

Initial Application Date: 11.30.06 JW
Ready - See Letter Application # 0650016072R
 COUNTY OF HARNETT LAND USE APPLICATION McJohnson
 Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Robert + Melanie House Mailing Address: 1903 LEE Avenue
 City: Sanford State: NC Zip: 27380 Home #: (919) 718 5136 Contact #: (919) 353-0370

APPLICANT*: Same Mailing Address: _____
 City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____
 *Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1224 State Road Name: Copper Store / Broadway Rd
 Parcel: 03.9597 0121 PIN: 9589-09-5956-000
 Zoning: HA-20R Subdivision: N/A Lot #: MA Lot Size: 17.56 ac
 Flood Plain: N/A Panel: 75 Watershed: NA Deed Book/Page: 02217/0166 Plat Book/Page: 615

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 421 N to Broadway Rd turn left intersection of Broadway + Copper Store Rd property on left

PROPOSED USE: Circle:
 SFD (Size 30 x 50) # Bedrooms 1 # Baths 1 Basement (w/wo bath) _____ Garage 1 Deck _____ Crawl Space Slab
 Modular: ___ On frame ___ Off frame (Size ___ x ___) # Bedrooms ___ # Baths ___ Garage ___ (site built? ___) Deck ___ (site built? ___)
 Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home: ___ SW ___ DW ___ TW (Size ___ x ___) # Bedrooms ___ Garage ___ (site built? ___) Deck ___ (site built? ___)
 Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
 Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
 Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
 Home Occupation (Size ___ x ___) # Rooms _____ Use _____ Hours of Operation: _____
 Accessory/Other (Size ___ x ___) Use _____
 Addition to Existing Building (Size ___ x ___) Use _____ Closets in addition (___)yes (___)no
 Water Supply: (X) County (___) Well (No. dwellings ___) (___) Other
 Sewage Supply: (X) 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 1 proposed SFD Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks: Comments: _____

	Minimum	Actual	
Front	35	<u>30</u>	<u>100' Garage w/ Apartment on top.</u>
Rear	25	<u>50</u>	<u>108'</u>
Side	10	<u>40</u>	<u>114'</u>
Corner/Sidestreet	20	<u>0</u>	<u>No fees per Ord</u>
Nearest Building on same lot	10	<u>0</u>	

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.

Melanie House 10-24-6
 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

Please use Blue or Black Ink ONLY 11/30 S 8/06

OWNER NAME: Robert & Melanie House

APPLICATION #: 0650016072

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)

10-30-06
DATE