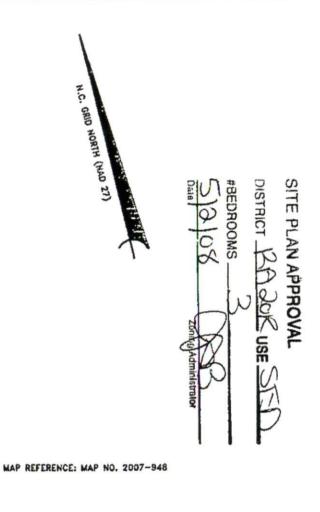
Initial Application Date: 5/2/08 ENVIRCED Application # 0850019983	
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Contral Permitting 108 E. Front Stroot, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org	
LANDOWNER: Kannath Cummi-151 Mailing Address: 636 Grissin RU	
City: LILL 1-15ter State: 1 C Zip: 17546 Home #: 910 5846765 Contact #: 910 984-6765	
APPLICANT: L'enacté Chaminist Mailing Address: 630 Griss à RA	
City Lillington State: 1-6 Zip: 17846 Home #: 910 893-5846 Contact #: 710 984-6765 Please till out applicant information if different than fandowner	
CONTACT NAME APPLYING IN OFFICE: Kennett Chamber of Phone #: 416 58 4 6 765	
PROPERTY LOCATION: Subdivision: wood Shire Lot #: 120 Lot Size: 177	
State Fload #: 125 State Road Name: Concel Black Map Book& Page: 2007 1 9 48	
Parcol 0/05 7606 0628 60 PIN: 0506-84-9305.00	
Joning: RAZU Flood Zone: X Watershod: Deed Book&Page: 0247510306 Power Company: 50-144 Pice-	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 14 6-4 17 west To Le Nursery T. A	
Lembel Black Tile wood shire Tile Soner 1-7 on red	
PROPOSED USE: (Include Bonus room as a bedroom if it has a closet) SFD (Size 44 x 5 4) # Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) Garage 2 1/2 1 Deck 12 X 17 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?) Duplox (Size x) No. Buildings No. Bedrooms/Unit	
Uso Hours of Operation: #Employees #	
Addition/Accessory/Other (Size x) UsoClosets in addition(_)yes (_)no	
Water Supply: (County () Well (No. dwellings) MUST have operable water before final Sewage Supply: () New Septic Tank (Complete New Tank Checklist) () County Sewer Property owner of this tract of land own land that contains a manufactured home w/in live hundred feet (500") of tract listed above? () YES () NO Structures (existing or proposed): Single family dwellings Manufactured Homes Other (specify) Comments:	
Required Residential Property Line Setbacks:	
Front Minimum 35 Actual 36.4	
Rear 25 11.2	
Closest Sido 10 29.3	
Sidestreet/corner lot 7017	
Newest Building on same let	
If pormits 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	
hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.	
95-1-08	
Signature of Owner's Agent Date	

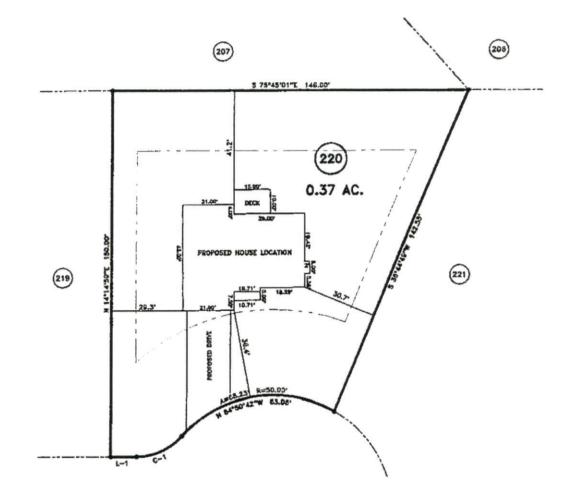
"This application expires 6 months from the initial date if no permits have been issued"

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

5/2/08

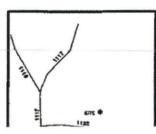
11/07





"SONORA DRIVE" 50' R/W

CH-BEARING 20.41" 5 60"09"56"W DISTANCE ELARDIG \$ 75°45'01"E



SURVEY FOR: PROPOSED PLOT PLAN - LOT - 220 WOODSHIRE S/D, PHASE FIVE

JOB NO. 08200 BENNETT SURVEYS, INC. 1662 CLARK RD. . LILL INGTON. N. C. 27546

(910) 893-5252

TELD BOOK

TOWNSHIP ANDERSON CREEK COUNTY HARNETT

SURVEYED AY:

APPLICATION #:	14483
THE E MANUFACTURE IN THE PARTY OF THE PARTY	

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

expiration)	without depending upon determination submitted. (complete site plan = 60 months; complete plat = without
DEVELOPMENT IN	FORMATION
New single family	residence
 Expansion of exist 	ing system
J Repair to malfunct	tioning sewage disposal system
J Non-residential typ	pe of structure
WATER SUPPLY	
→ New well	
 Existing well 	
Community well	
Public water	
∪ Spring	
	wells, springs, or existing waterlines on this property?
! yes [] no [unknown
SEPTIC if applying for authoriza	ation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
: Accepted	[] Innovative
: ; Alternative	[] Other
Conventional	{} Any
The applicant shall not question. If the answer	ity the local health department upon submittal of this application if any of the following apply to the property is "yes", applicant must attach supporting documentation.
: IYES LINO	Does the site contain any Jurisdictional Wetlands?
! IYES ! TNO	Does the site contain any existing Wastewater Systems?
: IYES I INO	Is any wastewater going to be generated on the site other than domestic sewage?
: :YES LINO	Is the site subject to approval by any other Public Agency?
	Are there any easements or Right of Ways on this property?
YIS I 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.
	eation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
	ted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The one Accessine 30 1	hat A Complete Site Evaluation Can Be Performed.
There	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE
PROPERTY OWNER	IS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

3/07