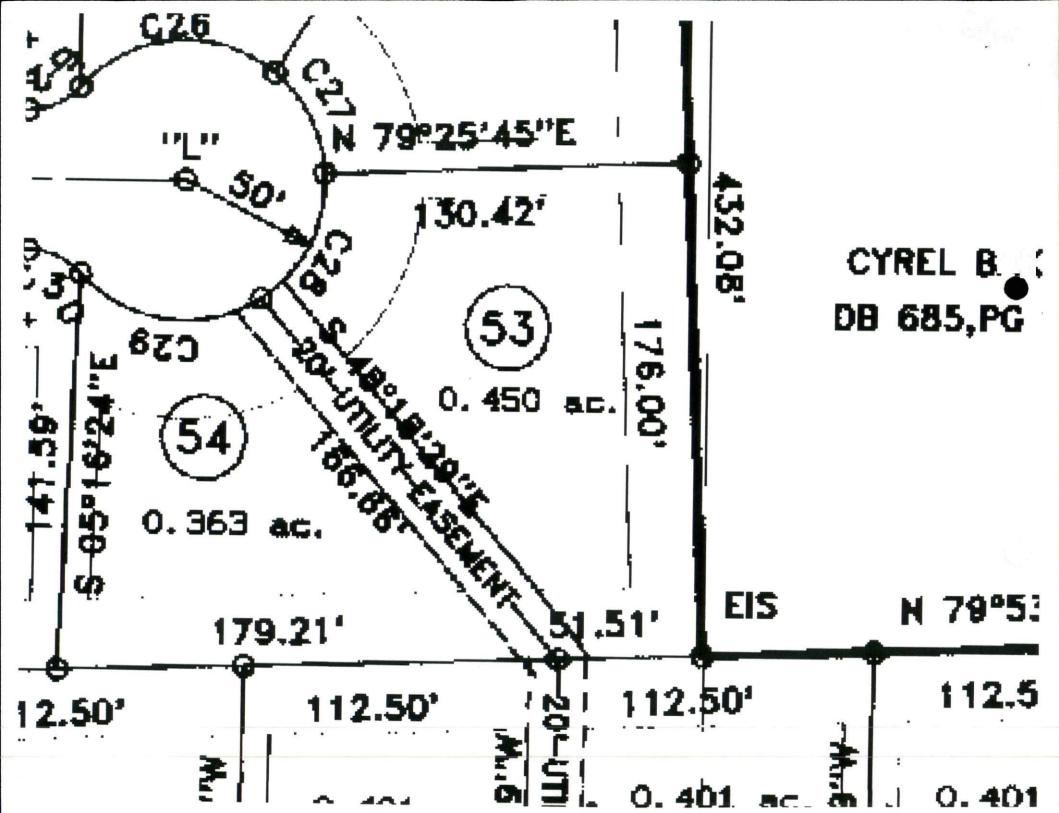
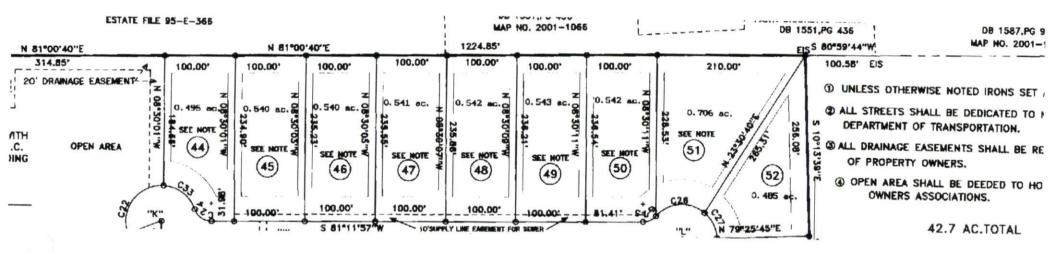
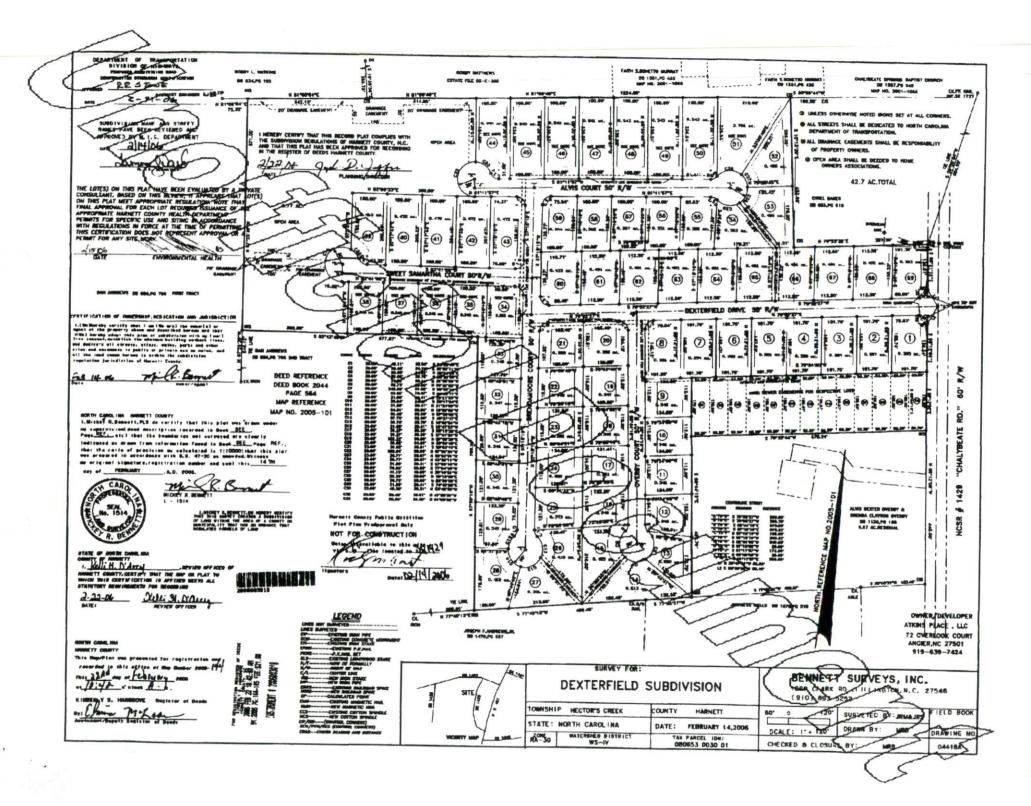
COUNTY OF HARNETT LAND USE APPLICATION Central Permitting 108 E Front Street, Lillington, NC 27546 Phone (910) 893-7525 Fax (910) 893-2793	www.harnett.org
LANDOWNER: Atkins Place LLC Mailing Address: 72 migral C.	L
City Angler State: nc zip 2750/ Home A 639 3714 Contact # 1910	127 2976
APPLICANT Brian Johnson Builders Mailing Address: 635 Chischall	P)
City: And ICY State: NC Zip: 2153 Home #: 634 3714 Contact #: 46	77 2976
PROPERTY LOCATION: State Road #1429 State Road Name: Chalybeale Pd	
Parcel 08 0653003053 PIN 0653-48-1585.00	\sim
Zoning: RA30 Subdivision: Petterfield Lot #: 53 Lots	
Flood Plain: A Panel: OMA Watershed: \ Deed Book/Page: 2044/5104 814848	2001-1144
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 401 toward Fry way Va	age account
on Chalybeate Rd Desperfield Y4 mile on lett	eine 1/h
Deflerheld Dr T/R on Brendensen (+ T/P	Turnon
	on Alvis C
PROPOSED USE:	Circle:
SFD (Size 53 x 52) # Bedrooms 3 # Baths 2 Basement (w/wo bath) A Garage HOD Deck 12 412	fawl Space Slab
Modular: On frame Off frame (Size x) # Bedrooms # Baths Garage (site built?) Deck	(site built?
J Multi-Family Dwelling No. Units No. Bedrooms/Unit	
→ Manufactured Home: SW DW TW (Size x) # Bedrooms Garage (site built?) Deck	(site built?)
☐ Business Sq Ft Retail SpaceType# Employees Hours of Operation	ation
Industry Sq Ft	ation
Church Seating Capacity # Bathrooms Kitchen	
Home Occupation (Size x) # Rooms Use Hours of Operation	tion
Accessory/Other (Size x) Use	
Addition to Existing Building (Size x) Use Closets in add	ition()ves ()no
Water Supply: () County () Well (No. dwellings) () Other	
Sewage Supply: (X) 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 2	IVES / VINO
Structures on this tract of land: Single family dwellings Manufactured Homes Other (specify)	//23 1 10
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35 Actual 36	
Rear <u>25</u> <u>55</u>	
Side 10 2O	Community on the second
Corner/Sidestreet 20	
Nearest Building 10 on same lot	
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 of plans
submitted. Thereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is su	bject to revocation if false
information is provided on this form.	of or
0 -111	
5/1/07	
Signature of Owner or Owner's Agent Date	

