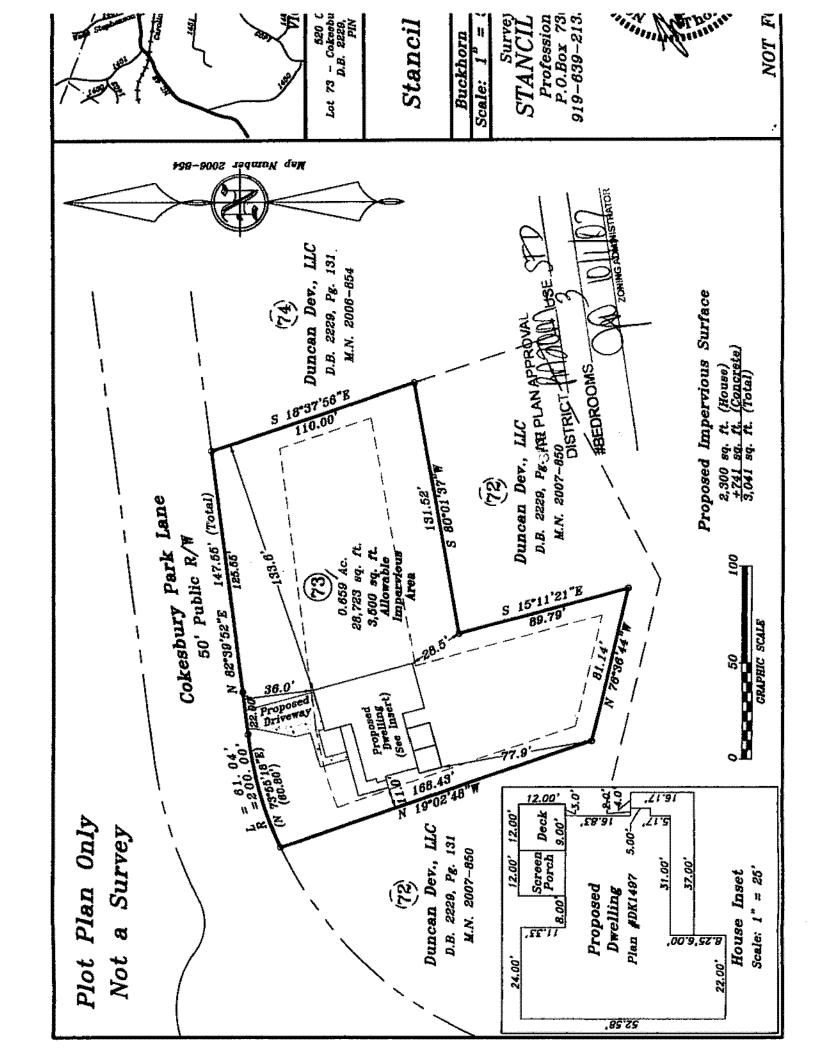
	1	3	-1	-0	1
nitial Application	Date:	$\Delta \Box$		U	<u> </u>

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: DUNCAN DON. LL CMailing Address: 466 Staweil Rd					
City: Awaier State: Wt zip: 2753/ Home #: Contact #: 635-2023					
APPLICANT: Stancil Buildors Mailing Address: 466 Stancil Rd					
City: A g j eV State 1 Zip: 2192/ Home #: Contact #: 635-2073 *Please fill out applicant information if different than landowner					
PROPERTY LOCATION: State Road #: 1403 State Road Name: Cokes bury PA-K LANE					
Parcel: 05 0635 0124 35455 PIN: 0635-59-8189 + 7184,000					
Zoning: PA 20M Subdivision: Cokeshing Putak Ph III Lot #: 73 Lot Size: 36					
Flood Plain: X Panal: Watershed: NA Deed Book/Page: 907/85-8 Plat Book/Page: 2006 - 85 Y					
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 to Chr. 5ffm L. 9ht Rd					
to cokashung Rd to lokesburg Subdivision					
PROPOSED USE: 51, Circle:					
SFD (Size 69 x 46 # Bedrooms 5 # Baths 2 Basement (w/wo bath) Garage L Deck Crawl Space Stab					
☐ Modular:On frameOff frame (Sizex) # Bedrooms# Baths Garage(site built?) Deck(site built?)					
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit					
Manufactured Home:SWDWTW (Sizex) # BedroomsGarage(site built?) Deck(site built?)					
Business Sq. Ft. Retail SpaceType# Employees:Hours of Operation:					
□ Industry Sq. Ft					
O Church Seating Capacity # Bathrooms Kitchen					
☐ Home Occupation (Size x ) #Rooms UseHours of Operation:					
Accessory/Other (Size x ) Use					
☐ Addition to Existing Building (Sizex) UseClosets in addition(_)yes (_)no					
Water Supply: (L) County (_) Well (No. dwellings) (_) Other					
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 (_)YES (_)YES					
Structures on this tract of land: Single family dwellings 1000 Manufactured Homes Other (specify)					
Required Residential Property Line Setbacks: Comments:					
Front Minimum 35 Actual 36					
Rear <u>25</u> <u>28.5</u>					
Side <u>10</u> <u>1</u>					
Sidestreet/corner tot 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. 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.					
2-25/11)					

Signature of Capter of Owner's Agent

"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



APPLICATION #: 07500 | 857 |

## \*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			
O 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			
{} Alternative {			
{} 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 ouestion. If the answer is "yes" applicant must attack any applicant 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 (NOis the site subject to approval by any other Public Agency?			
[_]YES { NO Are there any easements or Right of Ways on this property?			
(_)YES (\( \sum \) 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 Corpers And Making			
The Site Accessible So That A Complete Site Evaluation Can Be Performed.			

PROPERTY OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)