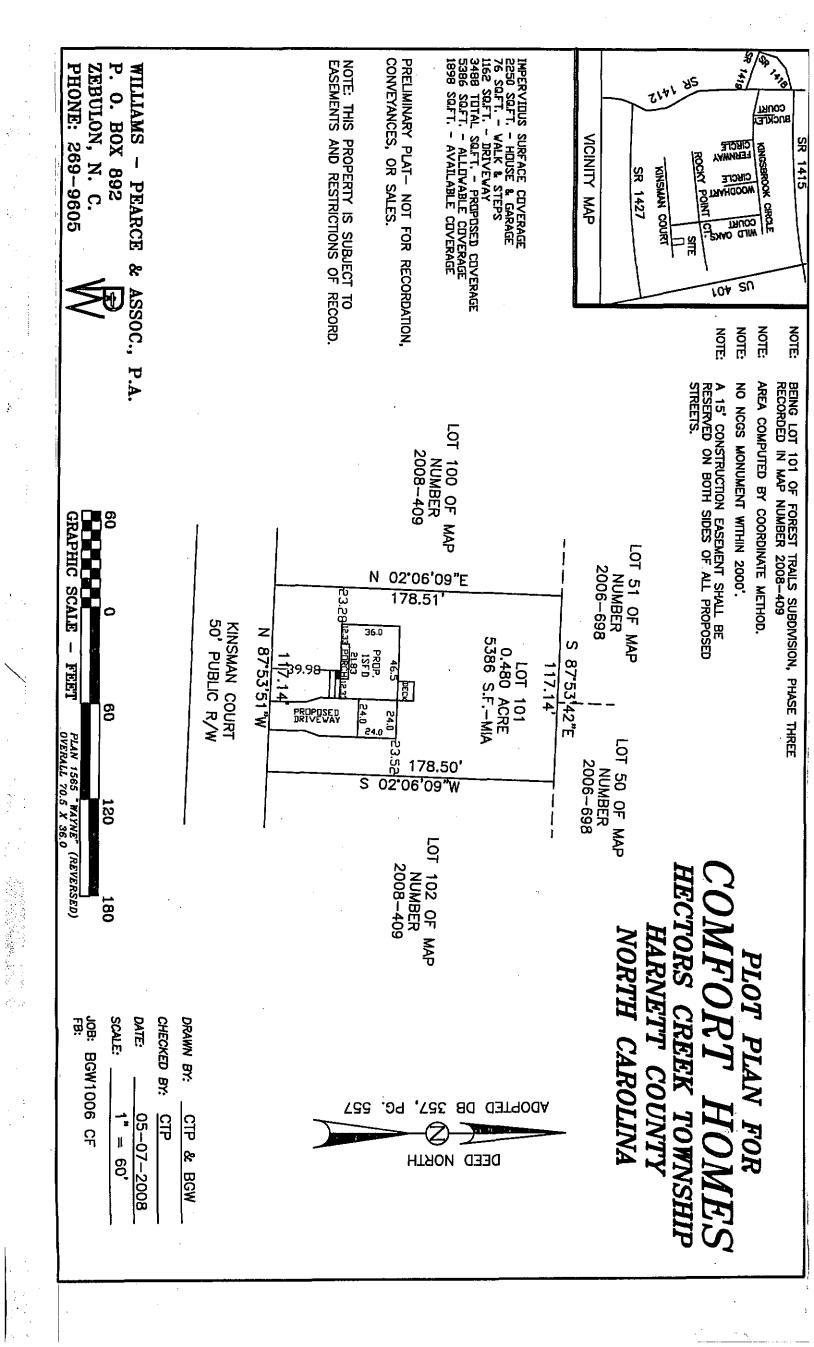
| Initial Application Date: 6 12/08 | Application # O856020'd9'd |
|--|--|
| | CU |
| COUNTY OF HARNETT RESIDEN Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (9) | ITIAL LAND USE APPLICATION 010) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits |
| LANDOWNER: Comfort Homes Inc. Mailing | Address: <u>Ro. Box 369</u> |
| City: Clayton State: AC Zip: 27528 Home | e #:Contact #(<u>2/5</u>) <u>553-324-</u> 2 |
| APPLICANT*:Mailing | Address: |
| City:State:Zip:Home *Please fill out applicant information if different than landowner | e #:Contact #: |
| CONTACT NAME APPLYING IN OFFICE: Sherman Batter | |
| PROPERTY LOCATION: Subdivision: Forest Trails | Lot #: 10 L Lot Acreage: 0, 480 |
| State Road #: 1412 State Road Name: Christian Light 1 | Rel Map Book&Page: 2008 / 409 |
| Parcel: 08 0653 0/15 09 PIN: _ | |
| Zoning: K-A-30 Flood Zone: X Watershed: 1 Deed Bo | . • |
| SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 N | |
| Right on Kingsbrook Circle, Right on Wild Oak | 's Count To Kinsman Count |
| | |
| | |
| | |
| | |
| PROPOSED USE: (Include Bonus room as a bedroom if it has SFD (Size 76' x 46') # Bedrooms 3 # Baths 2 Basement (w/wo | |
| ☐ Mod (Size x) # Bedrooms # Baths Basement (w/wo | |
| Manufactured Home:SWDWTW (Sizex) # Bedia | |
| Duplex (Sizex) No. BuildingsNo. Bedrooms/Unit | |
| ☐ Home Occupation # RoomsUse | Hours of Operation:#Employees |
| ☐ Addition/Accessory/Other (Sizex) Use | Closets in addition(_)yes (_)no |
| *Homes with Progress Energy as service provider need to supply premise number | r from Progress Energy 955 4376 7 |
| W | i a contra contra de la contra del la contra de la contra del l |
| Water Supply: (X) County () Well (No. dwellings) MUST has Sewage Supply: (X) 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 | · · · · · · · · · · · · · · · · · · |
| Structures (existing of proposed): Single family dwellings Manufac | |
| | |
| | |
| Front Minimum 35 Actual 40' | |
| Rear <u>25</u> <u>89'</u> | |
| Closest Side 10 23 | |
| Sidestreet/corner lot 20 N/A | |
| Nearest Building LO M/A | |
| 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 |
| It permits are granted Lagree to conform to all ordinances and laws of the State of I hereby state that foregoing statements are accurate and correct to the best of my | |
| Of a state that to opening statements are accorded and contact to the book of my | 101 010// |
| Xpermer Balline | U/12/08 |
| Signature of Owner or Owner's Agent | Date |

