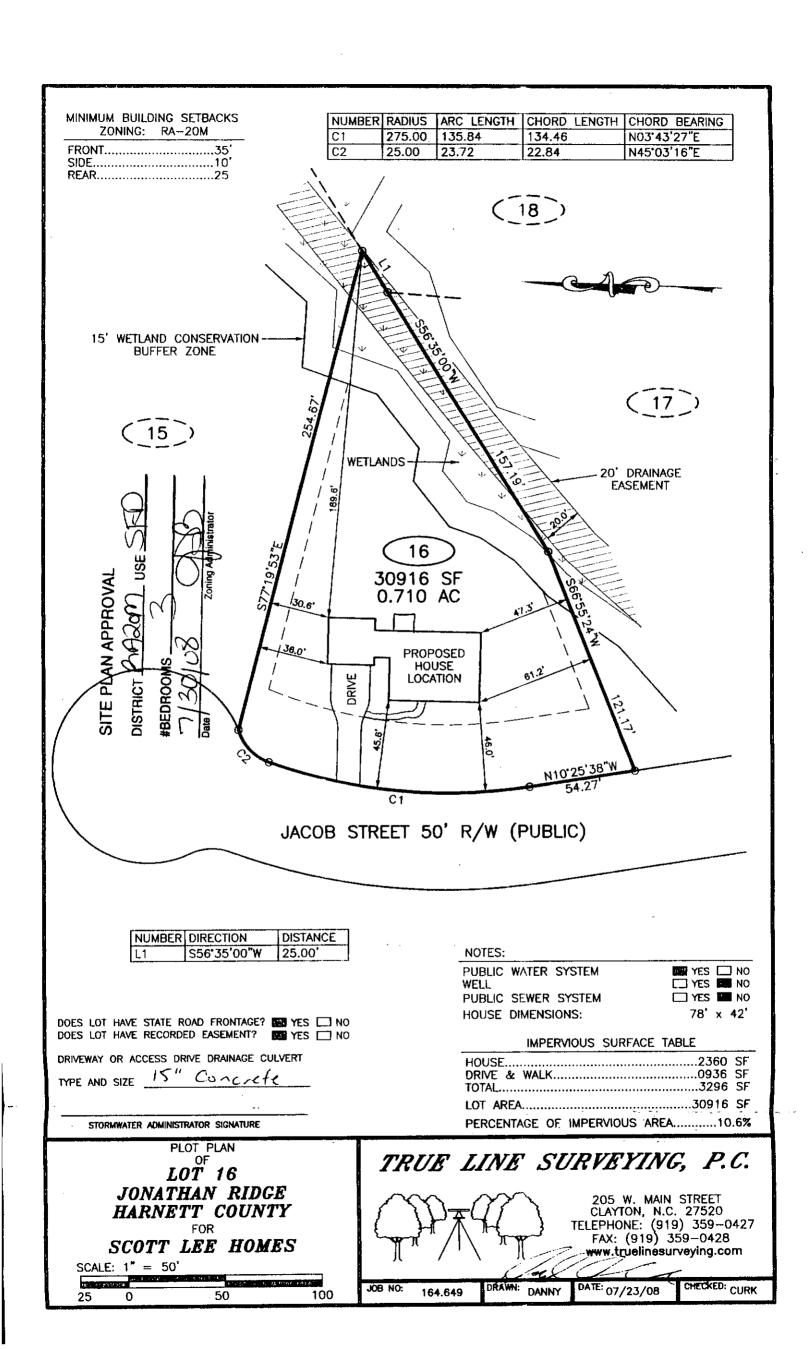
Initial Application Date:_	20	1/08	

application#	0850000436	)

