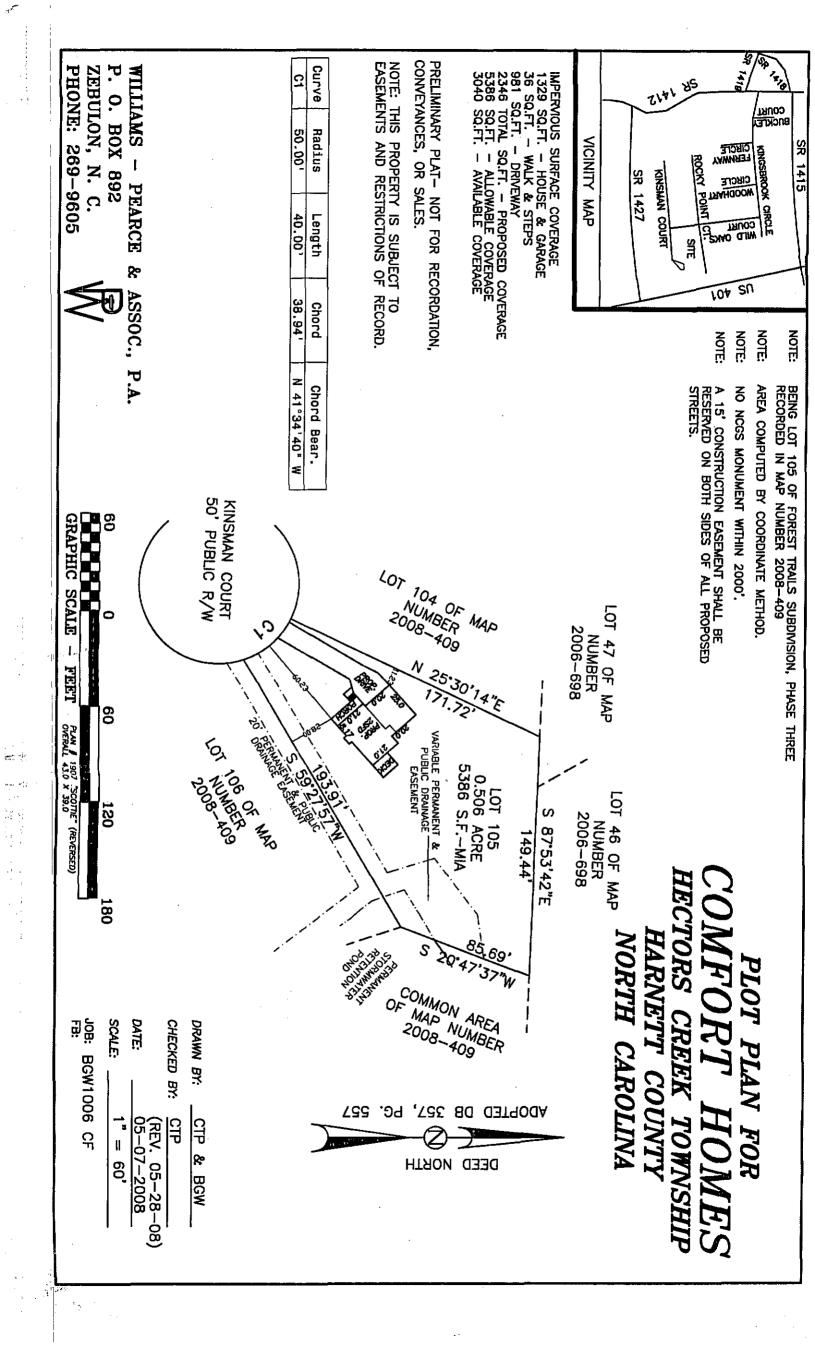
Initial Application Date: 6 12 08	Application #
COUNTY OF HARNETT RESIDENT	CU
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (91	
LANDOWNER: Confort Homes Inc. Mailing A	ddress: 12. 136x 369
City: Clayton State: 4/2 Zip: 27528 Home	
APPLICANT*:Mailing A	
City: State: Zip: Home *Please fill out applicant information if different than landowner	
CONTACT NAME APPLYING IN OFFICE: Sherman Batten	
PROPERTY LOCATION: Subdivision: Forest Trails	Lot #: 105 Lot Acreage: 0.506
State Road #: 1412 State Road Name: Christian Light R	Map Book&Page: 2008 / 409
State Road #: 1412	2044-46-5243000
Zoning: RA-30 Flood Zone: X Watershed: V Deed Book	k&Page: 25/0 1863-865 Power Company*: Process
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 No.	
Right on Kingsbrook Circle, Right on Wild Oaks	
The one things of the transfer on the control of th	
PROPOSED USE: (Include Bonus room as a bedroom if it has SFD (Size 43 x 49') # Bedrooms 3 # Baths 2.5 Basement (w/wo b	
Mod (Sizex) # Bedrooms # Baths Basement (w/wo by	
Manufactured Home:SWDWTW (Sizex) # Bedro	
☐ Duplex (Size x) No. Buildings No. Bedrooms/Unit	
Home Occupation # RoomsUse	
Addition/Accessory/Other (Size x) Use	Closets in addition()yes ()no
Homes with Progress Energy as service provider need to supply premise number f	rom Progress Energy 73965723
Water Supply: (X) County () Well (No. dwellings) MUST hav	ve energhia water before final
	Existing Septic Tank () County Sewer
Property owner of this tract of land own land that contains a manufactured home w/i	
Structures (existing of proposed) Single family dwellings Manufactu	• •
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35 Actual 60	
Rear 25 (53'	·
Closest Side 10 //	
16-	
Nearest Building	
If permits are granted I agree to conform to all ordinances and laws of the State of N	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	
Ol. Batter	6/12/08
Signature of Owner or Owner's Agent	Date

