing Address: 585 Bill	Avene P.I.	
City: Coats State: NC Zip: 27521 Phone #: 897-5903 / 814-3445		
State. No Zip: 275-1 Phone #:	Cel # 658-3055	
PROPERTY LOCATION: StateRoad # 2019 SR Name: Lot #38 Cottlestone Est. (Brich Mill 18d)		
Parcel: 070589 0102 42 PIN: 0589-89-8671.000		
Zoning: 1274 Osubdivision: Cottlestone Estates Lot #: 38 Lot Size: 1.35 AC		
Flood Plain: X Panel: 105 Watershed: TI Deed Book/Page: 01944/	0915 Plet Book/Page: 2001/912	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 South towards Dunn - turn left onto		
Old Stage Rd - take immediate right onto Brick Mill Rd - travel approx. 1/2-2 miles,		
turn left unto Cottle Lake Drive - lot #38 is at end of	culade uses at end of	
Cottle Lake Dr.	CAI-OR JAC BY COM DE	
PROFOSED USE:		
SFD (Size 1 + Bedrooms + Baths 3 Basement (w/wo bath) Garage	Circle:	
Garage Modular: Octobro Officero (Class) # Batins Basement (Www batn) Garage	Deck Crawl Space Slab	
☐ Modular: On frame Off frame (Sizex) # Bedrooms # Baths Ga ☐ Multi-Family Dwelling No. Units No. Bedrooms/Unit	rage Deck	
Manufactured Home:SWDWTW (Sizex) # of Bedrooms Gard		
Number of persons per household 5	age Deck	
C. Business		
Type		
Туре	Na	
Church Seating Capacity Kitchen	10-2-01-D	
Home Occupation (Sizex) #Rooms Use	10400	
Accessory Building (Sizex) Use		
Addition to Existing Building (Sizex) Use	105-06	
Other		
Water Supply: County Well (No. dwellings) Other		
Sewage Supply: New Septic Tank (Need to fill out New Tank Checklist) Existing Septic Tank (County Sewer County Sewer Count		
Erosion & Sedimentation Control Plan Required (usually if clearing over 1 acre)? YES		
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 Other (specify)		
Structures on this tract of land: Single family dwellings Other (specify)		
Required Residential Property Line Setbacks: Comments:		
Front Minimum 35 Actual 40		
Rear		
Side 10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Corner		
Nearest Building 10 On same lot		
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina re	gulating 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. This permit is subject to		
revocation if false information is provided on this form.		
1 MA	11.	
- $ -$	18/06	
Signature of Owner of Owner's Agent Date		
This application expires 6 months from the initial date if no permits have been issued		

Please use Blue or Black ink ONLY

A RECORDED SURVEY PLAT AND RECORDED DEED (OR OFFER TO PURCHASE) ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

MAP # 2001-912

planning cale

I HEREBY CERTIFY THAT THIS RECORD PLAT COMPLIES WITH THE SUBDIVISION REGULATIONS OF HARNETT COUNTY, N.C. AND THAT THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS HARNETT COUNTY.

7-17-01 how Somaoywali

DATE

PLANNING DIRECTOR

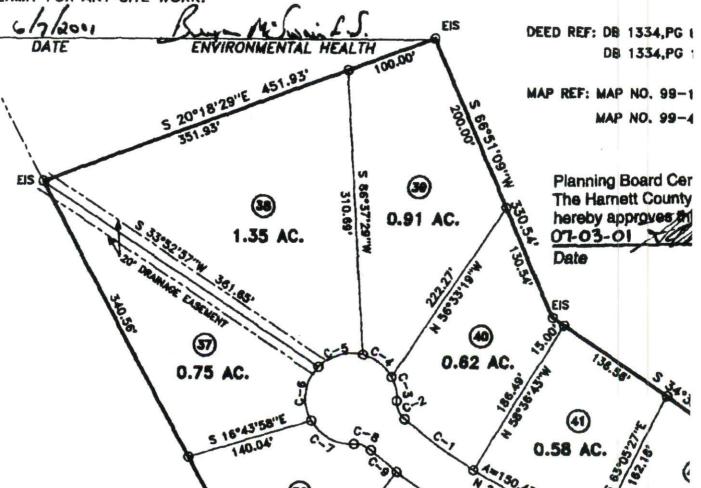
DEPARTMENT DIVIS PROPOSI

CONSTRUCTION

THE LOT(S) ON THIS PLAT HAVE BEEN EVALUATED BY A PRIVATE CONSULTANT. BASED ON THIS REVIEW, IT APPREARS THAT LOT(S) ON THIS PLAT MEET APPROPRIATE REGULATION. NOTE THAT FINAL APPROVAL FOR EACH LOT REQUIRES ISSUANCE OF THE APPROPRIATE HARNETT COUNTY HEALTH DEPARTMENT PERMITS FOR SPECIFIC USE AND SITING IN ACCORDANCE WITH REGULATIONS IN FORCE AT THE TIME OF PERMITTING. THIS CERTIFICATION DOES NOT REPRESENT APPROVAL OR A PERMIT FOR ANY SITE WORK.

DATE

APPROVED



APPLICATION #: 0650015765

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

1M 60	THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE MPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without piration)	
DE	EVELOPMENT INFORMATION	
D	New single family residence	
	Expansion of existing system	
	Repair to malfunctioning sewage disposal system	
	Non-residential type of structure	
W	ATER SUPPLY	
	New well	
	Existing well	
0	Community well .	
6	Public water	
	Spring	
Are	e there any existing wells, springs, or existing waterlines on this property? {_}} yes {_}} no {	
If a {	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	e applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in estion. If the answer is "yes", applicant must attach supporting documentation.	
{	YES { NO Does The Site Contain Any Jurisdictional Wetlands?	
{	YES { 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?	
{V	YES Are There Any Easements Or Right Of Ways On This Property?	
	Orainage_	
I H	ave Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct.	
Aut	thorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine	
Cor	mpliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification	
And	d Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can	
	Performed. 9/18/06	
PRO	OPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	