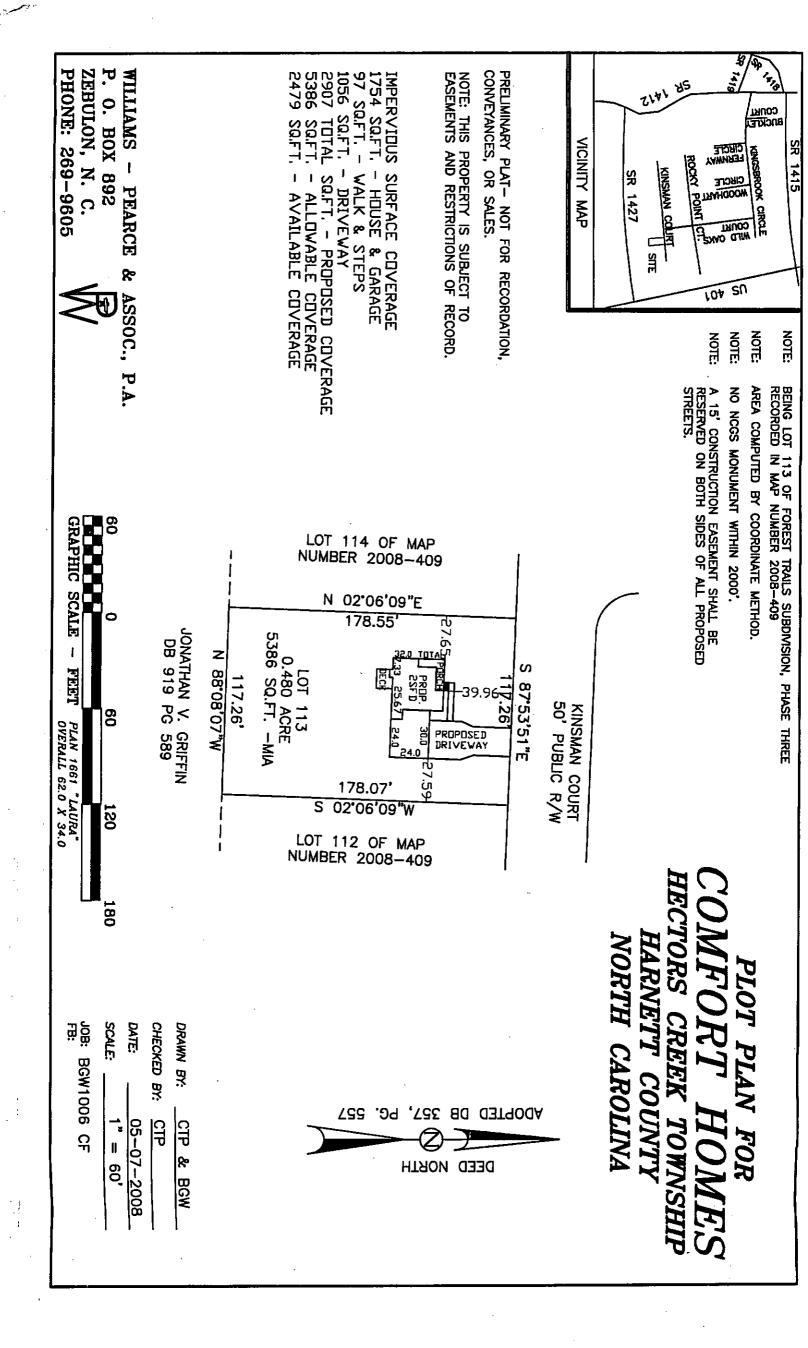
Initial Application Date: U (12)08	Application #	20297
COUNTY OF HARNETT RESIDENTIA Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)		www.harnett.org/permits
LANDOWNER: Comfart Homes Inc. Mailing Add	dress: <i>Ro. Box</i> 369	
City: <u>Clayton</u> State: <u>410</u> Zip: <u>27528</u> Home #:		1/5) 553-3242
APPLICANT*: Mailing Add		
City:State:Zip:Home #: *Please fill out applicant information if different than landowner		
CONTACT NAME APPLYING IN OFFICE: Sherman Batter	Phone #: (9/9) 555	3242 or 422-1498
PROPERTY LOCATION: Subdivision: Forest Trails	Lot #: <u>// 3</u> Lot A	creage: <u>0.48</u> 0
State Road #: 1412 State Road Name: Christian Lisht Ro	1 X044-35-8928	90:2008 / 409
Zoning: R-A-30 Flood Zone: \ Watershed: \ Deed Books SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 Noring Right on Kingsbrook Circle, Right on Wild Oaks	RPage: <u>25/0 1863-865</u> Power Cor th, Left on Christian Li	mpany*: Krogress
PROPOSED USE: (Include Bonus room as a bedroom if it has a second of the	th)	ckON Frame / OFF Deck(site built?) Employees
*Homes with Progress Energy as service provider need to supply premise number fro Water Supply: (X) County () Well (No. dwellings) MUST have	om Progress Energy	 Gewer re? ()YES (∑)NO
Required Residential Property Line Setbacks: Comments:		
Front Minimum 35 Actual 40'		
Rear <u>0</u> 5 <u>73′</u>		
77		
Closest Side 2/ Sidestreet/corner lot 20 N/A		
Nearest Building 16 M/A on same lot		
If permits are granted I agree to conform to all ordinances and laws of the State of No	orth 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 kr	nowledge. Permit subject to revocation if fa	alse information is provided.
Of R. Th.	6/13/108	
Signature of Owner or Owner's Agent	Date	- <u>-</u>

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



APPLICATION #:____

20297

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)

DEVELOPMENT INF	<u>ORMATION</u>
New single family r	esidence
Expansion of existing	g system
Repair to malfunction	oning sewage disposal system
☐ Non-residential type	of structure
WATER SUPPLY	<u> </u>
□ New well	
☐ Existing well	
☐ Community well	
Public water	
☐ Spring	
Are there any existing w	ells, springs, or existing waterlines on this property?
{}} yes _{} no_{ <u>X</u>	J unknown
SEPTIC If applying for authorizat	ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{} Accepted	{}} Innovative
{}} Alternative	{}} Other
{X} Conventional	{}} Any
The applicant shall notif question. If the answer	y the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant must attach supporting documentation.
{}YES	Does the site contain any Jurisdictional Wetlands?
{_}YES { X NO	Does the site contain any existing Wastewater Systems?
	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?
	Are there any easements or Right of Ways on this property?
{_}}YES {★} NO	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 Rattot
	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Read This Applic	ation And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Grant	ed 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 Site Accessible So Ti	nat A Complete Site Evaluation Can Be Performed.
1 hours	Batter (0/12/08
PROPERTY OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

HARNETT COUNTY OPTIONS FOR BUILDING

15" DRIVEWAY TILE

SUBDIVISION:		FT-113		
ADDRESS:		404 KINSMAN COURT		
CITY/STATE:		FUQUAY-VARINA, NC 27526		
PLAN NUMBER/NAME:		1661GG	LAURA	
SUPERINTENDE	ENT:			
PRE-APPROVE	STATUS:			
PROGRESS EN	ERGY-PREMISE:	08651341	7	
DATE:		6/2/08		
DIRECT VENT GAS 2 BAYS	FIREPLACE BAY WINDOW(S)			
10X12 2 CAR	DECK GARAGE			
N	BONUS			
Y	CATHEDRAL CEILING(S)		MASTER	
N N	SUNKEN ROOM STORAGE			
N	CRAWL ELEVATION REVERSED			