

Initial Application Date: 11/13/06

Application # 00-50016166
1311066

COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: Wm. East Pierce, Jr. Mailing Address: P.O. Box 42535
City: Fayetteville State: NC Zip: 28309 Phone #: 910 424-1294
APPLICANT: Wm. East Pierce, Jr. Mailing Address: P.O. Box 42535
City: Fayetteville State: NC Zip: 28309 Phone #: 910 424-1294

PROPERTY LOCATION: SR #: NC27 SR Name: Hwy NC27
Address: 188 BRIDGEMAN PLACE
Parcel: 039589 1015 14 PIN: 9576-78-0820.000
Zoning: PA20C Subdivision: LAUREL VALLEY Lot #: 14 Lot Size: .45
Flood Plain: X Panel: 150 Watershed: X Deed Book/Page: 2255/646 Plat Book/Page: 2026-500
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 - .3 miles from NC27 on left

PROPOSED USE:

- ☒ Sg. Family Dwelling (Size 29x54) # of Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) 4/0 Garage 24x24 Deck 10x18 ^{included}
- ☐ Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- ☐ Manufactured Home (Size x) # of Bedrooms _____ Garage _____ Deck _____
- ☐ Number of persons per household _____
- ☐ Business Sq. Ft. Retail Space _____ Type _____
- ☐ Industry Sq. Ft. _____ Type _____
- ☐ Church Seating Capacity _____ Kitchen _____
- ☐ Home Occupation (Size x) # Rooms _____ Use _____
- Additional Information: _____
- ☐ Accessory Building (Size x) Use _____
- ☐ Addition to Existing Building (Size x) Use _____
- ☐ Other _____

Additional Information: _____

Water Supply: ☒ County ☐ Well (No. dwellings _____) ☐ Other _____

Sewage Supply: ☒ New Septic Tank ☐ Existing Septic Tank ☐ County Sewer ☐ Other _____

Erosion & Sedimentation Control Plan Required? YES ☒ NO

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 2 Manufactured homes _____ Other (specify) _____

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>45</u>
Rear	<u>25</u>	<u>102</u>
Side	<u>10</u>	<u>21</u>
Corner	<u>20</u>	<u>4/0</u>
Nearest Building	<u>10</u>	<u>4/0</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 or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

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 PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE APPLICATION

06/04

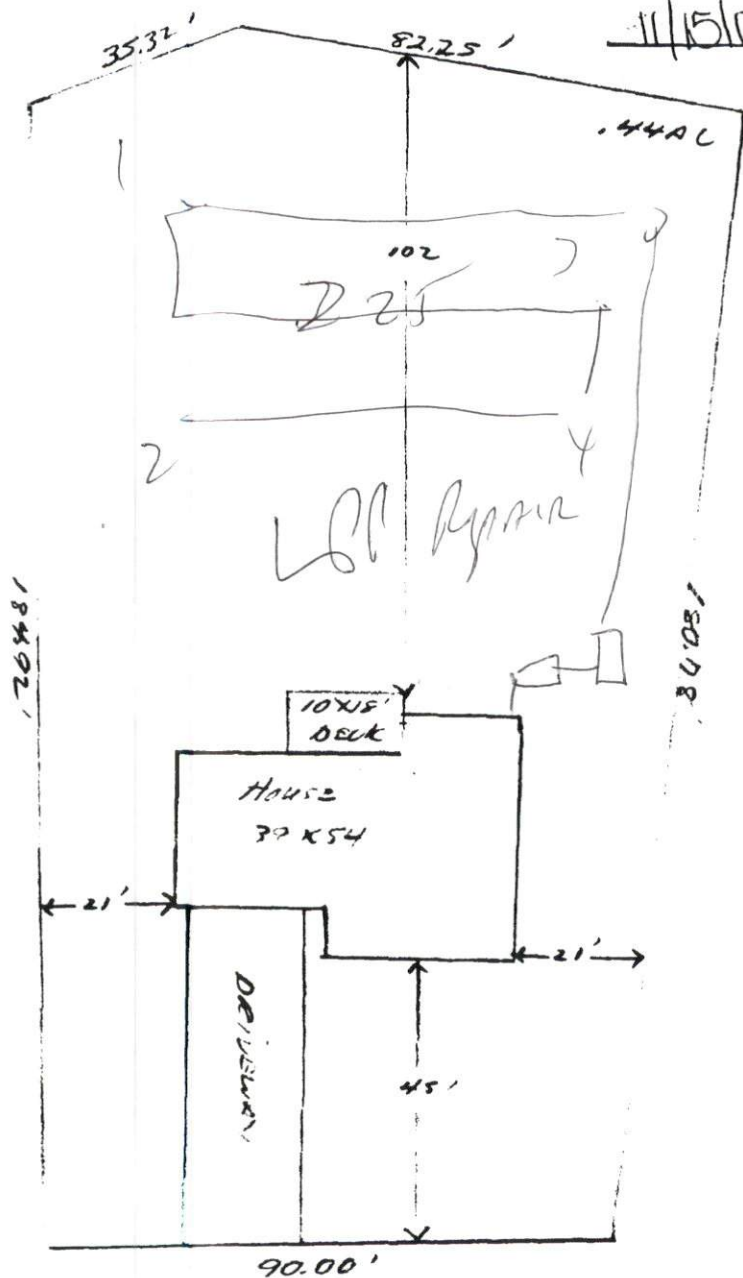
1" = 30'

