

12.28.07

Initial Application Date: 11-5-07

Application # 07500188266 CU diagonal

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: David & Maria Fortuna Mailing Address: 232 Deanne Ln
City: Coats State: NC Zip: 27521 Home #: 919-894-7702 Contact #: 919-639-6615 (wk)
APPLICANT*: _____ Mailing Address: same (cell) 919-723-5604
City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Maria Phone #: _____
PROPERTY LOCATION: Subdivision: Ennis Trust Lot #: 1 Lot Size: 2.22
State Road #: 1581 State Road Name: Baileys Crossroads Map Book & Page: 2005 / 731
Parcel: 07 1611 0053 PIN: 1611-34-6861-000
Zoning: RA20M Flood Zone: None Watershed: NIA Deed Book & Page: 2133 / 150

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____
Take the 210 tower Angier then take to the right to the 421 and then take to Hwy 27 to Coats and passing Coats take the Ebenezer church rd. to the left then on Baileys road turn to the left on Deanne Ln the mobile home is on the right.

PROPOSED USE: (Include Bonus room as a bedroom if it has a closet)
☒ SFD (Size 52 x 34) # Bedrooms: 4 # Baths: 2 1/2 Basement (w/wo bath) NO Garage 2/1236 Deck porch Crawl Space / Slab
☐ Mod (Size _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF
☐ Manufactured Home: _____ SW _____ DW _____ TW (Size _____) # Bedrooms _____ Garage _____ (site built?) _____ Deck _____ (site built?) _____
☐ Duplex No. Buildings _____ No. Bedrooms/Unit _____
Home Occupation _____ # Rooms _____ Use _____ Hours of Operation: _____ # Employees _____
☐ Addition/Accessory/Other (Size _____) Use _____ Closets in addition () yes () no

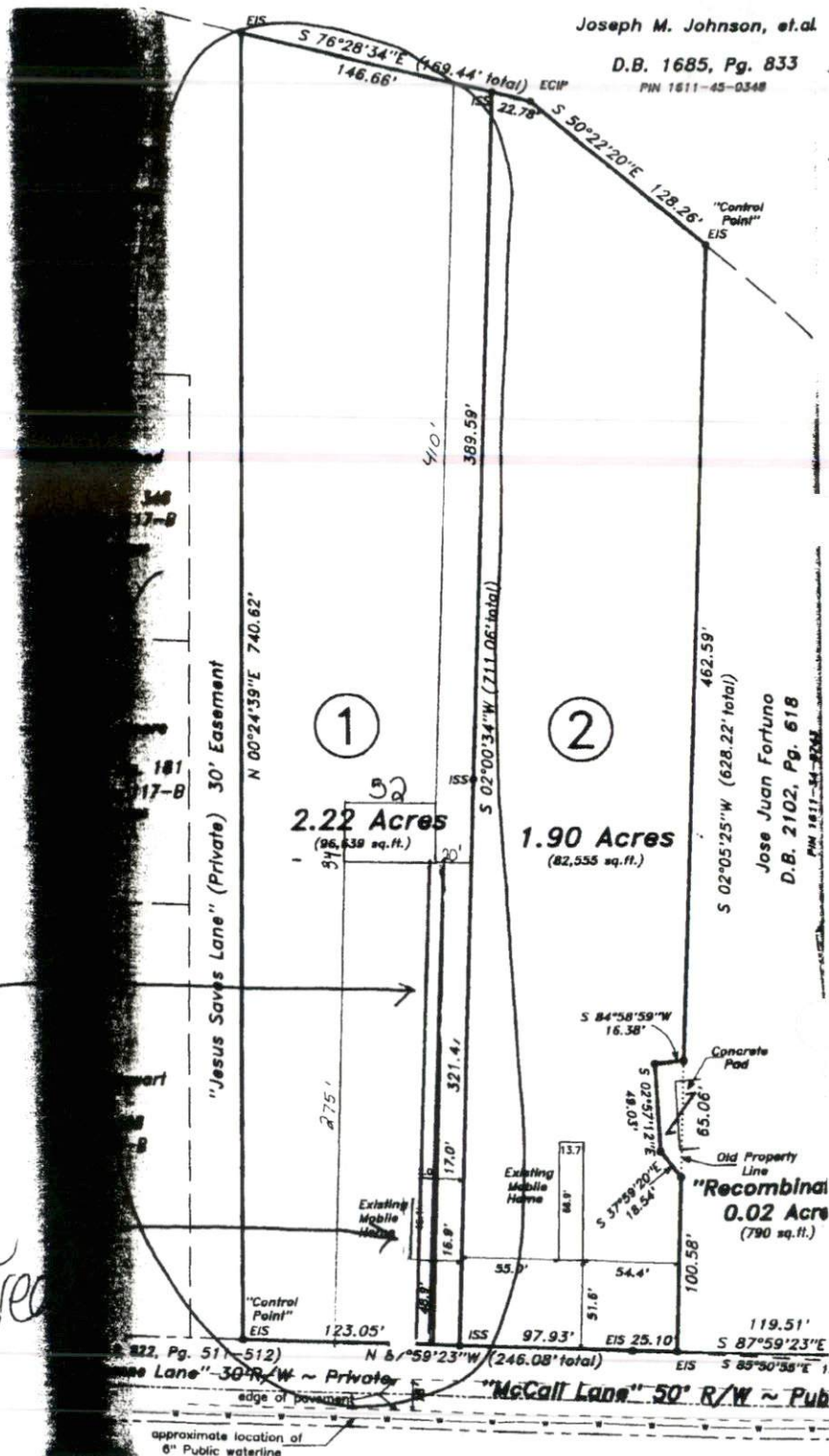
Water Supply: ☒ County () Well (No. dwellings _____) MUST have operable water before final
Sewage Supply: ☒ New Septic Tank (Complete **New Tank Checklist**) () Existing Septic Tank () County Sewer
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES () NO
Structures (existing or proposed): Single family dwellings 1 prop Manufactured Homes 1 Other (specify) _____

