Initia' Application Date: 11/10/00

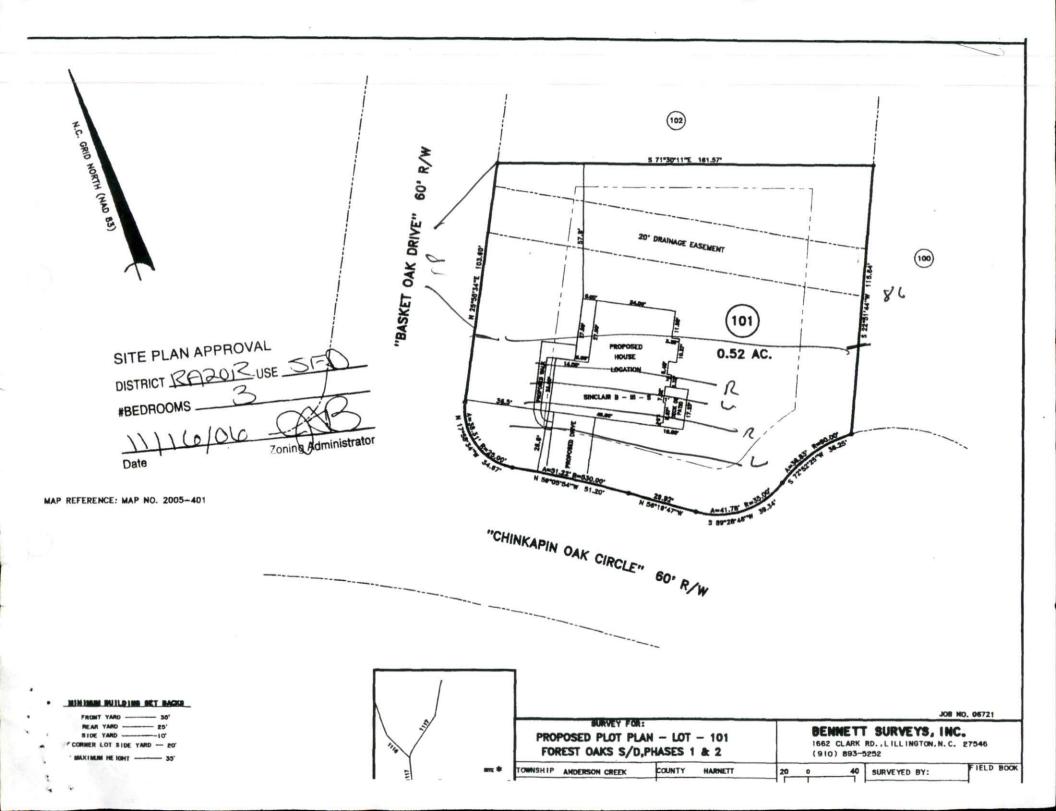
Application # 0650016203

| | | | | 1311000 |
|---------------|---|--|---|---|
| | | COUNTY OF HARNETT L | AND USE APPLICATION | |
| | | 12 E. Front Street, Lillington, NC 27 | Phone: (910) 893-4759 | Fax: (910) 893-2793 |
| ANDOWNER: | Woodshire Partners, LLC | Visit T. | 201 0-0 | |
| | 1540 Purdue Drive Fayetteville, NC 28303 | tructors, inc. | Mailing Address: 2919 Bre | erenood the. Ste. |
| | 910-484-9091 | State: NC | Zip: 203C3 Phone #: | 910-486-4864 |
| | | 80 | | |
| ADDIIC | ANT. LHHHIUMST | ructures, Inc. | Mailing Address: 2919 Br | eezewood Ave Str 4 |
| | ryetteville | | | 910-486-4864 |
| | 7 01 | on Oak Circle | 1 | 110 700 7007 |
| Drivewo | | 125 SR Name: Lem | upl Blook Od | |
| | RTY LOCATION: SR#: _/ | | API all mon | |
| | 01053603 0028 | | 0516.04.4981 | 2/ |
| - | | : Forest Oaks | .60/110 | 0/ Lot Size: 0.52 |
| Flood Plai | in: Panel: 5108 | SCOISS DWatershed: | Deed Book/Page: 1899 852 | Plat Book/Page: Map 2005-4 |
| | | 16. 2711 | 6 Nouse 1 100 | 100) - 11 |
| DIRECTI | ONS TO THE PROPERTY FRO | MLILLINGTON: TWY SI W | to Nursery Rd. (SK | 111): Jurn Letton |
| Nur | suy pay Lett | on lemuel place ic | el. (SK/195); Lette | on Valley Dak |
| into | Forest Daks Si | ubdivision. | | |
| | | | | |
| PROPOS | ED USE: | | | T / |
| Sg. F | amily Dwelling (Size 50x 5 | # of Bedrooms 3 # Baths | Basement (w/wo bath) NO Gar | age Incl. Deck Incl. |
| | | No. Bedrooms/Unit | | |
