

Initial Application Date: 11/13/06

Application # DD-50010108
1311084

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. Kent Pierce, Jr. Mailing Address: P.O. Box 42535
City: Fayetteville State: NC Zip: 28319 Phone #: 910 424-1294
APPLICANT: Wm. Kent Pierce, Jr. Mailing Address: P.O. Box 42535
City: Fayetteville State: NC Zip: 28319 Phone #: 910 424-1294

PROPERTY LOCATION: SR #: NC27 SR Name: Hwy NC27
Address: 220 Briarwood Place
Parcel: 039589 1015 16 PIN: 9576-78-0611.000
Zoning: PA20C Subdivision: LAUREL VALLEY Lot #: 16 Lot Size: .37
Flood Plain: X Panel: 20000 Watershed: X Deed Book/Page: 22255/0646 Plat Book/Page: 2006-540
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 - .3 mi N from NC87
on left

PROPOSED USE:

- ☒ Sg. Family Dwelling (Size 41 x 59) # of Bedrooms 3 # Baths 2 1/2 Basement (w/w/o bath) 1/2 Garage 24x24 Deck 12x18'
☐ 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>71</u> |
| Side | <u>10</u> | <u>20</u> |
| Corner | <u>20</u> | <u>N/A</u> |
| Nearest Building | <u>10</u> | <u>N/A</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]
Signature of Owner or Owner's Agent

11/13/06
Date

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

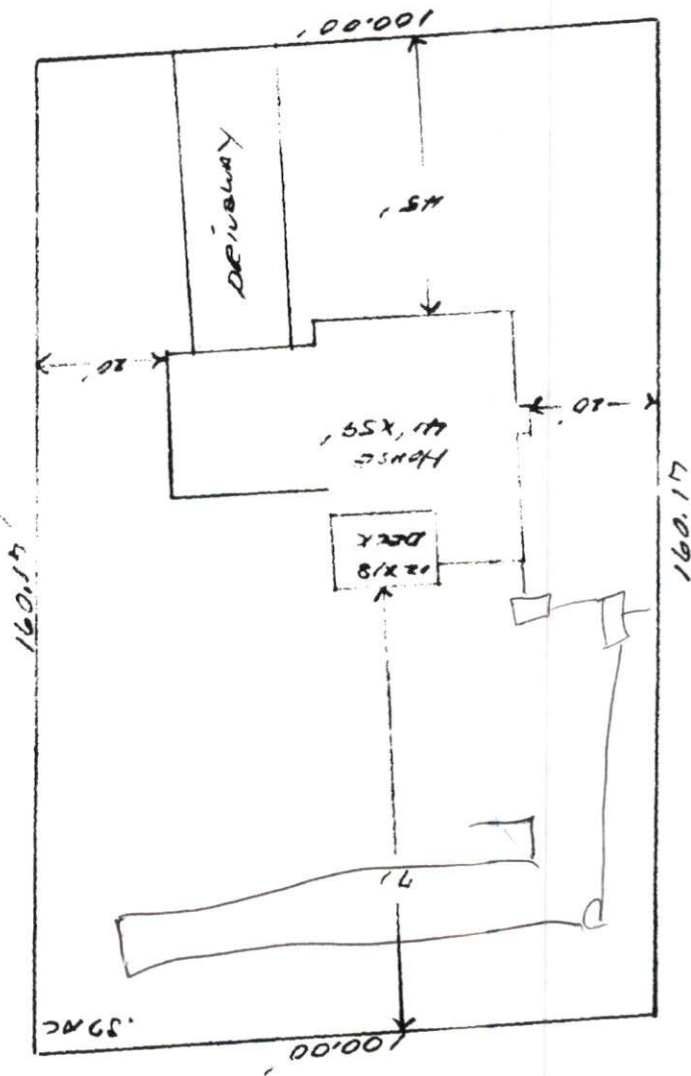
A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE APPLICATION

06/04

11/20/06

1" = 30'

220 BRIMWOOD PLACE
 Wm Kent Pierce, Inc.
 Lot # 16 Laurel Valley



PLAN APPROVAL

DISTRICT 2A002 USE SFD

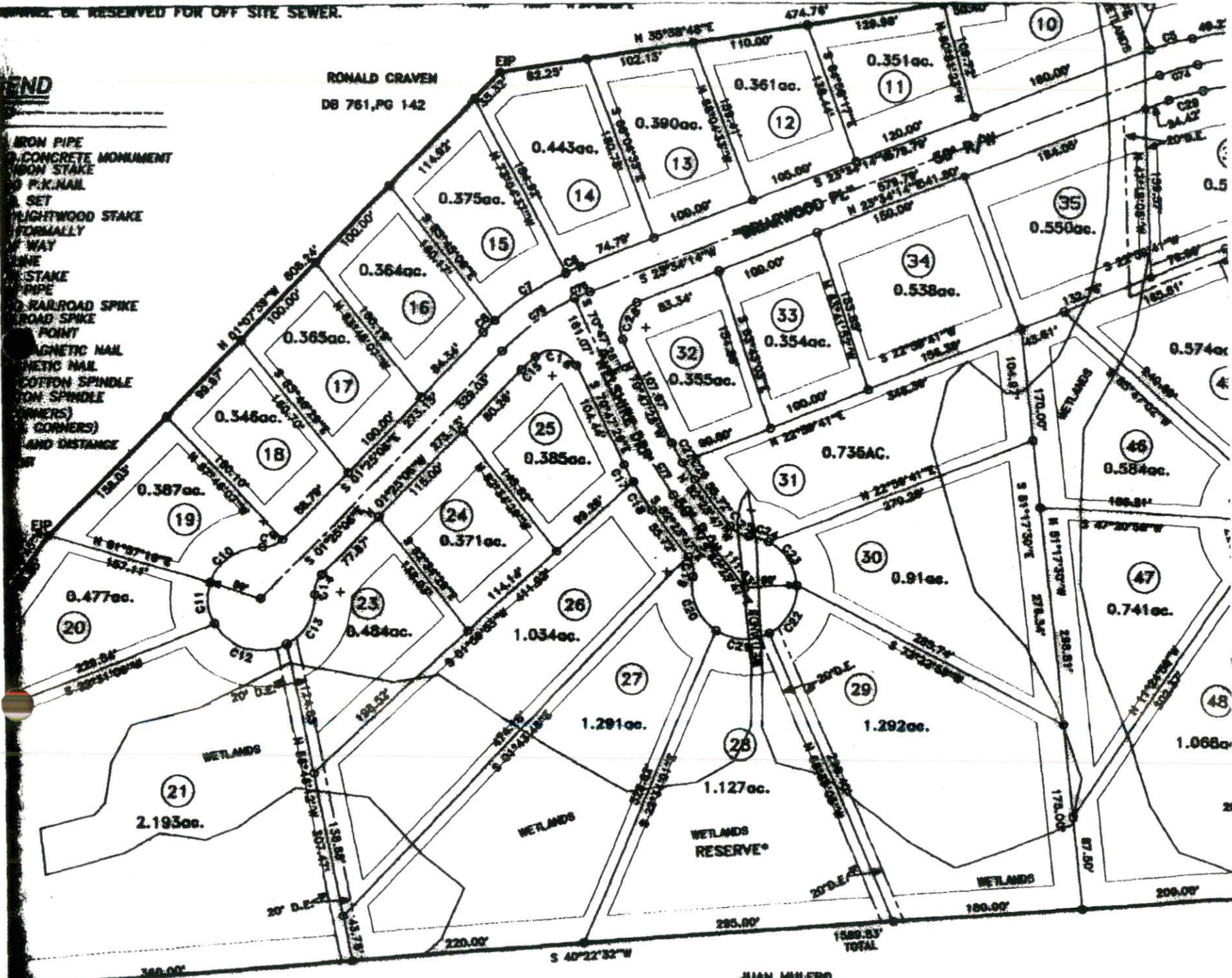
DOMS 3

William A. Burgess

END

RONALD CRAVEN
DB 761, PG 142

IRON PIPE
CONCRETE MONUMENT
IRON STAKE
P.K. NAIL
SET
LIGHTWOOD STAKE
FORMALLY
WAY
STAKE
PIPE
RAILROAD SPIKE
ROAD SPIKE
POINT
MAGNETIC NAIL
NETIC NAIL
COTTON SPINDLE
ON SPINDLE
(NAILERS)
(CORNERS)
LAND DISTANCE



JUAN MULERO
DB 1949, PG 505

OWNER NAME: Mr. Kurt P. ImAPPLICATION #: 16168

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)

7/23/04
DATE