

Initial Application Date: 11/9/06

Application # 06500/0132  
1306312

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: S+K Howes Mailing Address: 4609 Forest Highland Dr.  
City: Raleigh State: NC Zip: 28335 Home #: ~~892-4345~~ Contact #: 719 625-0313

APPLICANT: Steve Jernigan Mailing Address: same  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1435 State Road Name: Tripp Rd.

Parcel: 11-0651-0057-57 PIN: \_\_\_\_\_

Zoning: RA-40 Subdivision: Vineyard Green Lot #: 22 Lot Size: \_\_\_\_\_

Flood Plain: X Panel: B5 Watershed: N/A Deed Book/Page: 214B/435-437 Plat Book/Page: 2000/549

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 N out of Lillington (TL) on Tripp Rd.  
Subdivision on left .4 miles

PROPOSED USE:

- SFD (Size 58 x 34) # Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) \_\_\_\_\_ Garage 24x26 Deck 19x12 Circle: Crawl Space Slab
- Modular: \_\_\_ On frame \_\_\_ Off frame (Size \_\_\_ x \_\_\_) # Bedrooms \_\_\_ # Baths \_\_\_ Garage included (site built? \_\_\_) Deck not incl. (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:  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 1 proposed SFD Manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks: \_\_\_\_\_ Comments: \_\_\_\_\_

	Minimum	Actual
Front	35	40
Rear	25	64
Side	10	35
Corner/Sidestreet	20	-
Nearest Building on same lot	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 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.

Signature of Owner or Owner's Agent: Steve Jernigan

Date: 11/7/06

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

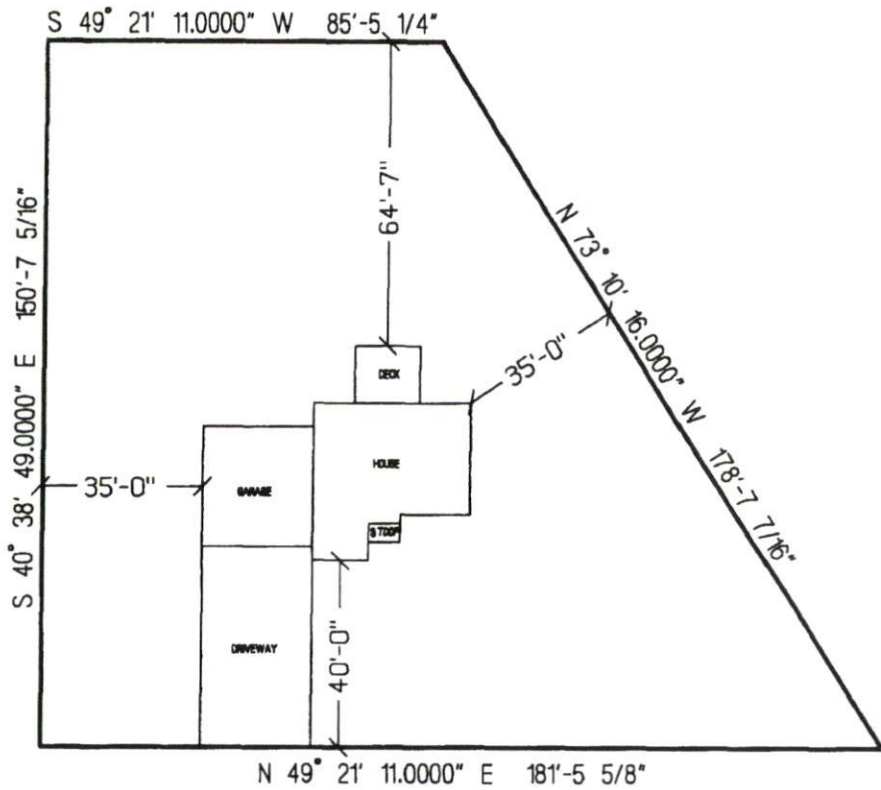
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

11/9 N 8/06

Permit Copy

SITE PLAN APPROVAL  
DISTRICT RA40 USE SFD  
#BEDROOMS 3  
11/8/00 Date  
[Signature] Zoning Administrator



SCUPPERNONG LANE

**S & K HOMES  
THE LEXINGTON  
LOT # 22 VINEYARD GREEN  
SCALE: 1"=40'**

OWNER NAME: StK Howes

APPLICATION #: \_\_\_\_\_

**\*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.

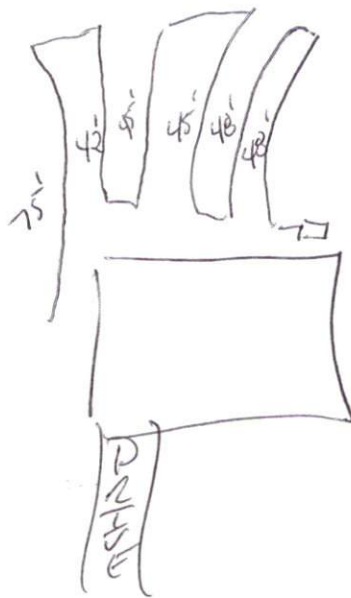
- YES     NO    Does The Site Contain Any Jurisdictional Wetlands?
- YES     NO    Does The Site Contain Any Existing Wastewater Systems?
- YES     NO    Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
- YES     NO    Is The Site Subject To Approval By Any Other Public 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.**

*StK Howes*

11/7/06  
DATE

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)



1X300  
~~10~~ 18.22