Initial Application Date: 3-00

Application # 0 4 50014383

## COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

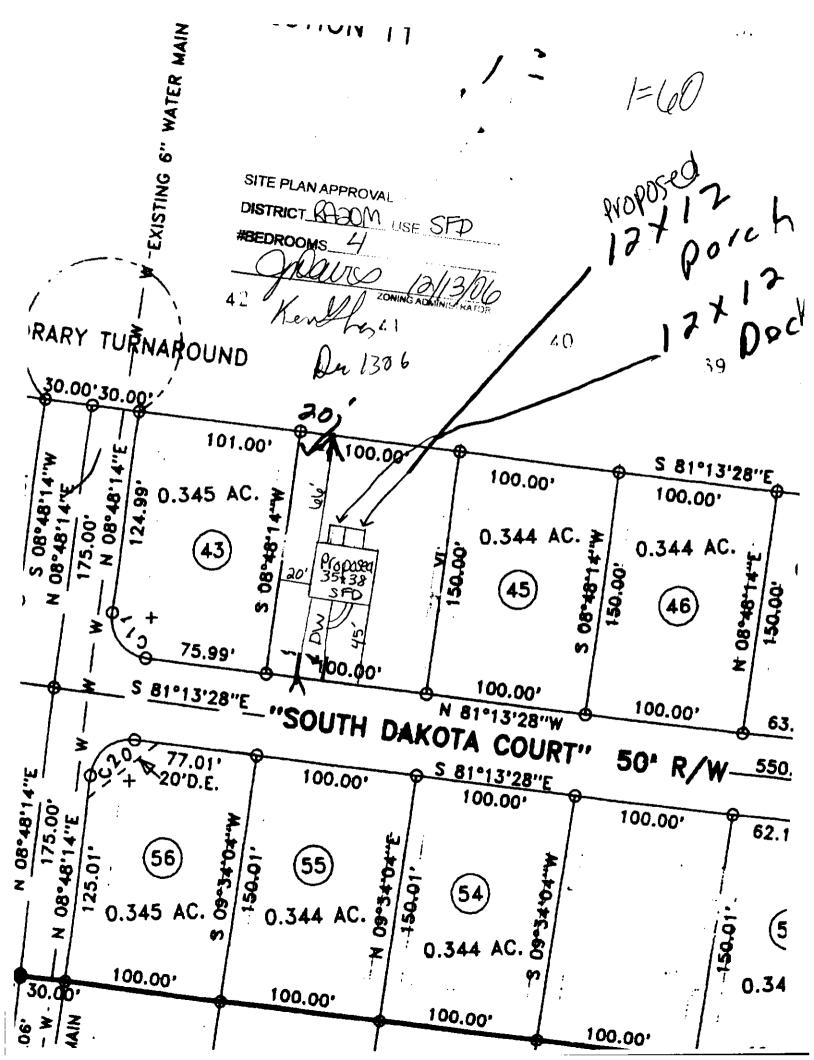
Fax: (910) 893-2793

ENDONNER Show A Partners	hip Mailing Address: 1248 Bill Show Rd
City: Spring Lete State:	NC Zip: 28390 Phone#: 910 483 2904
City: Spring Lake State:	Mailing Address:     1248 Bill Show RJ       NC     Zip: 23390     Phone #: 910 483 290 K
PROPERTY LOCATION: SR #: 120 SR Name:  Parcel: 0105360101115  Zoning: RAXOM Subdivision: Sector VIII0	_Overhills
Sierra Trail right onto	210 South 10 miles turn Ronto  South Pakota 10t on
PROPOSED USE:	
☐ Multi-Family Dwelling 'No. Units No. Bedroom ☐ Manufactured Home (Sizex) # of Bedrooms	
Comments:  Number of persons per household	
Business Sq. Ft. Retail Space	Туре
☐ Industry Sq. Ft	
Home Occupation (Size x ) #Rooms	
Addition to Existing Building (Size x Use	
Other	<del>_</del>
tructures on this tract of land: Single family dwellings \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	factured homes Other (specify)
roperty owner of this tract of land own land that contains a manufactured h	ome w/in five hundred feet (500') of tract listed above? YES NO
tequired Property Line Setbacks: Minimum Actus	
Front 35 45	Rear 25 26 (010
Side /0 20/4	Corner N/A
Nearest Building	
permits are granted I agree to conform to all ordinances and the laws of th	e State of North Carolina regulating such work and the specifications or plans submitted.

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

sereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

lignature of Owner or Owner's Agent



OWNER NAME: Show Cons 1 444

APPLICATION #: 04 50014382

## \*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)

<u>DE</u>	VELOPMENT INFORMATION
Z	New single family residence
۵	Expansion of existing system
	Repair to malfunctioning sewage disposal system
۵	Non-residential type of structure
<u>W</u>	ATER SUPPLY
a	New well
ū	Existing well
	Community well .
Ø	Public water
0	Spring
Are	there any existing wells, springs, or existing waterlines on this property?
{_	} yes {∠} no {} unknown
SEI If a	PTIC pplying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
(L	Accepted {} Innovative
{_	Alternative {}} Other
{_	Conventional {_} Any
	applicant shall notify the local health department upon submittal of this application if any of the following apply to the property i stion. If the answer is "yes", applicant must attach supporting documentation.
ŧ.	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 Ha	ive Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
Stat	e Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules
l Ur	derstand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The	Site Accessible 86 That A Complete Site Evaluation Can Be Performed.
	Vill Weelsod
PR	OPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE