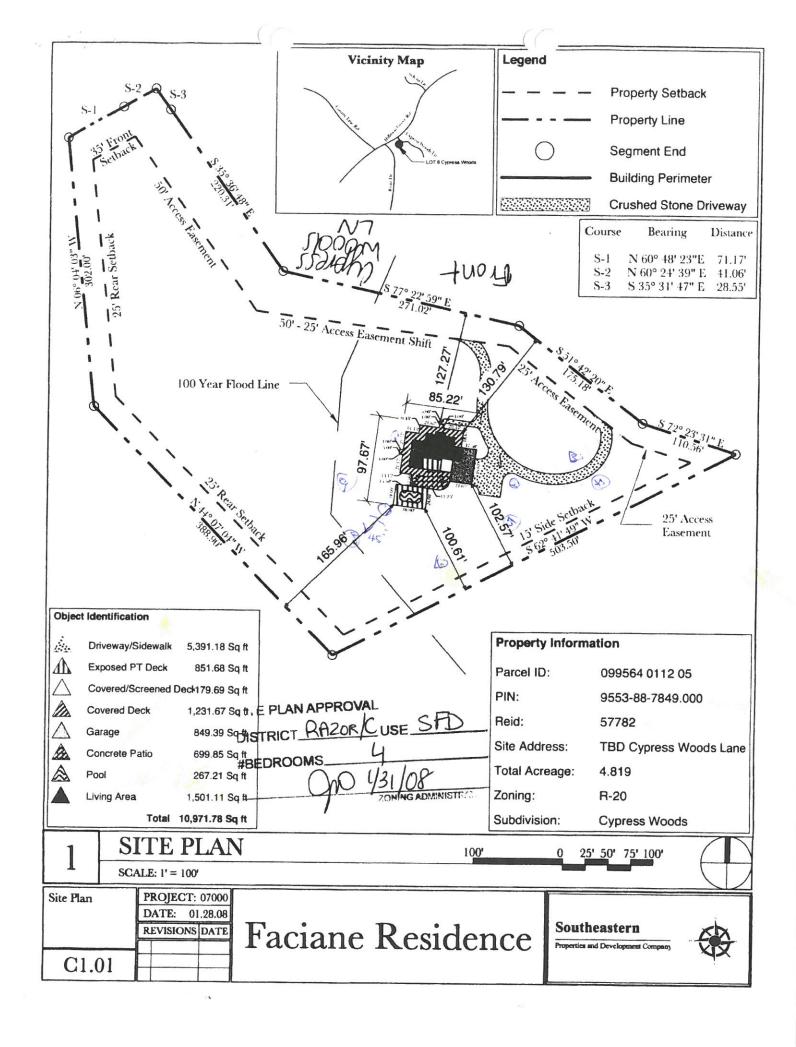
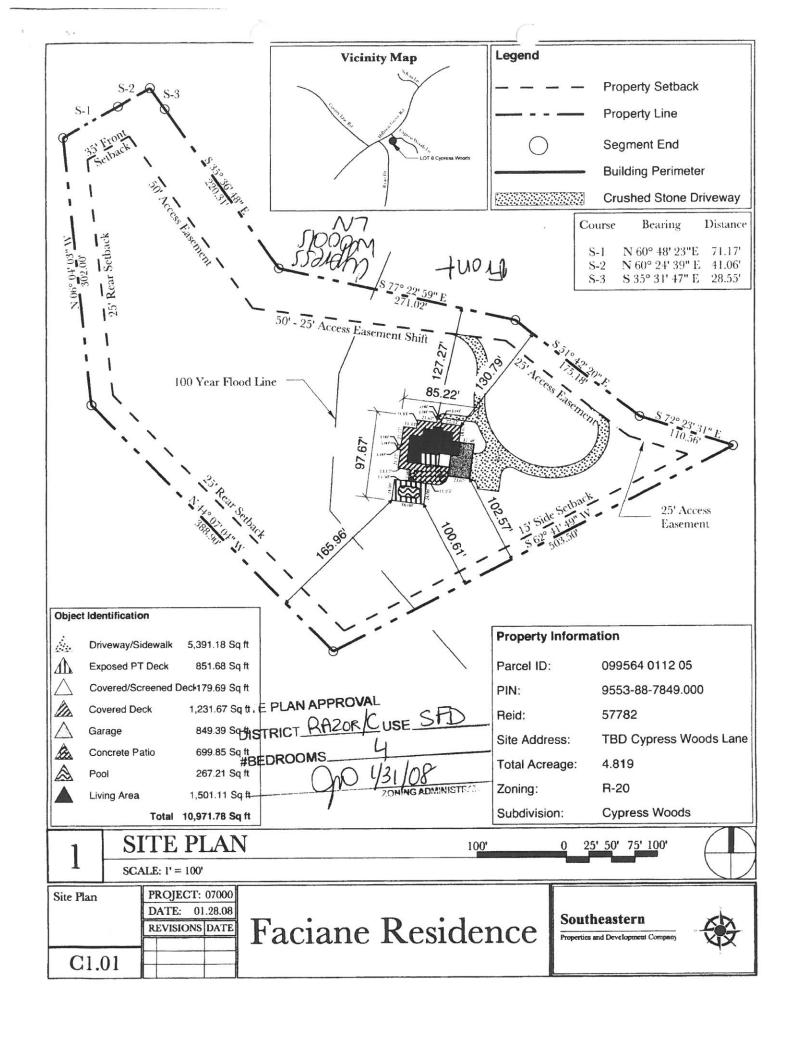
Initial Application Date: 1-31-08 Application # UN 500 19338			
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org			
LANDOWNER: MUSTAPHA ACILAHAM Mailing Address:			
City: State: Zip: Home #: Contact #:			
APPLICANT: COREY FACEANE Mailing Address: P.O. Dux. 92			
City: BROGOWAY State: NC Zip: 27505 Home #: 499 - 1549 Contact #: 919 - 895 - 0972 *Please fill out applicant information if different than landowner			
CONTACT NAME APPLYING IN OFFICE: COREY FROSANE Phone #: 919 - 895 - 0972			
PROPERTY LOCATION: Subdivision: CTPNESS WOODS Lot #: 6 Lot Size: 4, 819			
State Road #: State Road Name: HTUMON GROVE Map Book&Page: 2002, 517			
Parcel: () 99564 0112 05 PIN: 9553 -88 - 7849.000			
Zoning: RADR Flood Zone: None Watershed: Deed Book&Page: 1949 901 Power Company: CEMC			
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: FROM LILLEYGTON 27 TOWNED			
CAMERON GO TO STOP SIAN, THE REALT ONT 24/27,			
FSPLT LEFT ONTO HILLMAN GROVE, PROPERTY 5-10 males			
ON LEFT			
SFD (Size			
Required Residential Property Line Setbacks:			
Front Minimum Actual 10 /			
Rear			
Closest Side \(\lambda \)			
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 submittee. 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. I 29 08			

