Initial Application Date	2 3r	27-	08	
HILLIAN ALBANCALINI LIAN				

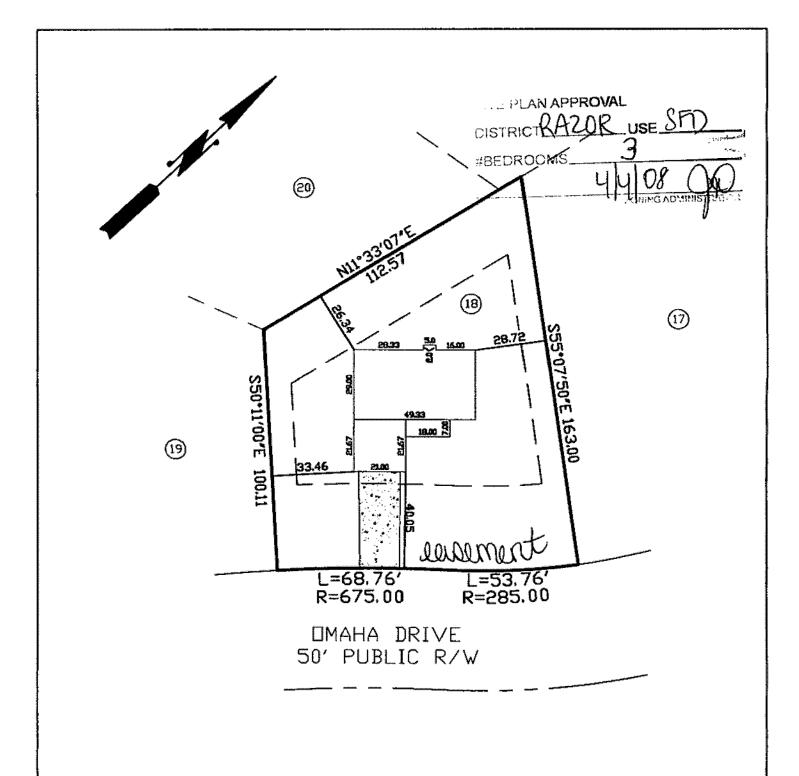
Application #	0850	019	798
7.1			

COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.hamett.org
LANDOWNER: WYNN CONSTRUCTION Mailing Address: 1696 Hayes Rd.
City: Crued mour State: NC Zip: 22522 Home #: 9/9-528-/347 Contact #: 9/9 426 5560
APPLICANT*: Wyne Construction Mailing Address: 1696 Thayes Rd-
City: Crued moor State VC Zip: 27.572 Home #: 919.527.1347 Contact #: 919.434.5560 *Presse fill out applicant information if different than landowner
PROPERTY LOCATION: Subdivision: Tinger Point Lot #: 18 Lot Size: 354
Parcel: 039596 0088 18 PIN: 9597-36-2181.000
Zoning: RAZOR Flood Plain: NO Panel Watershed: DIA Deed Book&Page: 2434/566 Map Book&Page: 2007/711
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 27 W Past Western Harvel Hist School
34 bdivision on Left
PROPOSED USE: Circle:
2 SFD (Size 1933 x 50.6) # Bedrooms 2 # Baths 2 Basement (w/wo bath) Garage 15 Deck Crawl Space PSlab
☐ Modular: On frame Off frame (Size x) # Bedrooms # Baths Garage (site built?) Deck (site built?)
Multi-Family Dwelling No. Units
☐ Manufactured Home: SW DW TW (Size x) # Bedrooms Garage (site built?) Deck (site built?)
Business Sq. Ft. Retail Space
☐ Industry Sq. Ft # Employees: Hours of Operation:
Church Seating Capacity # Bathrooms Kitchen
Home Occupation (Sizex) # Rooms Use Hours of Operation:
Accessory/Other (Size x) Use
Addition to Existing Building (Size x) Use Closets in addition(_)yes (_)no
Water Supply: (County () Well (No. dwellings) MUST have operable water before final
A THE HALL MAN AND A THE A
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 with five hundred feet (500') of tract listed above? UYES UNO
Structures on this tract of land: Single family dwellings Other (specify)
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 40.85
Rear 25 24.34
Side 10 33.97.28
Sidestreet/corner tot 20 2P-72
Nearest Building 6 cn same tot
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 plans
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 faist
information is provided on this form.

Signature of Owner or Owner's Agent

Date

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



THIS MAP VAS PREPARED FROM RECORDED DATA, AS MOTED, AND FROM OTHER STURGES PROVIDED BY THE UNION, THIS IS A PRELICIONARY SITE PLAN, DITEIDED FOR PLANDING USE DINLY AND IN ME VAY REPRESENTS A SUPPLY MADE BY THIS COMPANY, THIS MAP IS NOT DITEIDED FOR RECORDATION, CONVEYANCES, OR SALES.



Charlie T. Carpenter, P.L.S.

Professional Land Surveyor

1940 Juniper Church Road Four Oaks, NC 27524

(919) 963-2909 (919) 320-5281 PRELIMINARY SITE PLAN FOR:

WYNN CONSTRUCTION

PIN 9597-36-2181.000 PARCEL ID 039576 0088 18 LOT 18 TINGEN PUINTE S/D PB2007 PG711-718 3/18/08 1'=40'

270 DNAHA DRIVE BRDADVAY, NC 27505 OWNER NAME: WYNN CONSTRUCTION

0850019794application#: 0850019804

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)

orepresent,	
DEVELOPMENT INFO	RMATION
New single family res	idence
 Expansion of existing 	system
Repair to malfunction	ing sewage disposal system
☐ Non-residential type o	f structure
WATER SUPPLY	
New well	
 Existing well 	
☐ Community well	•
Public water	
☐ Spring	
Are there any existing wel	ls, springs, or existing waterlines on this property?
(_) yes {	unknown
SEPTIC	the state of the s
	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{
{}} Alternative	[] Other
{} Conventional	{_}} Any
The applicant shall notify question. If the answer is	the local health department upon submittal of this application if any of the following apply to the property in "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 INO	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 (_TNO	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 Applicat	ion And Certify That The Information Provided Herein 1s True, Complete And Correct. Authorized County And
State Officials Are Granter	Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible So Tha	t A Complete Site Evaluation Can Be Performed.
17/2	4-3-08
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

