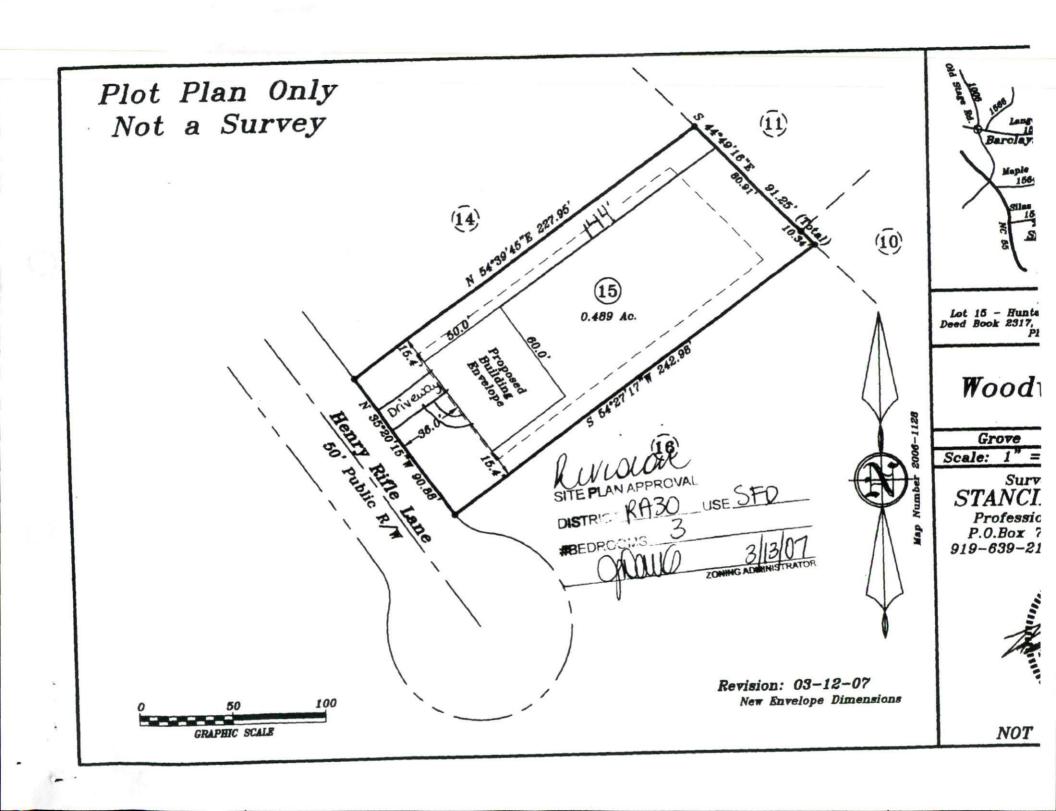
| 3-13-07 |
|---|
| 7 7 6 7 1 0 6 1 D |
| Initial Application Date: Application # CTOCO |
| coposed byer: woodway Builders COIP COUNTY OF HARNETT LAND USE APPLICATION 1372204 |
| Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org |
| LANDOWNER: SHC HOLDINGS, Inc., Malling Address: 400 Stancil Rd. |
| City: Angler |
| APPLICANT: MICHAEL W 1411 Mailing Address: 4109 Olde Waverly Way |
| City: Figure Various States C zip: 27536 Home #: 9197961133 Contact #: *Please fill out applicant information if different than landowner |
| PROPERTY LOCATION: State Road # 1505 State Road Name: 5. C.5 HOUES RO |
| Parcel: 070/09/ 0003 114 PIN: 0091-58 25344.000 9178,000 |
| Zoning: PA-30 Subdivision: HUMEC3 POINT Lot #: 15 Lot Size: 0:489 |
| Flood Plain: Panel: Net Will (Watershed: N/A Deed Book/Page: 2311-144 Plat Book/Page: 2000 11128 |
| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HUNG 27 to Coots, left on |
| Huy 55 towards Angier, aght on Silas Hayes Pody |
| Subdivision on aght |
| included |
| PROPOSED USE:50 Circle: |
| SFD (Size X (x)) # Bedrooms 3 # Baths Basement (w/wo bath) Garage Deck Cawl Space Slab |
| Modular: _On frame _ Off frame (Size _ x _) # Bedrooms # Baths Garage (site built? _) Deck (site built? _) |
| ☐ 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#Employees:Hours of Operation: □ Church Seating Capacity# BathroomsKitchen |
| ☐ Church Seating Capacity # Bathrooms Kitchen Hours of Operation: |
| Accessory/Other (Size x) Use |
| Addition to Existing Building (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? |
| Structures on this tract of land: Single family dwellingsOther (specify) |
| Required Residential Property Line Setbacks: |
| Front Minimum 35 Actual 35 36 3/13 house deeper |
| Rear25 |
| Side10 |
| Corner/Sidestreet 20 |
| Nearest Building 10 on same lot |
| If permits are granted Lagree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans |
| submitted. Wergey mate that the topegoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false |
| information is provided or fine form. |
| 21110 |
| Signature of Owner or Owner's Agent Date |

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION



OWNER NAME: Woodway BuiLDERS

APPLICATION #: 0750014951

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 | EVELOPMENT INFORMATION | |
|-------|--|----|
| 6 | New single family residence | |
| | Expansion of existing system | |
| | Repair to malfunctioning sewage disposal system | |
| | Non-residential type of structure | |
| | | |
| WA | ATER SUPPLY | |
| | New well | |
| | Existing well | |
| | Community well . | |
| 9 | Public water | |
| | Spring | |
| Are | there any existing wells, springs, or existing waterlines on this property? | |
| { | } yes {_} no {_} unknown | |
| | | |
| | PTIC applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. | |
| { | Accepted { } Innovative | |
| { | } Alternative { } Other | |
| { v | Conventional { } Any | |
| | e applicant shall notify the local health department upon submittal of this application if any of the following apply to the property stion. If the answer is "yes", applicant must attach supporting documentation. | in |
| { | 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? | |
| { | YES { NO Does the site contain any existing water, cable, phone or underground electric lines? | |
| | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. | |
| I Ha | ave Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County Ar | ıd |
| State | te Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rule | s. |
| | nderstand 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. | |
| | (Pundat) 3/13/0 | 7 |
| PRO | OPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) | - |