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



APPLICATION #:___

20292

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)

| | i | | |
|------------|--|---|--------------------------|
| <u>DE</u> | <u>YELOPMENT INFO</u> | RMATION | |
| X | New single family resi | dence | |
| Ü | Expansion of existing | system | |
| Ū | Repair to malfunctioni | ng sewage disposal system | |
| ū | Non-residential type of | structure | |
| <u>WA</u> | TER SUPPLY | | |
| u | New well | | |
| 0 | Existing well | | |
| | Community well | | |
| X | Public water | | |
| | Spring | | |
| Are | there any existing well | s, springs, or existing waterlines on this property? | |
| { | }_yes {} no { _X } i | ınknown | |
| | i | | |
| <u>SEI</u> | TIC | | |
| | i | to construct please indicate desired system type(s): can be ranked in order of preference | e, must encose one. |
| - | · | {}} Innovative | |
| | | {} Other | • |
| | Conventional | {} Any ie local health department upon submittal of this application if any of the following: | analy to the property in |
| ques | applicant shall hollry to stion. If the answer is " | yes", applicant must attach supporting documentation. | · |
| { | YES { X } NO | Does the site contain any Jurisdictional Wetlands? | |
| { | YES {X NO | Does the site contain any existing Wastewater Systems? | |
| { | YES {X} NO | s any wastewater going to be generated on the site other than domestic sewage? | |
| { | YES (X) NO | s the site subject to approval by any other Public Agency? | |
| { | YES (X) NO | Are there any easements or Right of Ways on this property? | K 1 + Rolfel |
| { | YES (<u>太</u>) NO 1 | Are there any easements or Right of Ways on this property? Does the site contain any existing water, cable, phone or underground electric lines? | only at street issued |
| | I | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. | |
| | | a And Certify That The Information Provided Herein Is True, Complete And Correct. | |
| | | Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Appl | |
| | | ly Responsible For The Proper Identification And Labeling Of All Property Lines And | Corners And Making |
| The | Site Accessible So That | Complete Site Evaluation Can Be Performed. | 1 |
| 4 | Shewer B | atte | 0/12/08 |
| PRO | PERTY OWNERS C | R OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) | DATE ¹ |

HARNETT COUNTY OPTIONS FOR BUILDING

15" DRIVEWAY TILE

| SUBDIVISION: | - Lander | FT-101 | And the second s |
|---------------------------------|--|-------------|--|
| ADDRESS: | | 445 KINSMAN | COURT |
| CITY/STATE: | · · · · · · · · · · · · · · · · · · · | FUQUAY-VAR | INA, NC 27526 |
| PLAN NUMBER/ | NAME: | 1565GG | WAYNE |
| SUPERINTENDE | ENT: | | |
| PRE-APPROVE | O STATUS: | | |
| (PROGRESS EN | ERGY PREMISE: | 95543767 | |
| DATE: | The same and the s | 6/2/08 | |
| DIRECT VENT GAS N | FIREPLACE BAY WINDOW(S) DECK | | |
| 2 CAR UNFINISHED UPSTAIRS | GARAGE BONUS | | |
| Y N N Y | | LING(S) | 1/2 IN DINING;1/2 IN FRONT BEDROOM |
| Y | ELEVATION REVERSED | | |