

Initial Application Date:

12/7/07

Application #

0750019009

CU

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: Woodshire Partners LLC Mailing Address: 639 Executive Place

City: Fayetteville State: NC Zip: 28303 Home #: 481-0503 Contact #:

APPLICANT: Caviness Land Dev. Mailing Address: 639 Executive Place

City: Fayetteville State: NC Zip: 28303 Home #: 481-0503 Contact #:

\*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Andred Brannon Phone #: 481-0503

PROPERTY LOCATION: Subdivision: Forest Oaks Ph3 Lot #: 141 Lot Size: 0.345AC

State Road #: 295 State Road Name: Basket oak Drive Map Book&Page: 2007, 847

Parcel: 01053605 002828 PIN: 05110-16-1198.000

Zoning: RA-20R Flood Zone: N/A Watershed: N/A Deed Book&Page: 2007, 847

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27W to Nursery Rd to Lemuel black, S/D on left, lot on corner of Bluebonnet & Basket oak, DW off Basket

- PROPOSED USE: (Include Bonus room as a bedroom if it has a closet) Circle: SFD (Size 32 x 52) # Bedrooms 3 # Baths 2.5 Basement (w/wo bath) N/A Garage YES Deck NO Crawl Space Slab Mod (Size x ) # Bedrooms # Baths Basement (w/wo bath) Garage Site Built Deck ON Frame / OFF Manufactured Home: SW DW TW (Size x ) # 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 x ) Use Closets in addition( )yes ( )no

Water Supply: (X) County ( ) Well (No. dwellings ) MUST have operable water before final Sewage Supply: (X) 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 (X) NO Structures (existing or proposed): Single family dwellings X prop. Manufactured Homes Other (specify)

Comments:

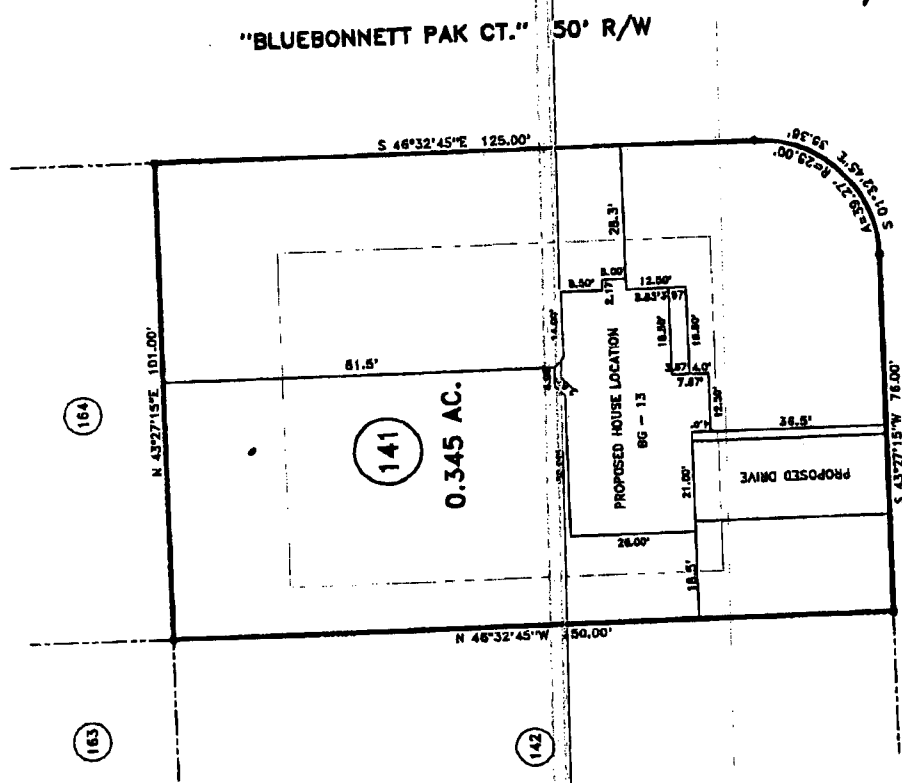
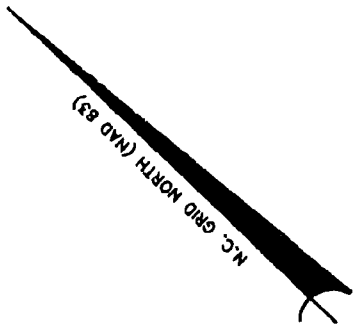
Required Residential Property Line Setbacks: Front Minimum Actual 30.5 Rear 81.5 Closest Side 18.5 Sidestreet/corner lot 28 Nearest Building on same lot

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.

Signature of Owner or Owner's Agent Date 12/7/07

\*\*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

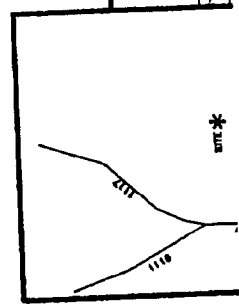


SITE PLAN APPROVAL  
 DISTRICT RAZOR USE SFD  
 #BEDROOMS 3

JPO 12/10/07  
 ZONING ADMINISTRATOR

MAP REFERENCE: MAP NO. 2007-847

- MINIMUM BUILDING SET BACKS
- FRONT YARD \_\_\_\_\_ 35'
- REAR YARD \_\_\_\_\_ 25'
- SIDE YARD \_\_\_\_\_ 10'
- CORNER LOT SIDE YARD \_\_\_\_\_ 20'
- MAXIMUM HEIGHT \_\_\_\_\_ 35'



SURVEY FOR:  
 PROPOSED PLOT PLAN - LOT - 141  
 FOREST OAKS S/D, PHASE - 3

TOWNSHIP ANDERSON CREEK COUNTY HARNETT

JOB NO. 0753  
**BENNETT SURVEYS, INC.**  
 1662 CLARK RD., LILLINGTON, N. C. 27546  
 (910) 893-5252

20 0 40  
 SURVEYED BY:

FIELD

OWNER NAME: Woodshire Partners

APPLICATION #: 0750019009

**\*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 {X} 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 \_\_\_\_\_
- {X} 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 {X} NO Does the site contain any Jurisdictional Wetlands?
  - { } YES {X} NO Does the site contain any existing Wastewater Systems?
  - { } YES {X} NO Is any wastewater going to be generated on the site other than domestic sewage?
  - { } YES {X} NO Is the site subject to approval by any other Public Agency?
  - { } YES {X} NO Are there any easements or Right of Ways on this property?
  - { } YES {X} 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.**

\_\_\_\_\_  
**PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**

\_\_\_\_\_  
**DATE**