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







OWNER NAME: Brian Johnson B. 14113 Implication #: 0750017467

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 THI 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)

c	spiratio	111)	expiration depending upon documentation submitted. (complete site plan = 60 months, complete plat	with
1)	EVEL	OPMENT IN	FORMATION	
X		single family		
Ù		ansion of exis		
			tioning sewage disposal system	
			pe of structure	
			•	
11	ATER	SUPPLY		
Ĺ	New	well		
J	Exist	ting well		
\Box	Com	munity well		
BO		ic water		
	Sprin	ng	vells, springs, or existing waterlines on this property? yes	
Ar	e there	any existing v	vells, springs, or existing waterlines on this property? ! ! ves \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			The state of the s	
	PTIC		p	
If.	applyin	g for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose of	ne
- 1		cepted	Innovative	
		ernative	Other	
	Con	ventional	Any	
The	e applic	ant shall noting	by the local health department upon submittal of this application if any of the following apply to the pressure is "yes", applicant must attach supporting documentation.	perty
1	YES	1 1 NO	Does The Site Contain Any Jurisdictional Wetlands?	
:	YES	1 % NO	Does The Site Contain Any Existing Wastewater Systems?	
!	YES	I K NO	Is Any Wastewater Going To Be Generated Or The Site Other Than Domestic Sewage?	
ţ	YES	NO NO	Is The Site Subject To Approval By Any Other Public Agency?	
!	YES	NO I	Are There Any Easements Or Right Of Ways On This Property?	
I Ha	ave Rea	ad This Appl d County And	ication And Certify That The Information Provided Herein Is True, Complete And Correct. d State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine	
Con	nplianc	e With Appl	cable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification	on.
And	Label	ing Of All Pr	operty Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation	Can
Be F	erforn	ned.	2 1	or setti
			K (1)	
PRO	PERT	YOWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	17