nitial Application Date: 4 1669	Application # 0050015803 P/R
COUNTY OF HARN Central Permitting 108 E. Front Street, Lillington, NC 27546	Phone: (910) 893-7525 Fax: (910) 893-2793 www.hamett.org/permits
LANDOWNER: Pungld Riddle	Mailing Address: Parto 3 P.o. Box Yo 3
City: Dung State: NC Zip: 2	9335 Home #: 9/9 - 902 -93/3 Contact #: 9/9 - 902 -93/3
APPLICANT: Shane McLead	Mailing Address: S9 Willowcroft CT
City: The State: WC Zip: A	8 53 V Home #: 910 - 5 9+ 9 72 7 _ Contact #: 9/0 - 5 91 - 9 72 7
*Please fill out applicant information if different than landowner	Ched Phone #: 910-591-9727
PROPERTY LOCATION - Substitution w/phase or section:	ill Bignich Sec. 3 Lot#: 17 Lot Acreage: 1.07
State Board # MA State Board Name: Robert	Branch circle Map Book&Page: 2006 1172-175
Parcel: (58.0652.009717	PIN: 06 52-14-6977.000
Zoning: & A. 40 Flood Zone: NU Watershed:	Deed Book&Page: 2596 / 238 Power Company*: \$1051155
	upply premise number from Progress Energy.
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGT	ON: Take Yol N. Tuen Right into
Mill Branch Suddivision take	15 18 Ft 10+ 17 is on the
10 F + .	
(Is the bonus room finished?	Basement (w/wo bath) Garage Site Built Deck ON Frame / OFF It additions?) _x) # Bedrooms Garage (site built?) Deck (site built?) Bedrooms/Unit
☐ Home Occupation # Rooms Use Use	Hours of Operation: #Employees
□ Addition/Accessory/Other (Sizex) Use	Closets in addition(_)yes (_)no
Structures (existing & proposed): Stick Built/Modular Required Residential Property Line Setbacks: Front Minimum 3	() Existing Septic Tank (Complete Checklist) ()County Sewer nufactured home w/in five hundred feet (500') of tract listed above? ()YES (L_NO
The state of the s	
400	
Signature of Owner or Owner's Agent	Date

This application expires 6 months from the initial date if no permits have been issued

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

RONALD L. RIDDLE

PROPERTY OF: SITE PLAN

County, serify that he was an utal he are Sifteen of series of street meets all stallary requirements for resourcing. State of durth Caroling

(Public & Dedicaled)

Cate

Convega Area

1.07 Acres (3)

N 09- 35' 37"

5 12 27 3A W

 (\underline{g})

SITE PI APPROVAL
DISTRICT PALLOUSE

#BEDROOM:

08

B/W

Area Tumputed by countinates.

Note: Property Is located in Watershed District Would

ACTEL al measurements shown are normanta ground ineasurements unloss atherwise volva.

Cport Secured a 2 OB: 34-Loudeut Freudtu = 1475/83, Vec Freudtu = 1475/83, Vec Freudtu = 1475/83, Sequentus = 700.

"Robert Branch Circle"

PME ---- Point Mol established
Fig. --- Faund Yen Fig.
Fig. --- Faund Concrete Maintenent
Fig. --- Faund Concrete Maintenent
Fig. --- Faund Recor
Fig. --- Faund Relicon Spike
FRE---- Faund Relicon Spike

IO' sandmore State Cettorica

· 4/6/09 SCANNED
Initial Application Date: 10/3/06 Application # 0050015943 Application # 0050015943 Application # 0050015943 Application # 0050015943
2113108 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: Hichael W. Cochran Mailing Address: 1044 Casin Hill Day
City: Garner State: NCzip: 27529 Home #: 661-9232 Contact # 369-6515
APPLICANT: Silving Construction In Mailing Address: PO Box 13
City: Fugue Variable: NZ zip: 275a (Home #: (919) 79594 (Contact #: *Please fill out applicant information if different than landowner
PROPERTY LOCATION: State Road #: 401 State Road Name: 401 Hwy
Parcel: 68 0052 0097 17 PIN: 0052-14-6977.00
Zoning: RAYD Subdivision: Mills Branch 24408: 17 Lot Size: 1.07 acr
Flood Plain: X Panel: Watershed: Deed Book/Page: 22/11/10-7 Plat Book/Page: 2001/172
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 Worth Rt into Mills
Branch, Lft Robert Branch Cr. Loton Lft
PROPOSED USE: 60 x 50
SFD (Size 54 x 54) # Bedrooms 3 # Baths 2 / Basement (w/wo bath) Garage Deck Craw Space Slab
Modular: _On frame _Off frame (Size x) # Bedrooms # Baths Garage (site built?) Deck (site built?)
Multi-Family Dwelling No. Units
☐ Manufactured Home:SWDWTW (Size) # Bearooms Garage(site built?) Deck(site built?)
□ Business Sq. Ft. Retail SpaceType# Employees:Hours of Operation:
☐ Industry Sq. FtType# Employees:Hours of Operation:
Church Seating Capacity # Bathrooms Kitchen
Home Occupation (Size x) # Rooms Use Hours of Operation:
Accessory/Other (Sizex) Use
Addition to Existing Building (Sizex) UseClosets in addition(_)yes (_)no
Water Supply: (County () Well (No. dwellings) Other
Sewage Supply: (New Septic Tank (Need to fill out New Tank Checklist) (Existing Septic Tank (County Sewer (Other
Property owner of this tract of land own land that contains a manufactured home wiin five hondred feet (500') of tract listed above? (_)YES (_)NO
Structures on this tract of land: Single family dwellingsOther (specify)
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 7465 Revision of Eno. Health
Rear 25 130
Side
Corner/Sidestreet 20 Work HONG Printing Sec
Nearest Building 10 None 10 No
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 of plans
submitted. I hereby state 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.
Michael Wlacker 10/3/06
Signature of Owner's Agent Date

