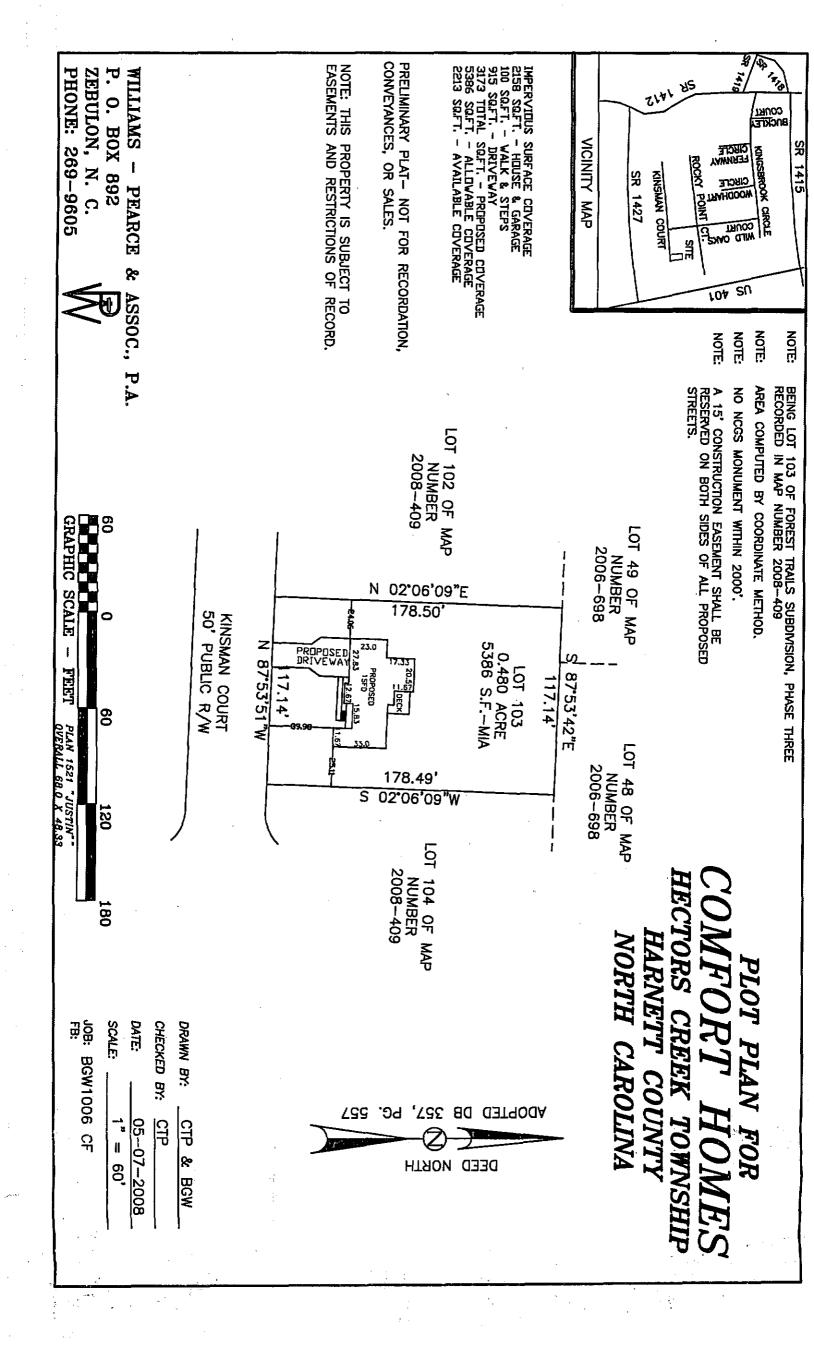
Initial Application Date: 4/12/08	Application # <u>08500 20293</u>
, , , COUNTY OF HARNETT RESIDENTIA	CU
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)	, , , , , , , , , , , , , , , , , , ,
LANDOWNER: Comfort Homes Inc. Mailing Add	
City: Clayfon State: 1/C Zip: 27528 Home #:	Contact #:(9 /9) 553-324-2
APPLICANT*:Mailing Ado	lress:
City:State:Zip:Home #: *Please fill out applicant information if different than landowner	Contact #:
CONTACT NAME APPLYING IN OFFICE: Sherman Batter	Phone #: (9/9) 553 3242 or 422-1498
PROPERTY LOCATION: Subdivision: Forest Trails	
State Road #: 1412 State Road Name: Christian Light Rc	Map Book&Page: 2008 / 409
Parcel: <u>08-0653-0/15-11</u> PIN: <u>0</u>	644-46-2281.000
Zoning: R-A-30 Flood Zone: X Watershed: V Deed Book8	Page: 25/0 /863-865 Power Company*: 1000-055
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 North	
Right on Kingsbrook Circle, Right on Wild Oaks	
11912 - 11192-1-1	
County C	h) <u>V/A</u> Garage <u>/ 4.5</u> Deck <u>/ 4.5</u> Crawl Space Slab h) Garage Site Built Deck ON Frame / OFF ns Garage (site built?) Deck (site built?) Hours of Operation: #Employees Closets in addition(_)yes (_)no m Progress Energy 76763157
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35 Actual 46	
Rear <u>95</u> <u>90'</u>	
Closest Side W 24'	
Sidestreet/corner lot A/A	
Nearest Building 10 A/A	
If permits are granted I agree to conform to all ordinances and laws of the State of No	nth Carolina regulating such work and the specifications of plans submitted
I hereby state that loregoing statements are accurate and correct to the best of my known	
Ol Batton	6112108
Signature of Owner or Owner's Agent	Date