SITE PLAN APPROVAL

DISTRICT P200R USE SFD

#BEDROOMS 3

11/15/06 A. Duggan
ZONING ADMINISTRATOR



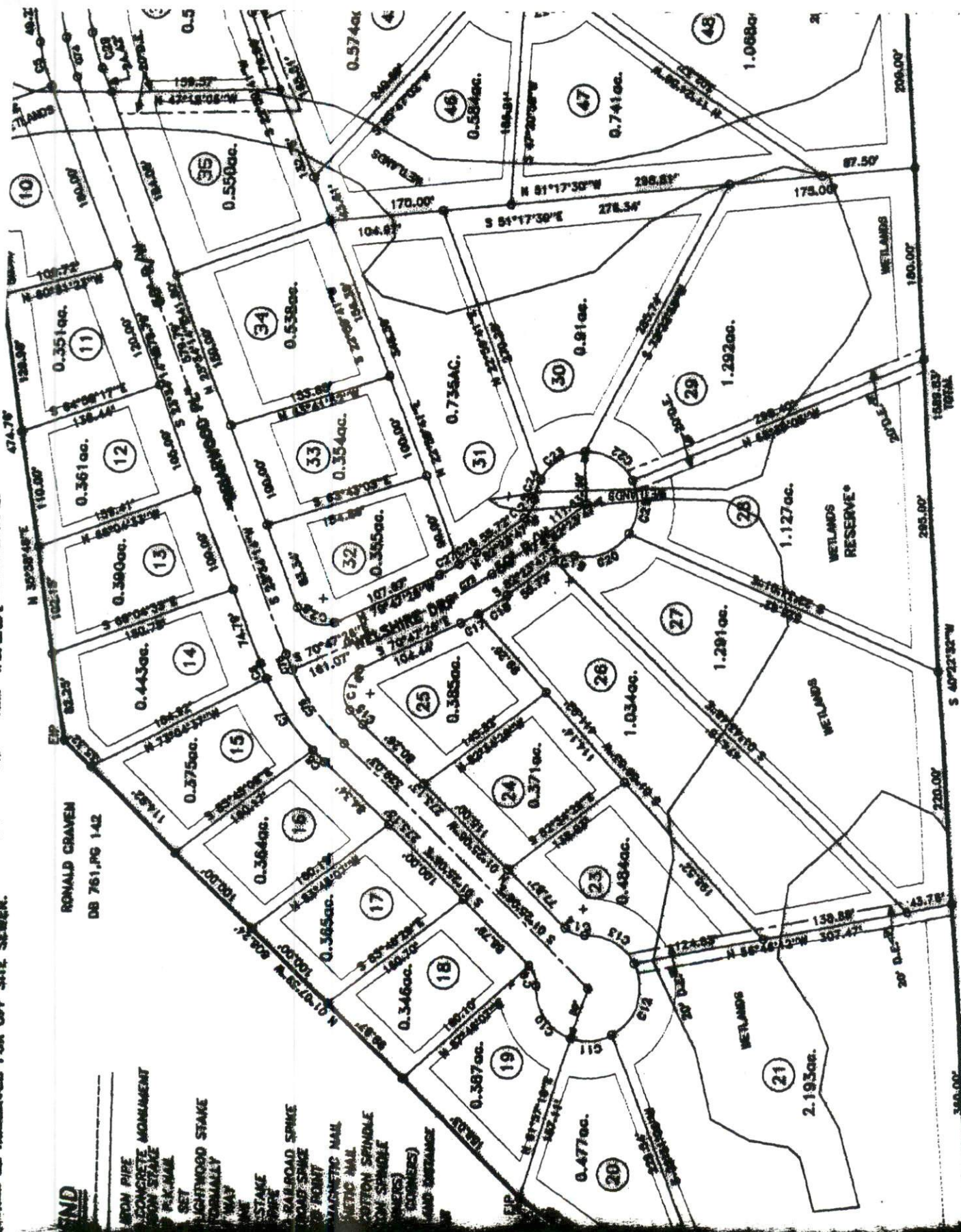
188 BEARWOOD PLACE
Wm Kent PERRY, LLC
Lot # 14 LAUREL VILLAGE

WETLANDS AS DETERMINED FOR OFF SITE SEWER.

END

- IRON PIPE
- CONCRETE MONUMENT
- WOOD STAKE
- FLY-NAIL
- SET
- LIGHTWOOD STAKE
- FORMALLY
- WALL
- STAKE
- RAILROAD SPIKE
- ROAD SPIKE
- POINT
- MAGNETIC NAIL
- WETC NAIL
- COTTON SPINDLE
- ON SPINDLE
- (NAILS)
- (CORNERS)
- AND DISTANCE

RONALD CRAVEN
DB 761, PG 142



JUAN MULERO

DB 1049, PG 506

OWNER NAME: Wm. Kent Bair JrAPPLICATION #: DO-500110116

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)11/15/06
DATE