Initial Application Date:

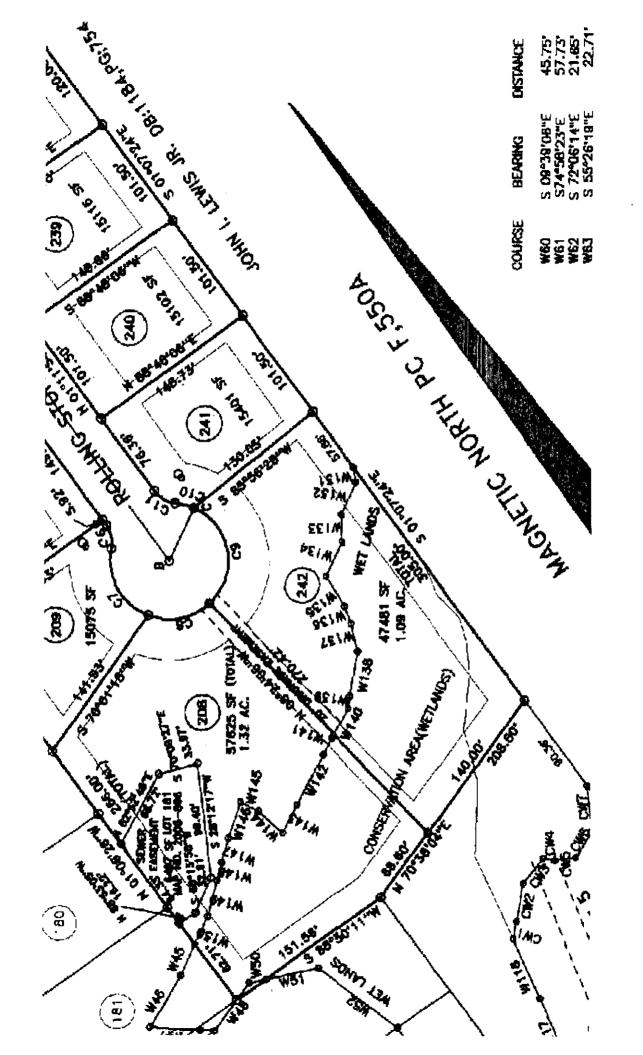
Central Permitting 108 E. Front Street,		RNETT LAND USE APPLIC Phone: (910) 893-7525	ATION Fax: (910) 893-2793	www.harnett.org
LANDOWNER: Intuition De	velopment UC	Mailing Address: 121	Green Forest Circ	le
city: Dunn	•			
City:	State: Zip:	Home #:	Contact #:	
*Please fill out applicant information if different that	an landowner	Ο		
PROPERTY LOCATION: Subdivision:				e <u>.1.72</u>
Parcel: <u>03958714 002</u>	022	PIN: <u>9587 - 8</u>	2-8635,000	
Zoning: <u>RA 20</u> Flood Plain: Pa	anel: <u><b>9586</b></u> Watershed: <u>/</u>	<b>V/Ĥ</b> Deed Book&Page: i	02.381 / 0697 Map Book&	Page: MP# 2007-3
SPECIFIC DIRECTIONS TO THE PROPER				
Take (1) into Crestilew S	updivisión. (1)	unto 1st street to le	H. @ wo Spring D	inte. O onto
Comotal Spring Drive. (1)			• •	
Cripini Spring princ. (65	MID FOILTES BIOTE	201 W 13 WW	man or boar	346
			<u></u>	
PROPOSED USE:	2 25	N/A	and in d.	Circle:
X SFD (Size <u>52 x 43</u> ) # Bedrooms_				
☐ Modular:On frameOff frame (\$	Sizex) # Bedroom	s# Baths Gara	ige(site built?) De	ck(eite built?)
Multi-Family Dwelling No. Units	No. Bedroor	ms/Unit		
☐ Manufactured Home:SWDV	VTW (Sizex	) # Bedrooms Gar	age(site built?) De	eck(site built?)
			mployees:Hours of O	
			mployees:Hours of O	
		Kitchen		p-0-12-13-11-
• • •				peration:
				ordion.
☐ Addition to Existing Building (Size	<del></del>			addition(_)yes (_)no
				<u> </u>
Water Supply: (County ( Well	(No. dwellings)	MUST have operable water	er before final	
Sewage Supply: ( New Septic Tank (Me				() Other
Property owner of this tract of land own land				
Structures on this tract of land: Single famil				
Required Residential Property Line Setba	, ,		O.M.O. (4946.1))	
Front Martinum OF Assure 4		117 move how	m on EH	
Front Minimum 35 Actual 35	1-a+301	··· IIIAUC   IAAU	<del>P</del>	
Rear <u>25</u>	<u>-1</u>			
Side <u>10</u> <u>14</u>	2			
Sidestreet/corner lot 20			<u>,</u>	
Nearest Building6 on same lot				
If permits are granted I agree to conform t	o all ordinances and the la	aws of the State of North C	arolina regulating such work	and the specifications of
submitted. I hereby state that the foregoin	ng statements are accurate	and correct to the best of	my knowledge. This permit	is subject to revocation if

information is provided on this form.

