Initial Application Date:

## COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

BANDOUSER Show A	Partnership	_ Mailing Address: / 2	48 Bill Show Rd
City: Spring hete	State: NC	Zip: <u>28390</u>	Phone#: 910 4832964
City: Sprin La Ko  PROPERTY LOCATION: SR #:	State: <u>VC</u> SR Name:  Sierca Uillege of  Watershed:	Mailing Address: /2  Zip: 23350    Overhills   Deed Book/Page: /63.	Phone #: 910 483 290 K  Lot #: 53 Lot Size: 344 Ac  2/977 Plat Book/Page: 3200/4
DIRECTIONS TO THE PROPERTY PROM	EIEEINGTON: Hwg 2/0	South 10 mil	es turn Ronto
Sierra Trail rig	at onto so	4 to Do Kata	14 2 2 2
			To the tight
PROPOSED USE:			
Sg. Family Dwelling (Size 56 x 54)	# of Bedrooms # Baths	Basement (w/wo bath)	Garage 26 / 24 Deck 12 X 12
— muni-rum, pasame no. onto	140. Deditoring Citit _		\ \
Manufactured Home (Size x)  Comments:	# of Bedrooms Garage _	Deck	- unituded
☐ Number of persons per household			
🗅 Business Sq. Ft. Retail Space		Type	·
☐ Industry Sq. Ft	<del></del>	Туре	
☐ Home Occupation (Sizex_	) # Rooms	Use	
Accessory Building (Size x			•
☐ Addition to Existing Building (Size	x Use		-
Other			
Water Supply: County Well		( ) Other	
Sewage Supply: ( New Septic Tank (	Existing Septic Tank ()	County Sewer Othe	r
Erosion & Sedimentation Control Plan Required	? YES NO		
Structures on this tract of land: Single family of	twellings Domanufactured	homesOther (specify	v)
Property owner of this tract of land own land tha	t contains a manufactured home w/in	five hundred feet (500') of tract	listed above? YES (NO)
Required Property Line Setbacks: Mix	imum Actual	Minimum	Actual
Front	15 40	Rear _25	5257
Side	22	Corner <u>a 0</u>	NA
Nearest Building	<u>,                                     </u>		
If nermits are granted Lagree to conform to all or	rdinances and the laws of the State of	fNode Collins	
hereby swear that the foregoing statements are ac	curate and correct to the heat of my b	North Carolina regulating such	work and the specifications or plans submitted. I
Kenlth Afr	Voc		
Signature of Owner or Owner's Agent		Date	

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

Date

APPLICATION #: 00 500/0383

## \*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)

	<i>•</i>				
<u>DE</u>	VELOPMENT INFO	PRMATION			
	New single family re	sidence			
	Expansion of existing system				
ū	Repair to malfunction	ning sewage disposal system			
Q	Non-residential type	of structure			
WA	TER SUPPLY	<u>-</u>			
	New well				
	Existing well				
	Community well				
<i>,</i>	Public water				
Q	Spring				
Are	there any existing we	ls, springs, or existing waterlines on this property?			
{	} yes { <b>∠</b> } no { <u>_</u> }	unknown			
	TIC				
	Priying for authorization  Accepted	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.  { } Innovative			
		<del></del>			
	} Alternative	() Other			
١	} Conventional	{}} Any			
		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 ( 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 (	Is The Site Subject To Approval By Any Other Public Agency?			
{_}}	YES ( NO	Are There Any Easements Or Right Of Ways On This Property?			
l Ha	ve Read This Application	on And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And			
		Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.			
		ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making			
The S	Site Accessible So That	A Complete Site Evaluation Can Be Performed.			
	1 eros	Doc 1306			
PRO	PERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE			