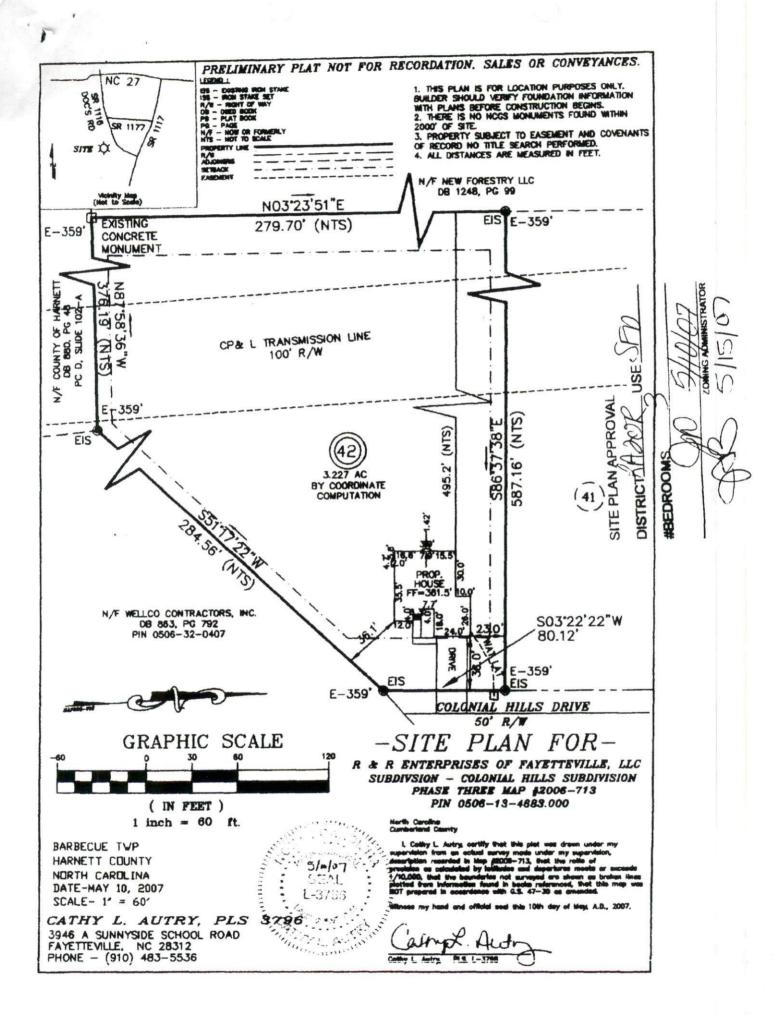
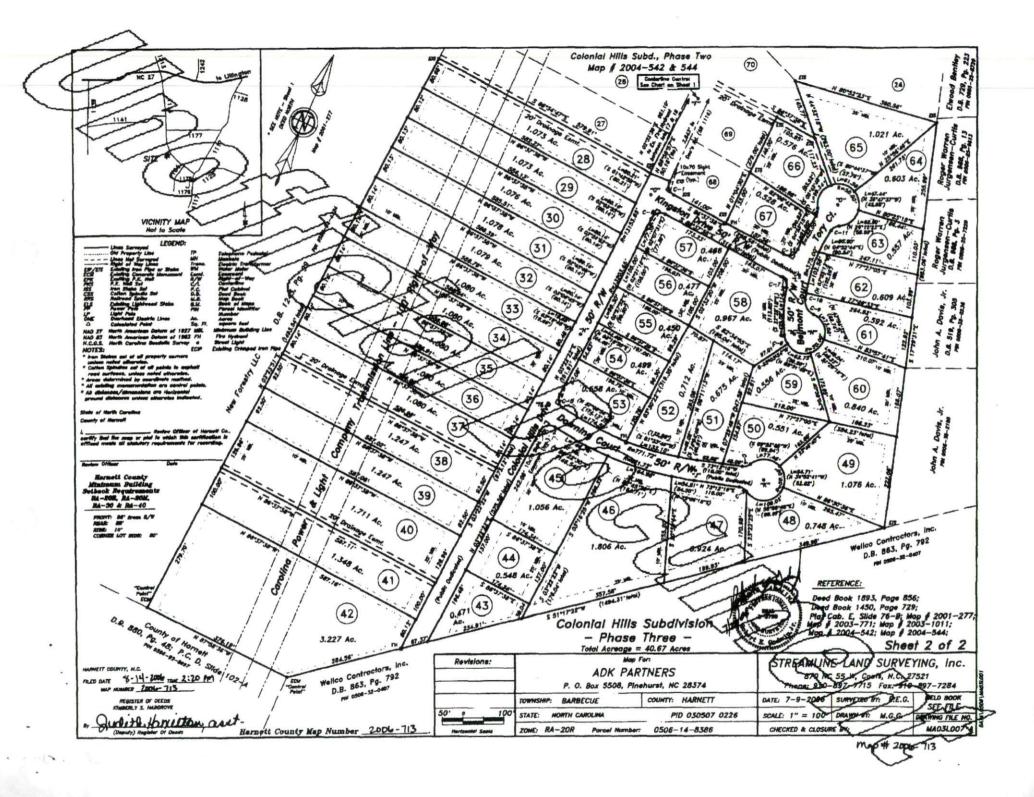
Initial Application Date: 10 17 40 5/1007 5/15/07 Application # 010 - 500 159 100 RP
COUNTY OF HARNETT LAND USE APPLICATION Central Permitting 108 E. Front Street Lillington NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org
LANDOWNER: Mailing Address: Mailing Address:
City: The high State: M Zip 28-37 Home #: Contact #: APPLICANT: Mailing Address:
City:State:Zip:Home #:Contact #: *Please fill out applicant information if different than landowner
PROPERTY LOCATION: State Road #: //// State Road Name: Doc S
Parcel 030507-0226-60 PIN: 900506-14-8386,000
Zoning: AH JUK Subdivision: Calanial Hills Lot #: 42 Lot Size: 3,227
Flood Plain: Panel:
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 20 high an hory while
hight as larsery had, left on Doc's hal
mile on lest.
Chicle
PROPOSED USE SO X SU
SFD (Size 11 x 65) # Bedrooms 3 # Baths 2 Besement (w/wo bath) A Garage Deck NW Crawl Space / Slab
Modular:On frameOff frame (Size x) # Bedrooms # Baths Garage (site built?) Deck (site built?)
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit
Manufactured Home:SWDWTW (Size x) # Bedrooms Garage(site built?) Deck(site built?)
Business Sq. Ft. Retail Space
□ Industry Sq. Ft#Employees:Hours of Operation:
Church Seating Capacity # Bathrooms Kitchen
☐ Home Occupation (Sizex) # Rooms UseHours of Operation:
☐ Accessory/Other (Sizex) Use
Addition to Existing Building (Size x Use Closets 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 w/in five hundred feet (500') of tract listed above? (_)YES (_NO