Signature of Owner or 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



OWNER NAME: Intuition Development, UC

9108932793

APPLICATION #: 0750018594

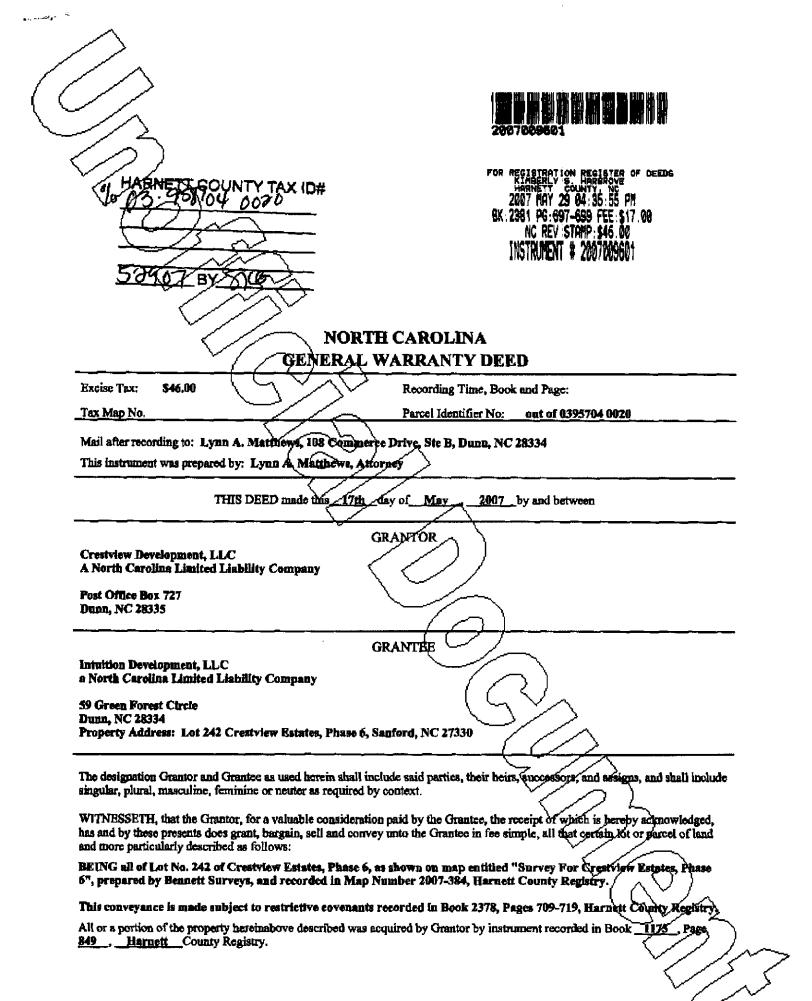
\*This application to be filled out only when applying for a new septic system.\*

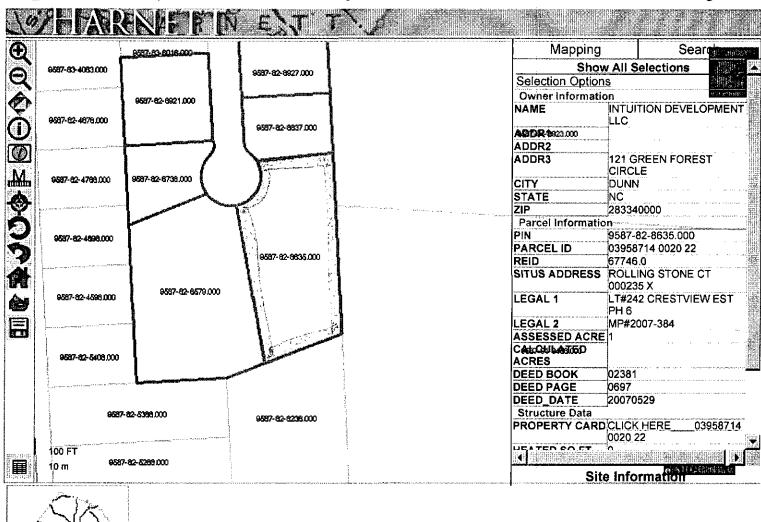
County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The per 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; cor expiration)	mit is valid for either
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	n
ėnamo.	r
<b>SEPTIC</b> If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference,	must choose onc.
( ) Accepted (_) Innovative	
{} Alternative {} Other	
Conventional {_}} Any	
<del>-</del>	
The applicant shall notify the local health department upon submittal of this application if any of the following at question. If the answer is "yes", applicant must attach supporting documentation.	oply to the property in
{ }YES ( NO Does The Site Contain Any Jurisdictional Wetlands?	
(_) YES (X) NO Does The Site Contain Any Existing Wastewater Systems?	
{ }YES { NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewag	e?
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?	
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	
Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Prop	
And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete S	ite Evaluation Can
Be Performed.	
16.111 20 2	10101-

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

10/2/57 DATE





**Map Tool Options** 

The current cursor mode is set to 'Pan / Recenter'. Clicking on the map directly will adjust the center of the map will shift the extent of the entire map.

DISTRICT HARDKUSE SITE PLAN APPROVAL

#BEDROOMS.

ROLLING STONE CT

NTUITION DEVEL

<- N Ø8°24'Ø6" ₩ ( 27Ø.42Ø

LOT #242 SCALE: CRESTVIEW 1 "=40;

S Ø1°Ø7'24" E (305.0001) ->

40.6 WE

Deck

- N 82,28,58, E ( 130,020,) ->

40-10 1/2

**CENTRAL** 

- ('000.041 ) W "A0'8E'0T 2 ->