

Initial Application Date: 4/11/08  
4/20/09

Application # 0850019855A  
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/permits

LANDOWNER: JAMES E. WILKINS Mailing Address: P.O. BOX 202

City: KIPLING State: NC Zip: 27543 Home #: 910 436-3035 Contact #: 910 978-6509

APPLICANT: N/A Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone #: \_\_\_\_\_

PROPERTY LOCATION: Subdivision: James E Wilkins Lot #: B Lot Acreage: 8.228

State Road #: 1412 State Road Name: CHRISTIAN LIGHT RD Map Book&Page: D 113B

Parcel: 0806420024 01 PIN: 0642-52-0617 000

Zoning: RA30 Flood Zone: None Watershed: IV Deed Book&Page: \_\_\_\_\_ / \_\_\_\_\_ Power Company: PE

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HW 401N TO NCSR 1412  
CHRISTIAN LIGHT RD - CROSS NCSR 1430 lot on left

**PROPOSED USE:** (Include Bonus room as a bedroom if it has a closet) Circle:  
 SFD (Size 60 x 44) # Bedrooms 2 # Baths 2 Basement  (w/wo bath) YES Garage 1 Deck 1 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 (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_  
 Home Occupation # Rooms \_\_\_\_\_ Use \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees \_\_\_\_\_  
 Addition/Accessory/Other (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_ Closets in addition ( )yes ( )no

Homes with Progress Energy as service provider need to supply premise number from Progress Energy  
Water Supply: ( ) County  Well (No. dwellings \_\_\_\_\_) **MUST** have operable water before final  
Sewage Supply:  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 ( )NO  
Structures (existing or proposed): Single family dwellings 1 x OP Manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks:			Comments:
Front	Minimum <u>35'</u>	Actual <u>270'</u>	<u>Revision - Adol well location</u>
Rear	<u>25'</u>	<u>251'</u>	
Closest Side	<u>10'</u>	<u>85'</u>	
Sidestreet/corner lot	<u>20'</u>	<u>85'</u>	
Nearest Building on same lot	<u>10'</u>	<u>/</u>	

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.

James E. Wilkins  
Signature of Owner or Owner's Agent

4/11/2008  
Date

\*\*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



# Harnett County Department of Public Health

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

### APPLICANT INFORMATION

JAMES WILKINS (910) 5848551  
Applicant/Owner Phone Number  
CHRISTIAN LIGHT RD (1412)  
Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changes that affect site drainage.

**Contact information: Environmental Health Division - 910-893-7547**

### PROPERTY INFORMATION

#### Proposed use of well

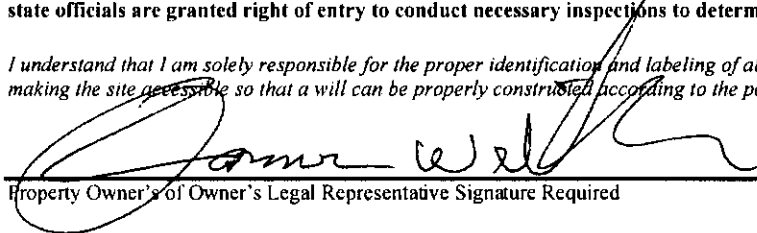
Single-Family  Multifamily  Church  Restaurant  Business  Irrigation

Street Address CHRISTIAN LIGHT RD Subdivision/Lot # B  
Parcel # 08 0642 0024 01 PIN # 0642-52-0617-000

#### Directions to the Site

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

  
Property Owner's or Owner's Legal Representative Signature Required

4/20/09  
Date