Initial Application thate: 11/14/00 Application # 010-500110183				
COUNTY OF HARNETT LAND USE APPLICATION 13/028/				
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org				
LANDOWNER: Kenneth Cammings LLC Mailing Address: 620 Griffin RD Lillington Le 27546				
City: 11/125+0- State: 1 C Zip: 17546 Home #: 910 893-5826 Contact #: 910 1846765 Kanneth				
APPLICANT: Kenneth Commings Mailing Address: 630 Cristin RD				
City: 11/15fec State: NC Zip: 17546 Home #: 910 893-5826 Contact #: 510 9846165 New 4 + 14 ** Please fill out applicant information if different than landowner				
PROPERTY LOCATION: State Road #: 125 State Road Name: Lemuel Bluck				
Parcel: 01 0530 04 0038 03 PIN: 0500-74-7140,000				
Zoning: PFOOD Subdivision: Wood Shire Lot #: 104 Lot Size: 0.54				
Flood Plain: V Panel: ODD Watershed: NA Deed Book/Page: 0000 Plat Book/Page				
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hay 27 west The Narsery				
ToLo on Lemuel Black Toho woodshire T. R. SONORA Drive				
207 on Right				
•				
PROPOSED USE:  SFD (Size_5/ x_38) # Bedrooms_7 # Baths_½ Basement (w/wo bath) A Garage				
□ Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit				
☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms Garage(site built?) Deck(site built?)				
Business Sq. Ft. Retail SpaceType#Employees:Hours of Operation:				
Industry Sq. Ft				
Church Seating Capacity # Bathrooms Kitchen Hours of Operation:				
A STATE OF THE STA				
Accessory/Other (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 Manufactured Homes Other (specify)				
Required Residential Property Line Setbacks: Comments:				
Front Minimum 35 Actual 36 8				
Rear <u>25</u> <u>166</u>				
Side 10 16.2				
Corner/Sidestreet 20 22 11 / N				
Nearest Building 10 PK				
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.				
Went 1 (-13-06				
Signature of Owner or Owner's Agent Date				

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

CHER LOT SIDE YARD - 20 MUXINDE HEIGHT 30" SECOND THE BRITCHES MAN Q 2 8 "SONORA DRIVE" 50' R/W L USE SEL HE PLAN APPROVAL SISTRICT RADIR 2 MAP REFERENCE: MAP NO. 2006-316 (g) STATE: NORTH CAROLINA TOWNSHIP ANDERSON CREEK PROPOSED PLOT PLAN - LOT - 104
WOODSHIRE S/D, PHASE FOUR (8) 20' DRAINAGE EASEMENT DATE: NOVEMBER 09,2008 HARNETT SCALE: 1" 40" BENNETT SURVEYS, INC. 1662 CLARK RD., LILLINGTON, N.C. 27546 (910) 893-2252 DRAWN BY: RYB 85 SURVEYED BY: NCSR # 1125 "LEMUEL BLACK RD." 60' R/W JOB NO. 06780 DRAY

ow	NER NAME: Bennit Lennings LEC APPLICATION#:				
<u>C</u>	*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				
60 m	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 eithe 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)				
DEV	ELOPMENT INFORMATION				
	New single family residence				
	Expansion of existing system				
O F	Repair to malfunctioning sewage disposal system				
0 N	Non-residential type of structure				
WAT	FED SLIDDI V				

WATER	SUPPLY	_		
New	well			
□ Existi	ng well			
□ Comn	Community well			
Public	water			
□ Spring	ş			
Are there a	my existing w	ells, springs, or existing waterlines on this property?		
{}} yes	1 no {_	100 100 100 100 100 100 100 100 100 100		
SEPTIC				
If applying	for authorizati	on 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 applica question. I	ant shall notify f the answer is	the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant must attach supporting documentation.		
{_}}YES	(_4100	Does The Site Contain Any Jurisdictional Wetlands?		
{_}}YES	1_+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	1_4NO	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)

//-/4-06 DATE