Signature of Owner or Owner's Agent

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



APPLICATION #:

20293

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)

DEVELO	PMENT INF	ORMATION	
New:	single family i	esidence	
☐ Expai	nsion of existin	ng system	
🗆 Repai	r to malfuncti	oning sewage disposal system	
u Non-i	esidential type	e of structure	
WATER	SUPPLY		
u New	well		
u Existi	ng well		
□ Com	nunity well		*
Y Public	water		
□ Spring			
Are there	any existing w	ells, springs, or existing waterlines on this property?	
{}} yes	{_}} no {X	ù unknown	
<u>SEPTIC</u> If applying	g for authorizat	ion to construct please indicate desired system type(s): can be ranked in order of preference	e, must choose one.
{}} Acc	epted	{}} Innovative	
{}} Alte	rnative	{}} Other	
{X} Con	ventional	{}} Any	
The applic question.	ant shall notif If the answer i	y the local health department upon submittal of this application if any of the following a "yes", applicant must attach supporting documentation.	apply to the property in
[_}YES	{ ½ ∠} NO	Does the site contain any Jurisdictional Wetlands?	
	{ X } NO	Does the site contain any existing Wastewater Systems?	
{}}YES	{ ∑ } №	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YES	{Х} №	Is the site subject to approval by any other Public Agency?	
{}}YES	1 / L) NO	Are there any easements or Right of Ways on this property?	v
{}}YES	{ ₹ } NO	Does the site contain any existing water, cable, phone or underground electric lines?	only at street 1840t
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.	
		tion And Certify That The Information Provided Herein Is True, Complete And Correct.	
		ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Appl	
		Solely Responsible For The Proper Identification And Labeling Of All Property Lines And	Corners And Making
The Site A	1	at A Complete Site Evaluation Can Be Performed.	_
SK	(Uurs d	Satte	6/12/08
PROPER	TY OWNER	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DÁTE [†]

HARNETT COUNTY OPTIONS FOR BUILDING

18" DRIVEWAY TILE

SUBDIVISION:		FT-103		
ADDRESS:		487 KINSMAN COURT		
CITY/STATE:		FUQUAY-VARINA, NC 27526		
PLAN NUMBER/NAME:		1521GG	JUSTIN	
SUPERINTEND	ENT:			
PRE-APPROVE	D STATUS:			
PROGRESS EN	ERGY PREMISE:	70763157		
DATE:		6/2/08		
DIRECT VENT GAS 2 BAYS 10X12 2 CAR	FIREPLACE BAY WINDOW(S) DECK GARAGE			
N	BONUS			
Y N N	CATHEDRAL CEI SUNKEN ROOM STORAGE	LING(S)	LIVING,MASTER	
Y N	CRAWL ELEVATION REVERSED	•		