This application expires 6 months from the initial date if no permits have been issued

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

NAME: Ro.	nald_	Riddle	

APPLICATION #:	15863
APPLICATION **	

NAME:_	Kona	10	K, dd It				APPLICA	TION #:		JOW	<u> </u>
•	'		This annlicati	ion to be fill	led out when ap	nlving fo	r a septic sys	tem inspec	tion.*	••	•
Соп	ntv Hes	JAL D	martmant A	nnlication	n for Improv	ement]	Permit and	/or Auth	orization	to Const	ruct
IF THE IN PERMIT (depending	IFORMA' OR AUTH upon doc	TION IN IORIZA umentat	THIS APPLICATION TO CONS ion submitted. (c	ATION IS FA TRUCT SHA	LSIFIED, CHAN ALL BECOME IN plan = 60 months;	GED, OR IVALID. 1	THE SITE IS A The permit is vi plat = without	ALTERED, I alid for either expiration)	60 months	TATE ICO A ETAT	kpiration
	910-893			- OAc	C-d- 900		CONFIRM	IA11OΩ #_			
•	Place "p	ink pro	operty flags" (etween corne	on each co	Code 800 erner iron of lot	t. All pre	operty lines	must be c	learly flag	ged appro	ximately
•	Place "c	range	house corner	flags" at ea ls. etc. Pla	ach corner of th ice flags per sit	e plan de	eveloped at/l	or Central	Leummi	y.	
•	Place or If prope evaluation	range E rty is tl on to b	Environmental nickly wooded e performed.	Health car I, Environm Inspectors	d in location the ental Health re should be able	at is eas equires t e to walk	ily viewed tro hat you clea freely arour	om road to n out the t d site. <i>Do</i>	undergrow not grade	with to allow be property.	A file 2011
	After pri	eparing er sele	proposed site cting notificat	e call the vi	to scheduling in oice permitting if multiple perm	system nits exist)	at 910-893-7 for Environ	'525 optior	1 1 to sche	equie and t	ise code ise note
	confirm	nation I	number qıvel	<u>1 at end ot</u> ifv results	recording for Once approve	d proce	ed to Centra	l Permittino	g for perm	ıits.	
• ⊔ <u>Env</u>	ironmer	tal Hea	alth Existing T	ank Inspec	tions Code	e 800 € 800	00 (0 00		,		
<u> </u>	Follow:	hove i	nstructions fo	r placing fla	os and card or	n propert	y.				01-1
•	Prepare	for in	spection by	removing	soil over door	as diag	ıram indicat	es. Loose	en trap d	oor cover.	(Uniess
•	After pr	eparine permi	g trapdoor cal ts, then use	I the voice code 800 f	le home park) permitting sys for Environmer	item at 9 ntal Hea	10-893-752 Ith inspectio	5 option 1 n. <u>Please</u>	& select r note cor	notification <u>nfirmation</u>	permit if number
•	given a Use Cli	t end o	of recording to or IVR to he	ior proof o ar results. (<u>if request</u> . Once approved	l, procee	d to Central	Permitting	for remain	ning permit	s.
SEPTIC If applyi	ing for au	thorizat	ion to construct	please indica	ate desired system	n type(s):	can be ranked	in order of p	oreference,	must choose	one.
{}} A	ccepted		[_] Innova	itive	Convent	ional	{}} Any				
{_}} A	lternativ	e	{}} Other								
The app	licant sha	all notif	y the local heal s "yes", applica	th departmen ant must atta	nt upon submitte ach supporting d	al of this a ocumenta	pplication if a	any of the fo	ollowing ap	oply to the p	roperty in
{}}YE	s (<u>~</u>	NO		_	y Jurisdictional V						
{}}YE	S {⊭	NO			rrigation system						
{_}}YE	s { <u>~</u>	NO			g contain any <u>dra</u>					<u>-</u>	
()YE	s (<u>~</u>	NO	Are there an	y existing w	ells, springs, wa	terlines o	r Wastewater	Systems on	this proper	rty?	
{}}YE	s (<u>~</u>	NO	Is any waste	water going	to be generated	on the sit	e other than d	omestic sev	vage?		
{}}YE	s (<u>–</u>	NO	Is the site su	bject to app	roval by any oth	er Public	Agency?				
YE		NO	Are there an	y easements	or Right of Wa	ys on this	property?				
(}YE		NO	Does the sit	e contain an	y existing water,	, cable, ph	one or under	ground elect	ric lines?		
- •			If yes pleas	e call No Cu	uts at 800-632-49	949 to loc	ate the lines.	This is a fre	e service.		

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)

3-21-09 DATE