Structures on this tract of land: Single family dwellings Orcoocyteanufactured Homes Other (specify)
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 36 5/10 01 deposit Change C
Rear 25 770 WWW. TOWN
side 10 20535 TIS Customer Changed
Corner/Sidestreet 20 MA
Nearest Building 10 MA on same lot
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.
10/13/06
Signature of Owner or Owner's Agent
Tific 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





APPLICATION

06 500 15960

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 IN	CORMATION
New single family	residence
☐ Expansion of existing	ng system
Repair to malfuncti	oning sewage disposal system
O Non-residential typ	e of structure
	1, 42
WATER SUPPLY	e of structure 12
□ New well	
 Existing well 	
☐ Community well	
Public water	
□ Spring	
Are there any existing v	vells, springs, or existing waterlines on this property?
{_}} yes {}} no {\(\bar{\Lambda} \)	∆ unknown
SEPTIC If applying for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{}} Innovative
Alternative	{}} Other
(V) 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.	
LYES WNO	Does The Site Contain Any Jurisdictional Wetlands?
YES WNO	Does The Site Contain Any Existing Wastewater Systems?
YES YNO	Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
LYYES (NO	Is The Site Subject To Approval By Any Other Public Agency?
	Are There Any Easements Or Right Of Ways On This Property? - C. PL
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.	10/16/06
PROPERTY OWNER	RS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE