| nitial Application Date:_ | 3 | -12 | <br>07 |
|---------------------------|---|-----|--------|
|                           |   |     |        |

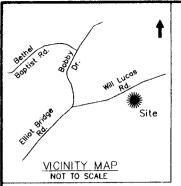
Application # 08 500 196 38

| COUNTY OF HARNETT LAND USE APPLICATION  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org |
|--|
| LANDOWNER: RAW DEVELOPMENT Mailing Address: POBOX 53688  |
| City: Tay eteville State: NE zip: 28305 Home #: 910-303-430/ Contact #: Same   |
| APPLICANT*: Same 95 Phane Mailing Address:   |
| City:State:Zip:Home #:Contact #:* *Please fill out applicant information if different than landowner   |
| PROPERTY LOCATION: Subdivision: Carolina Oaks Lot #: 12 Lot Size: 1 Ac   |
| Parcel: 01054400 1212 PIN: 0534-94-7542  |
| Zoning: Flood Plain: Panel: NA Watershed: NA Deed Book&Page: 2415/hAMap Book&Page: 2007-57   |
| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 4015 to EMp# Bridge Rd  |
| to will was rd.  |
|  |
|  |
| PROPOSED USE: Circle:  |
| SFD (Size 40x 52 # Bedrooms 3 # Baths 2 Basement (w/wo bath) MA Garage Deck X Crawl Space Slab   |
| □ Modular:On frameOff frame (Sizex) # Bedrooms # Baths Garage(site built?) Deck(site built?)   |
| Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit   |
| ☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms Garage(site built?) Deck(site built?)  |
| ☐ Business Sq. Ft. Retail SpaceType# Employees:Hours of Operation:   |
| □ Industry Sq. FtType# Employees:Hours of Operation:   |
| □ Church Seating Capacity # BathroomsKitchen   |
| ☐ Home Occupation (Sizex) # Rooms UseHours of Operation:   |
| Accessory/Other (Sizex) Use  |
| Addition to Existing Building (Size x ) UseClosets in addition()yes ()no   |
| Water Supply: (  |
| Sewage Supply: ( New Septic Tank (Complete New Tank Checklist) ( ) Existing Septic Tank ( ) County Sewer ( ) Other   |
| 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 on this tract of land: Single family dwellings Manufactured Homes Other (specify)   |
| Required Residential Property Line Setbacks: Comments:   |
| 26 Ch  |
| 91 43  |
| Rear   |
|  |
| Sidestreet/corner lot 20   |
| Nearest Building 6   |
| If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plan    |
| submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false    |
| information is provided on this form.  |
| 11. Mrs. L. Marsell 6 3-12-08  |

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

Date

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION



LEGEND:

IPF IRON PIPE FOUND

DB DEED BOOK

PG PAGE

N/F NOW OR FORMERLY OWNED BY

MEAS. MEASURED

PIN PROPERTY IDENTIFICATION NUMBER

SPK SET "PK" NAIL S.F. SQUARE FEET

O PROPERTY CORNER



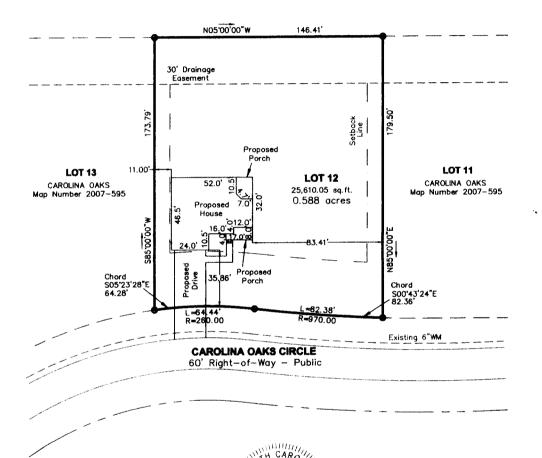
NOTE:

HARNETT COUNTY WATER SYSTEM
INDIVIDUAL SEPTIC SYSTEMS
FINISHED FLOOR ELEVATION TO BE
2.5' ABOVE HIGHEST EXISTING GROUND

ELEVATION AT HOUSE LOCATION

## **DEED BOOK 589, PAGE 180**

Toshiko Higo Herring



LEE MCCUL

il manch 2008

## PLOT PLAN

## PROPERTY OF: RAM DEVELOPMENT

ADDRESS: LOT 12, "CAROLINA OAKS"

CITY OF: NEAR LILLINGTON, NC

COUNTY OF: HARNETT

TOWNSHIP OF: ANDERSON CREEK

DATE: 11 MARCH 2008

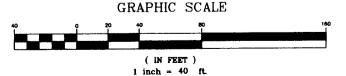
SCALE: 1"=40'

REFERENCE: MAP NUMBER 2007-595

\*\*NOTE\*\* THIS PLAT CAN NOT BE USED FOR RECORDATION OR ATTACHED TO A DEED TO BE RECORDED.

