Initial Application Date: W-12-8	Application # 08500 3030 L
	DENTIAL LAND USE APPLICATION  e: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: Comfort Homes Inc. Ma	iling Address: B. Box 369
City: Clayton State: 11C zip: 27528	tome #: Contact #(7/9) 553-3242
APPLICANT*:Ma	
City: State: Zip: *Please fill out applicant information If different than landowner	
	Phone #: (9/9)553-3242 or 422-1498
	13 Lot #: //2 Lot Acreage: 0.480
State Road #: 1412 State Road Name: Christian Lish	
Parcel: 08 0653 0115 20 PIN  Zoning: R-A-30 Flood Zone: Watershed: N Dee	: <u>0644-35-9948-000</u>
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: $40$	North, Left on Christian Light Rd.
Right on Kingsbrook Circle, Right on Wilde	Paks Count To Kinsman Count
PROPOSED USE: (Include Bonus room as a bedroom if SFD (Size 72 x 47 ) # Bedrooms 3 # Baths 2 Basement (w Mod (Size x ) # Bedrooms # Baths Basement (w Manufactured Home: SW DW TW (Size x ) # Duplex (Size x ) No. Buildings No. Bedrooms/Uni Home Occupation # Rooms Use Addition/Accessory/Other (Size x ) Use *Homes with Progress Energy as service provider need to supply premise nur	//wo bath)
Water Supply: (X) County (_) Well (No. dwellings) MUS Sewage Supply: (X) New Septic Tank (Complete New Tank Checklist) Property owner of this tract of land own land that contains a manufactured hor Structures (existing of proposed) Single family dwellings/ \( \) \( \) \( \) Man	ST have operable water before final  () Existing Septic Tank  () County Sewer  ne w/in five hundred feet (500') of tract listed above?  ()YES (\( \)NO
Required Residential Property Line Setbacks: Comments:	
Front Minimum 37' Actual 40'	
Rear <u>351</u> <u>981</u>	
Closest Side	
Sidestreet/corner lot 20' N/A	
Nearest Building N/A	
If permits are granted I agree to conform to all ordinances and laws of the Sta	te of 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	
Ol est	1 11 6-
Spermy Dalline	6-(1-08
Signature of Owner or Owner's Agent	Dale

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

OWNER NAME: Comfort Homes Inc

APPLICATION #: 085000001

\*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>DEVELO</u>	PMENT INF	<u>'ORMATION</u>
New s	ingle family r	residence
ν <b>ζ</b>	sion of existin	ng system
□ Repair	r to malfunction	oning sewage disposal system
□ Non-r	esidential type	e of structure
WATER S	SUPPLY	·
□ New v	vell	
□ Existi	ng well	
□ Comn	unity well	
Public	water	$\cdot$
☐ Spring		
Are there a	iny existing w	vells, springs, or existing waterlines on this property?
{}} yes	{_}} no { <b>X</b>	unknown
SEPTIC If applying	for authorizat	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
{}} Acc	epted	{}} Innovative
{} Alte	rnative	{}} Other
{X} Con	ventional	{} Any
The applic	ant shall notif	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	{ <b>_K</b> } NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES	{ <b>X</b> } NO	Does the site contain any existing Wastewater Systems?
{}}YES	{ <b>X</b> } NO	Is any wastewater going to be generated on the site other than domestic sewage?
	{ <b>X</b> } NO	Is the site subject to approval by any other Public Agency?
{}}YES	{ <u>K</u> } NO	Are there any easements or Right of Ways on this property?
{}}YES	( <b>不</b> ) NO	Does the site contain any existing water, cable, phone or underground electric lines? Tonly at street Rallot
_		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
I Have Rea	d This Applica	ntion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
		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 Ac	cessible So Th	at A Complete Site Evaluation Can Be Performed.
SK	llaan a	Softwar 6-11-08 SOR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE
PROPER	IY OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)  DATE