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



APPLICATION #:

2029

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)

<u>DE</u>	VELOPMENT INFO	<u>DRMATION</u>				
X	New single family re	sidence				
_	Expansion of existing system					
Ü	Repair to malfunctioning sewage disposal system					
u	Non-residential type	of structure				
WA	TER SUPPLY					
	New well	-				
	Existing well					
u	Community well					
ם כ	Spring					
Are	te there any existing wells, springs, or existing waterlines on this property?					
{	yes {} no {X} unknown					
SEI If a	TTIC pplying for authorization Accepted	on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. {} Innovative				
{	} Alternative	{}} Other				
	(
The	applicant shall notify	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 -{ X } NO	Does the site contain any Jurisdictional Wetlands?				
{}	YES (X) NO	Does the site contain any existing Wastewater Systems?				
{}	YES {X} NO	Is any wastewater going to be generated on the site other than domestic sewage?				
{	YES {X} NO	Is the site subject to approval by any other Public Agency?				
<u>X_</u> }	YES {} NO	Are there any easements or Right of Ways on this property? See 1964 Plan				
{	YES {太} NO	Does the site contain any existing water, cable, phone or underground electric lines? only at street Ristlot				
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.				
		ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And				
		I 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.				
PRO	PREMIU X	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) OATE DATE				

HARNETT COUNTY OPTIONS FOR BUILDING

18" DRIVEWAY TILE ____

SUBDIVISION:		FT-105					
ADDRESS:		519 KINSMAN	COURT				
CITY/STATE:		FUQUAY-VAR	INA, NC 27526				
PLAN NUMBER	NAME:	1662BG	SCOTTIE				
SUPERINTENDENT:							
PRE-APPROVED STATUS:							
PROGRESS ENERGY PREMISE: 73965723							
DATE:		6/2/08					
DIRECT VENT GAS N 10X12 2 CAR FINISHED Y N N N Y	FIREPLACE BAY WINDOW(S) DECK GARAGE BONUS CATHEDRAL CEIL SUNKEN ROOM STORAGE CRAWL		MASTER				
Υ	ELEVATION REVERSED						