

Initial Application Date: 6/17/08

Application # 0850020327

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Ram Development LLC Mailing Address: PO Box 53688

City: Fayetteville State: NC Zip: 28325 Home #: 910-333-4301 Contact #:

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

PROPERTY LOCATION: Subdivision: Carolina Oaks Lot #: 63 Lot Size: 100/193

Parcel: 010544 001263 PIN: 0544-05-0385

Zoning: N/A Flood Plain: N/A Panel: 524/544 Watershed: MA Deed Book&Page: 2415/004 Map Book&Page: 2007/54

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 S. to Elliott Bndg Rd to Will Lucas Rd Sub. ON. right

PROPOSED USE:

- SFD (Size 48x57) # Bedrooms 3 # Baths 2 Basement (w/wo bath) N/A Garage  Deck  Crawl Space (Slab) Circle:
- Modular: On frame Off frame (Size x) # Bedrooms      # Baths      Garage      (site built?     ) Deck      (site built?     )
- Multi-Family Dwelling No. Units      No. Bedrooms/Unit
- Manufactured Home: SW DW TW (Size x) # Bedrooms      Garage      (site built?     ) Deck      (site built?     )
- Business Sq. Ft. Retail Space      Type      # Employees:      Hours of Operation:
- Industry Sq. Ft.      Type      # Employees:      Hours of Operation:
- Church Seating Capacity      # Bathrooms      Kitchen
- Home Occupation (Size x) # Rooms      Use      Hours of Operation:
- Accessory/Other (Size x) Use
- Addition to Existing Building (Size x) Use      Closets in addition (    )yes (    )no

Water Supply: (    ) County (    ) Well (No. dwellings     ) **MUST** have operable water before final

Sewage Supply: (    ) New Septic Tank (Complete **New Tank Checklist**) (    ) Existing Septic Tank (    ) County Sewer (    ) Other

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? (    )YES (    )NO

Structures on this tract of land: Single family dwellings 1 proposed Manufactured Homes      Other (specify)     

Required Residential Property Line Setbacks: Comments: \_\_\_\_\_

Front	Minimum	<u>35</u>	Actual	<u>36</u>	_____
Rear	<u>25</u>		<u>106</u>		_____
Side	<u>10</u>		<u>26</u>		_____
Sidestreet/corner lot	<u>20</u>				_____
Nearest Building on same lot	<u>6</u>				_____

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

William Howell  
Signature of Owner or Owner's Agent

6-17-08  
Date

\*\*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



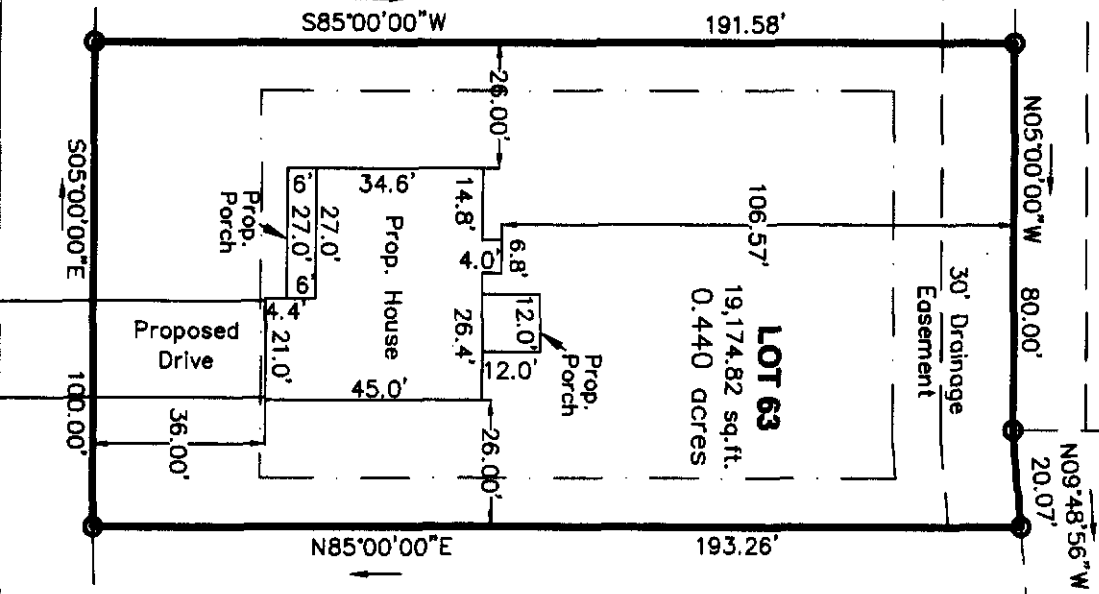
**LOT 46**  
CAROLINA OAKS  
Map Number 2007-595

**LOT 45**  
CAROLINA OAKS  
Map Number 2007-595

**LOT 44**  
CAROLINA OAKS  
Map Number 2007-595

**LOT 62**  
CAROLINA OAKS  
Map Number 2007-595

**LOT 64**  
CAROLINA OAKS  
Map Number 2007-595



**CAROLINA OAKS CIRCLE**  
60' Right-of-Way - Public

Existing 6" WM



OWNER NAME: Rain Development

APPLICATION #: 20327

**\*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 INFORMATION**

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

**WATER SUPPLY**

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

{ } yes {  } no { } unknown

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- { } Accepted                      { } Innovative
- { } Alternative                    { } Other \_\_\_\_\_
- Conventional                    { } Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- { } YES {  } NO Does the site contain any Jurisdictional Wetlands?
  - { } YES {  } NO Does the site contain any existing Wastewater Systems?
  - { } YES {  } NO Is any wastewater going to be generated on the site other than domestic sewage?
  - { } YES {  } NO Is the site subject to approval by any other Public Agency?
  - { } YES {  } NO Are there any easements or Right of Ways on this property?
  - { } YES {  } NO Does the site contain any existing water, cable, phone or underground electric lines?
- If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.**

**I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**

William Maxwell Jr  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6-17-08  
DATE