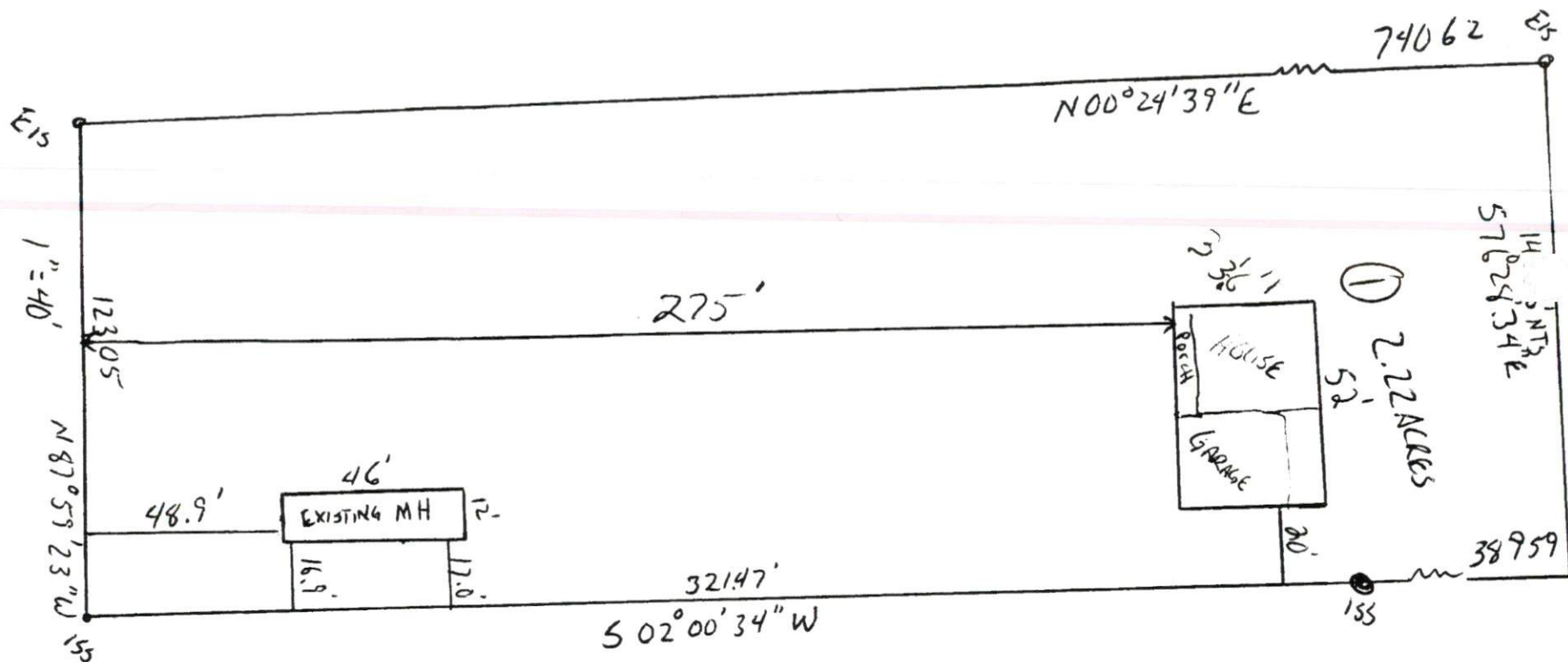
Comments: _____
Required Residential Property Line Setbacks:
Front Minimum _____ Actual 275'
Rear _____ 410'
Closest Side _____ 20'
Sidestreet/corner lot _____
Nearest Building on same lot _____
- existing tank too far away to use per builder so wants new tank
- existing home to be removed
* Moved existing driveway close to right property line per survey

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Maria Fortuna Signature of Owner or Owner's Agent Date 11/05/07

~~XXXX~~ proposed
 driveway.
 I have moved
 driveway over as
 far as I can.
 Whole, away
 w w whole
 garage w.
 didwood





Customer Copy

OWNER NAME: David & Maria FortunoAPPLICATION #: 0750018826

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.

Maria G Fortuno
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

11/05/07
DATE