THIS MAP IS NOT A CERTIFIED SURVEY AND NO RELIANCE MAY BE PLACED IN ITS ACCURACY.

HOUSE PLAN: BY MAXWELL



DENVER McCULLOUGH & "C"

404 HOPE MILLS RD, SUITE 4A
FAYETTEVILLE, NC 28304
PHONE: (910)867-6024
FAX: (910)429-2500

DENVER LEE McCULLOUGH, PLS L-4

LOT1200.dwg

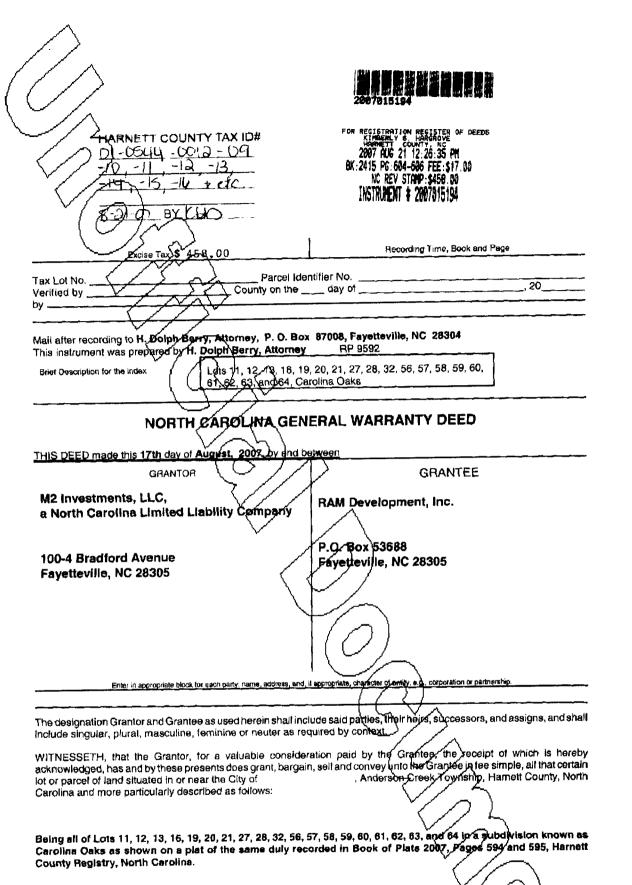
OWNER NAME: ROW Development

APPLICATION #: 08 500 19638

## \*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)

| PROPERTY OWNERS                           | OR OWNERS LEGAL PEPRESENTATIVE SIGNATURE (REQUIRED)  | DATE                    |
|---|--|-------------------------|
| 11 1.00.                                  | A Haw &  | 3-12-08                 |
|   | t A Complete Site Evaluation Can Be Performed.   | _                       |
|   | olely Responsible For The Proper Identification And Labeling Of All Property Lines And                     |                         |
|   | d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With App                         |                         |
| I Have Read This Applicat                 | ion And Certify That The Information Provided Herein Is True, Complete And Correct.                        |                         |
| {_}}YES                                   | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service                     |                         |
|   | Does the site contain any existing water, cable, phone or underground electric lines?                      |                         |
|   | Are there any easements or Right of Ways on this property?   |                         |
|   | Is the site subject to approval by any other Public Agency?  |                         |
|   | Is any wastewater going to be generated on the site other than domestic sewage?                            |                         |
|   | Does the site contain any Jurisdictional Wetlands?  Does the site contain any existing Wastewater Systems? |                         |
|   | s "yes", applicant must attach supporting documentation.   |                         |
| The applicant shall notify                | the local health department upon submittal of this application if any of the following                     | apply to the property i |
| Conventional                              | {}} Any  |                         |
| {}} Alternative                           | {}} Other  |                         |
| {} Accepted                               | {}} Innovative   | •                       |
| <b>SEPTIC</b> If applying for authorizati | on to construct please indicate desired system type(s): can be ranked in order of preference               | e, must choose one.     |
|   |  |                         |
| {_} yes {} no {                           | } unknown  |                         |
| Are there any existing we                 | ells, springs, or existing waterlines on this property?  |                         |
| □ Spring                                  |  |                         |
| Public water                              |  |                         |
| ☐ Community well                          |  |                         |
| ☐ Existing well                           |  |                         |
| □ New well                                |  |                         |
| WATER SUPPLY                              | <u>_</u>   |                         |
| □ Non-residential type                    | of structure   |                         |
| -   | oning sewage disposal system   |                         |
| ☐ Expansion of existing                   |  |                         |
| New single family re                      |  |                         |
| DEVELOPMENT INF                           |  |                         |
| •   |  |                         |



N.C. Bas Appect Form No. 2 9 1677 Histologispensyon with the N.C. Bu Sign Herm