29 MSH

COUNTY OF HARNETT LAND USE APPLICATION Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 WHALE CUINAS MC Mailing Address: 1187 A. RAVEIGH S. State: M.C. Zip: 22.91 Phone #: 919 639 286 2 Builders Fre Mailing Address: 1187 H paleigh St State: NC Zip: 27501 Phone #: 9191039 2862 PROPERTY LOCATION: SR #: 14 29 SR Name: PIN: 0053-8H30 Subdivision: Dexter Beld Panel: Deed Book/Page: OTT Plat Book/Page: _2000 / 19 DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Fugurary, Left on chaleback Rd. Left Straight on main Rd. PROPOSED USE: Sg. Family Dwelling (Size 53 x (00) 6# of Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage____ Multi-Family Dwelling No. Units ____No. Bedrooms/Unit ___ Manufactured Home (Size x) # of Bedrooms Garage Number of persons per household Sq. Ft. Retail Space Industry Sq. Ft. Seating Capacity _____ Kitchen __ Home Occupation (Size x) #Rooms_ Additional Information: Accessory Building Addition to Existing Building (Size x) Use Other Additional Information: Water Supply: (County (No. dwellings () Other Sewage Supply: (New Septic Tank (__) Existing Septic Tank (___) County Sewer Other Erosion & Sedimentation Control Plan Required? YES 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 Structures on this tract of land: Single family dwellings 1000 Manufactured homes Other (specify) Required Residential Property Line Setbacks: Minimum Front 35 Rear Side Corner Nearest Building 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

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

12/7 1 06/04

STEPHENSON BUILDERS INC. Lot 22 DEXTERAGED SUBDIVISION 0.348 ACRES SCACE: ['= 30' 105 Blessmare Coult DOGEN BY: PHIL STEAKENEY 28"1 2×120 NED 12-5-06 SITE PLAN APPROVAL DISTRICT RASO USE SFD #BEDROOMS_3 ypanco 08° 20'54"E 110 6 D 9×85 Repuen. 93 317 DCCK 241 3 35 WIL Lot 22 50' R/W & & BREHOAMORE COVET A

OWNERNAME: Stephenson Builders Fr.

APPLICATION #: 8650016340

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)

| DE | ELOPMENT INFORMATION | |
|---------|---|-------|
| D | New single family residence | |
| | Expansion of existing system | |
| | Repair to malfunctioning sewage disposal system | |
| | Non-residential type of structure | |
| | | |
| WA | ER SUPPLY | |
| | lew well | |
| | existing well | |
| | Community well | |
| 9 | ublic water | |
| | pring | |
| Are | ere any existing wells, springs, or existing waterlines on this property? | |
| | ves {} no {} unknown | |
| | | |
| SEP | <u>IC</u> | |
| If ap | lying 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 a | plicant shall notify the local health department upon submittal of this application if any of the following apply to the proper in. If the answer is "yes", applicant must attach supporting documentation. | ty in |
| {_}} | ES (NO Does The Site Contain Any Jurisdictional Wetlands? | |
| {_}} | | |
| {_}}` | | |
| {_}}' | Is The Site Subject To Approval By Any Other Public Agency? | |
| {_}}' | | |
| | | |
| I Have | Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County | And |
| State | Include Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws and De | |
| Undi | stand That I Am Solety Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Makin | g |
| . ne si | Accessible So That A Complete Site Evaluation Can Be Performed. | |
| | N L. La | (, |
| PROF | ERTY OWNERS OR DWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE | V |
| | | |