This application expires 6 months from the initial date if no permits have been issued

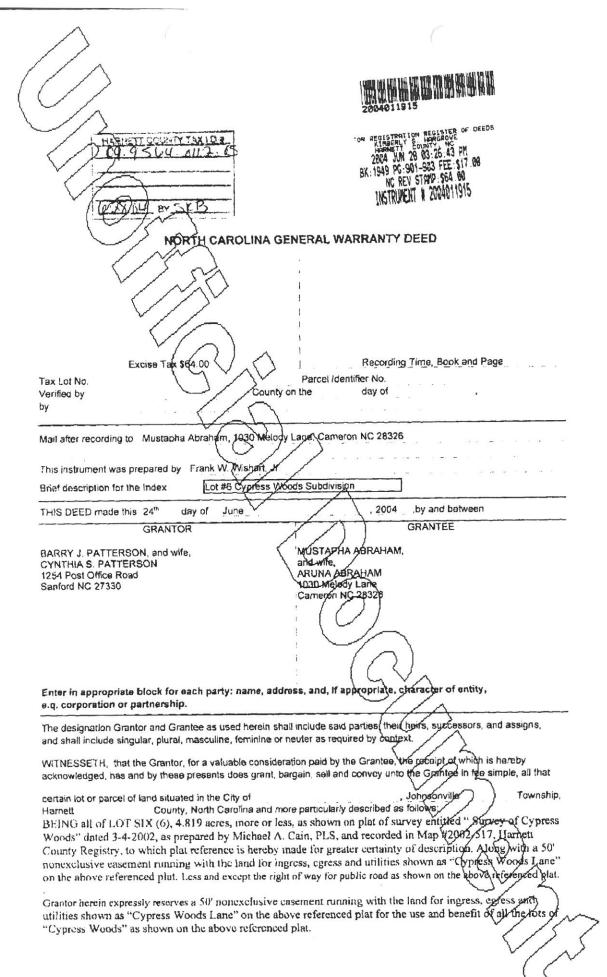
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
Please use Blue or Black Ink ONLY

2/5/08 S





MAP# 2002-518



APPLICATION #:

19338

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)

capitation				
DEVELOPMENT INFORMATION				
	New single family residence			
	Expansion of existing	ng system		
	Repair to malfuncti	oning sewage disposal system		
	Non-residential type	e of structure		
WATER SUPPLY				
	New well			
	Existing well			
Community well				
Q	Public water			
	Spring			
Are there any existing wells, springs, or existing waterlines on this property?				
{√} yes {_} no {_} unknown				
SEPTIC If the state of the stat				
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.				
{ } Accepted { } Innovative { } Other				
	Conventional	(
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.				
Accession So I am A Complete Site Evaluation Can Be Performed.				
Π	lustable	Waham 1/29/08		
PRO	PERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE		