Initial Application Date: 12/10/07 2/8/08	Application # 07500 19043 R	_
COUNTY OF HARNETT RESIDE Central Permitting 108,E. Front Street, Lillington, NC 27546 Phone: (NTIAL LAND USE APPLICATION 910) 893-7525 Fax: (910) 893-2793 www.harnett.org	
LANDOWNER WOODShive Partners LLC Mailing	Address: 639 Executive Place	
city: Fayetteville State: NC Zip: 28303 Hor		_
100 COVINESS LAND DEV. Mailin	Address: 639 Executive Place	
city: Favetheville state: NC zip: 28303 Hor		
*Please fill out applicant information if different than landowner		_
CONTACT NAME APPLYING IN OFFICE: Andrea Bran		_
PROPERTY LOCATION: Subdivision: Forest Oaks	Ph 3Lot #: <u>143</u> _Lot Size:	
State Road #: 1735 State Road Name: Temuel B	OCK Map Book&Page: 2007/847	_
0.05210050000000000000000000000000000000	05110-110-0054,000	
Parcel.	300k&Page: 0TP 2449 432	_
	- 1	
SPECIFIC BINEOTICIO TO THE THOR ENTER THE METALLING TO THE		_
Nursery Rd to lemule Black	Subdivison 1/2 mile	_
on left.		
		_
50×48		
PROPOSED USE: (Include Bonus room as a bedroom if it	has a closej) Circle:	_
SFD (Size # Bedrooms # Baths 2.5 Basement (w/w	o bath) NA Garage VES Deck N A Crawl Space / Sa	5
Mod (Size x) # Bedroom # Baths Basement (w/w	o bath) Garage Site Built Deck On Frame	./ OFF
☐ Manufactured Home:SWDWTW (Sizex) # Be ☐ Duplex No. Buildings No. Bedrooms/Unit		/
☐ Duplex No. BuildingsNo. Bedrooms/Unit ☐ Home Occupation # RoomsUse		_
□ Addition/Accessory/Other (Size x) Use		_)no
V	the control of the final	
Water Supply: (X) County (_) Well (No. dwellings) MUST Sewage Supply: (X) New Septic Tank (Complete New Tank Checklist) (
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 dwellingsX DOD_ Manuf		-
Comments:		_
Required Residential Property Line Setbacks:	Emple halos de EH	_
34-5-310'		
153491051		_
Rear 210 A- 211		-
Closest Side		_
Sidestreet/corner lot		_
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 s	submitte
I hereby state that foregoing statements are accurate and correct to the best of	my knowledge. Permit subject to revocation if false information is provid	ded.
	12/10/07	
	10)11010	

Signature of Owner or Owner's Agent **This application expires 6 months from the initial date if no permits have been issued**

Date