| | 71 |) # of Bedrooms Garage | | |
| | ments: | | | |
| . \ | ber of persons per household | Spec. | | |
| Busin | | 1 | Туре | |
| | | | | |
| | | \ AB | | |
| | Occupation (Size_x | | Use | |
| | ssory Building (Size_x | | | |
| | ion to Existing Building (Size | x) Use | | |
| | | | | |
| | | Vell (No. dwellings) | () Other | |
| | pply: (New Septic Tank | | ounty Sewer () Other | ************************************** |
| Erosion & | Sedimentation Control Plan Requ | nired? YES NO | | |
| Structures of | on this tract of land: Single fam | nily dwellings Manufactured ho | omes Other (specify) | |
| Property ov | oner of this tract of land own land | d that contains a manufactured home w/in f | ive hundred feet (500') of tract listed above | re? YES NO |
| Required F | Property Line Setbacks: | Minimum Actual | Minimum Ac | tual |
| | Front | 35' 36.5' | Rear 25' | |
| | FIOIR | 10/ -20:0111 | 0 / | () |
| | Side | _10 51.9,26.6 | Corner <u>SU</u> | 6.6 |
| | Nearest Building | | | |
| | Tront out Durining | | | |
| If permits ar | re granted I agree to conform to | all ordinances and the laws of the State of | North Carolina regulating such work and t | he specifications or plans submitted. I |
| hereby swea | er that the foregoing statements as | re accurate and correct to the best of my kn | owledge. | |
| | | • | - | |
| | 0 1 111 - | _ | | |
| \mathcal{I} | LAUDH ILVUTT | M. | 11-09-06 | |
| - U | Andrew H | 7005 | Date | |
| oignature o | of Applicant | | Date | |

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

County Health Department Application for

| Improvement Pern | nit and/or Authorization to Co | onstruct | | | | |
|--|--|--|--|--|--|--|
| Improvement Permit | | Authorization to Construct | | | | |
| OR THE SITE IS ALTERED, THEN THE I SHALL BECOME INVALID. The permit i | IMPROVEMENTS PERMIT AND AUT is valid for either 64 months or without expir | THORIZATION TO CONSTRUCT | | | | |
| H+H Constructors, Inc Applicant Same | LICANT INFORMATIO 299 Breezewood flue Fayettedtings e NC 28 Same Address | N 2. Stc. 400 910. 486. 486 B303 Home & Work Phone Scime Home & Work Phone | | | | |
| PROPERTY INFORMATION | | Ol oce | | | | |
| Chinkapin Dak One Street Address Directions to Site: Hwy 27w to Turn left on Nurser | Subdivision Name NULSen Ro (SUII) of Robert on Len | Section/Phase/Lot 101 Section/Phase/Lot 101 Section/Phase/Lot# Section/Phase/Lot 101 Section/Phase/Phase/Lot 101 Section/Phase/Phas | | | | |
| DEVELOPMENT INFORMATION Now Single Family Residence Expansion of Existing System Repair to Malfunctioning Sewage Disposal Sy Non-Residential Type of Structure | Residential Speci Maximum number of If expansion: Currer Will there be a baser Plumbing fixtures in | of bedrooms: In number of bedrooms: The property of yes to the property of t | | | | |
| Non-Residential Specifications: | Total Emission Sections of Th | ull4ti- | | | | |
| Maximum number of employees: Maximum number of seats: | | | | | | |
| | | | | | | |
| | | | | | | |
| (systems can be ranked in order of your preference) | | | | | | |
| Accepted Li Alternative Li Conve | entional Dimovative Li Othe | | | | | |
| he Applicant shall notify the local health departs roperty in question. If the answer to any question | ment upon submittal of this application if a on is "yes", applicant must attach supportin | any of the following apply to the godocumentation. | | | | |
| yes no Does the site con yes no Is any wastewate yes no Is the site subject yes no Are there any each have read this application and certify that the county and state officials are granted right of applicable laws and rules. I understand that I | er going to be generated on the site of to approval by any other public a seements or right of ways on this properties information provided herein is true, entry to conduct necessary inspections and solely responsible for the proper is | cother than domestic sewage? seency? complete and correct. Authorized to determine compliance with dentification and labeling of all | | | | |
| | Improvement Permit IF THE INFORMATION IN THE APPLICON THE SITE IS ALTERED. THEN THE SHALL BECOME INVALID. The permit submitted, (complete site plan = 68 wonths; complete site plan = 68 wont | IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT AND AID SHALL BECOME INVALID. The permit is valid for cither 68 months or without explisabilities. (complete site plan = 68 months; complete plat = without explisabilities.) APPLICANT INFORMATION Applicant Address PROPERTY INFORMATION Chinkapin Date Orcle Forest Oaks Street Address Subdivision Name Directions to Site: HULY 27144 to New Sery Reference Expansion of Existing System Residential Specifications: Type of business: Total Square footage of Brown Maximum number of seats: Water Sapply: Are there any existing wells, springs, or existing water Residential Specifications: Total Square footage of Brown Maximum number of seats: Water Sapply: Are there any existing wells, springs, or existing water Accepted Accepted Alternative Conventional Innovative Other The Applicant shall notify the local health department upon submittal of this application if froperty in question. If the answer to any question is "yes", applicant must attach supporting the site contain any purisdictional wetlands? Types Does the site contain any jurisdictional wetlands? Types To Does the site contain any purisdictional wetlands? Types To Does the site contain any purisdictional wetlands? Types To Does the site contain any purisdictional wetlands? Types To Does the site contain any purisdictional wetlands? Types To Does the site contain any purisdictional wetlands? Types To Does the site contain any purisdictional wetlands? Types To Does the site contain any purisdictional wetlands? Types | | | | |





www.harnett.org

Harnett County Government Complex 307 Cornelius Harnett Boulevard Lillington, NC 27546

> ph: 910-893-7550 fax: 910-893-9429

November 30, 2006

H & H Constructors Inc 2919 Breezewood Ave. Suite 400 Fayetteville, NC 28303

Re: Status of Improvement Permit Applications #06-5-16201 - Forest Oaks Lt. 100

Dear To Whom It May Concern,

An Environmental Health Specialist from the Harnett County Health Department attempted to evaluate your property for the purpose of issuing an Improvement Permit. This individual was unable to evaluate your property for one or more of the following reasons.

| | 6. Other – See attached consultant letter. Lot 100 is to be reserved until off site solution can be |
|----|---|
|)/ | _ 5. Backhoe pits required |
| | 4. Property needs brush or vegetation removed |
| | _ 3. Directions not clear to property |
| - | _ 2. House corners not marked or labeled |
| | 1. Property lines/corners not marked or labeled |

When you have completed this, please call 910-893-7527 to confirm that the items mentioned have been corrected, we will then reschedule your property for evaluation.

Sincerely,

Joe/West, R. S.

Environmental Health Specialist

Harnett County Department of Public Health

JW/ss

Copy: Central Permitting