

Initial Application Date: 7-16-07

Env. Rec'd 7/10/07

Application #

0750017968

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: The Harnett Land Group II Mailing Address: P.O. Box 427

City: Mamers State: NC Zip: 27552 Home #: _____ Contact #: 910-808-4362

APPLICANT: Blackwell Homes Inc Mailing Address: P.O. Box 427

City: Mamers State: NC Zip: 27552 Home #: _____ Contact #: 910-808-4362

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: Subdivision: Summerhill Lot #: 9 Lot Size: .68

Parcel: 13-0539-0200-16 PIN: 0539-99-0325.000

Zoning: RA3D Flood Plain: X Panel: 0528 Watershed: N/A Deed Book&Page: OTP Map Book&Page: OTP 2007/431

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 1.5 miles down old US 421.

Take left on Mc Dougald Road. Subdivision 1 mile down on right

PROPOSED USE:

Circle:

- SFD (Size 65.8 x 47.2 # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage 2car Deck 10x12 Crawl Space/ Slab
- Modular: ___ On frame ___ Off frame (Size ___ x ___) # Bedrooms ___ # Baths ___ Garage (site built? ___) Deck (site built? ___)
- 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 Space _____ Type _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
- Home Occupation (Size ___ x ___) # Rooms _____ Use _____ 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 _____) **MUST** have operable water before final

Sewage Supply: New Septic Tank (Must 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? YES NO

Structures on this tract of land: Single family dwellings 1 prop Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:

Comments:

	Minimum	Actual	
Front	35	37' ✓	<u>Clear lot mark essential</u>
Rear	25	93' ✓	
Side	10	42' ✓	
Sidestreet/corner lot	20	—	
Nearest Building on same lot	6	—	

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. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

[Signature]
Signature of Owner or Owner's Agent

7/16/07
Date

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

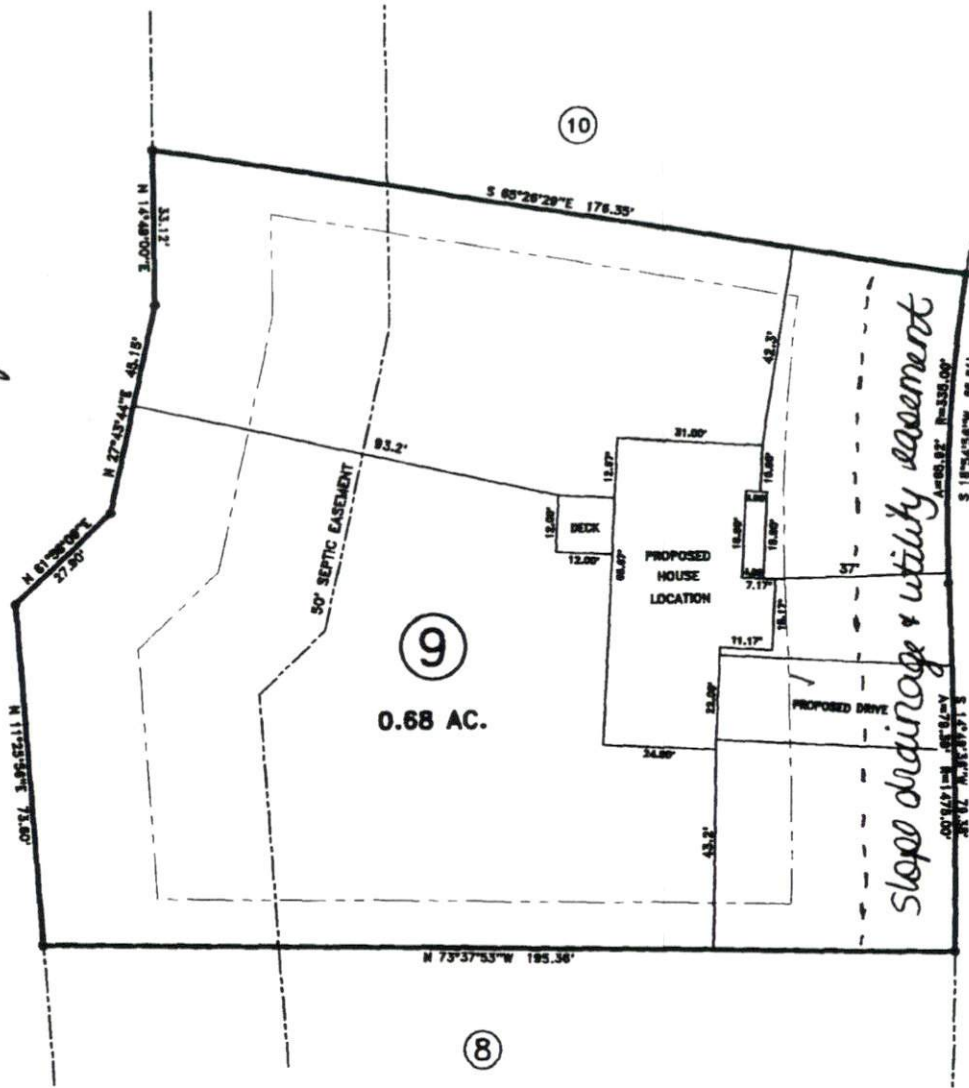
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

7/19/07

MAP REFERENCE: MAP NO. 2007-431

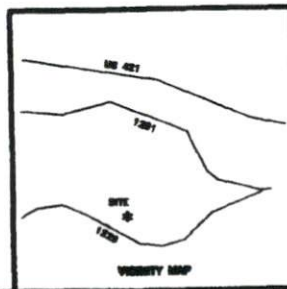
SITE PLAN APPROVAL
 DISTRICT BA30 USE SFD
 #BEDROOMS 3
 ZONING ADMINISTRATOR JW Helms



"OAK LEAF DRIVE" 50' R/W

MINIMUM BUILDING SET BACKS

- FRONT YARD — 30'
- REAR YARD — 20'
- SIDE YARD — 10'
- CORNER LOT SIDE YARD — 20'
- MAXIMUM HEIGHT — 30'



PROPOSED PLOT PLAN - LOT - 9		BENNETT SURVEYS, INC.	
SUMMERHILL SUBDIVISION		1662 CLARK RD., LILLINGTON, N.C. 27546	
TOWNSHIP UPPER LITTLE RIVER		COUNTY HARNETT	
STATE: NORTH CAROLINA		DATE: JULY 05, 2007	
ZONE BA-200R		TAX PARCEL ID#: _____	
WATERSHED DISTRICT _____		CHECKED & CLOSURE BY: _____	
SCALE: 1" = 40'		SURVEYED BY: _____	
DRAWN BY: RVD		FIELD BOOK _____	
DRAWING NO: _____		JOB NO. 07340	

OWNER NAME: Proposed Blackwell Homes

APPLICATION #: 0750017968

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)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes no unknown

SEPTIC

If 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 _____
- Conventional Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "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 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 Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand 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.

CD Stahn
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7/5/07
DATE