entral Permitting 108 E. Front Street, Lillington	COUNTY OF HARNE on, NC 27546 Pho	ETT LAND USE API one: (910) 893-7525		93-2793 w	ww.harnett.org
NDOWNER: Scott Lee Homes, In	ICN	lailing Address: 1(	00 Butternut L	ane	
ty: <u>Clayton</u> State:	NC_zip:_27520	_Home #:_ <u>91955</u>	32085 c	Contact #: <u>91936</u>	91862
PLICANT*: Same					
<del></del>					
y:State: ease fill out applicant information if different than lando	wner		`		
OPERTY LOCATION: State Road #:452	State Road Name:	Truelove			
rcel: 05063501033		IN: (2635	38 064	2.000	
ningRA20M subdivision: Jonathar	Ridge		Lot#: //	a Lot Size	88
ning TAZUIVI Subdivision: JUTIATIAI	1 M			DI 4 D 1 (Dans	2006 166
ood Plain: Panel:					
ECIFIC DIRECTIONS TO THE PROPERTY FR		^			
uquay turn left onto Truelove righ	nt onto Adrian St	reet. / o - f +	onto 3	a cob	
					······································
ROPOSED USE:					Circle:
SFD (Size 78.4 x 46) # Bedrooms 3 #	Raths Basement (	w/wo bath)	Garage 576 D	eck 120_ ci	aw Space / Slab
Modular:On frameOff frame (Size	v ) # Redrooms	# Baths	Garage (site t	ouilt? ) Deck	(site built?)
Modular:On frameOn frame (Size	_x No. Redrooms/I	Init	(		<del></del> ,
Multi-Family Dwelling No. Units	TOA ( Cine )	# Redrooms	Garage (site )	built? ) Deck	(site built?
Business Sq. Ft. Retail Space	Tues	r Dedicoms	# Employees	Hours of Operation	on:
Business Sq. Ft. Retail Space Industry Sq. Ft	1ype		# Employees:	Hours of Operation	on:
Industry Sq. Ft.		Vitohon	_# Employees		
Church Seating Capacity	# Bathrooms	KIGIEII		Hours of Operatio	n.
Home Occupation (Sizex)	# Rooms		<del></del>		····
Accessory/Other (Sizex)				Closets in addition	on( )ves ( )no
Addition to Existing Building (Sizex_				0,000,00 ## 444	٠٠٠ <u>ر ٢</u>
ater Supply: () County () Well (No.	dwellings	_) Other	Tools ( ) Count	v Sawar /	\ Other
wage Supply: () New Septic Tank (Must fill o	out New Tank Checklist)	Existing Septic	; 1alik () Codili	y Sewel	_) GINO!
operty owner of this tract of land own land that c	ontains a manufactured t	home w/in five hundi	red feet (500 ) of trac	(chasis)	_)123 ()110
uctures on this tract of land: Single family dwell	ings Man	ufactured Homes	Other	(specify)	
quired Residential Property Line Setbacks:	Comments	·			<u> </u>
ont Minimum 35 Actual 45.6	<u></u>				
1061	,				
ar <u>25</u> <u>157.0</u>					
te <u>10</u> <u>36</u>					
destreet/corner lot 20					
earest Building 10					
same lot	<u> </u>				
permits are granted I agree to conform to all c	ordinances and the laws	of the State of Nor	th Carolina regulation	ng such work and t	ne specifications o
bmitted. Thereby state that the foregoing state	ements are accurate an	d correct to the bes	st of my knowledge.	This permit is sul	bject to revocation
ormation is provided on this form.					
			7-29-0	Nα	
160				ъ	
Turn of Owner or Owner's Agent		Dat	te		

\*\*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



OWNER	R NAME:	Scottlee	APPLICATION #:	20436
<u>Cou</u> :	nty Health	*This application to be filled out or Department Application for Im	nly when applying for a new septic sy	stem.*
MPROV	EMENT PEI s or without	ON IN THIS APPLICATION IS FALSI RMIT OR AUTHORIZATION TO CON expiration depending upon documentation	ISTRUCT SHALL BECOME INVALII	<ol> <li>The permit is valid for eithe</li> </ol>
DEVEL	OPMENT IN	FORMATION		
AL New	single family	residence		
э Ехра	insion of exis	ing system		
⊒ Repa	ir to malfunc	tioning sewage disposal system		
⊃ Non-	residential ty	pe of structure		
WATER	SUPPLY			
□ New	well			
☐ Exist	ing well		•	
Com	munity well			
2 Publ	ic water			
3 Sprir	-		•	
Are there	any existing	wells, springs, or existing waterlines on	this property? {} yes {\( \frac{1}{2} \)} no {	} unknown
SEPTIC If applyin	g for authoriz	ation to construct please indicate desired sy	ystem type(s): can be ranked in order of p	reference, must choose one.
{ } Ac		T   A Innovative		
{}} Alt	•	{}} Other		
	rventional	{} Any		
-				
he appli- uestion.	cant shall not If the answer	fy the local health department upon subtilis "yes", applicant must attach supporting	mittal of this application if any of the fo ng documentation.	llowing apply to the property in
<b>⊈</b> }YES	{_}} NO	Does The Site Contain Any Jurisdict	ional Wetlands?	
 }YES	( <u>≠</u> ) NO	Does The Site Contain Any Existing	Wastewater Systems?	·
 }YES	'.	Is Any Wastewater Going To Be Ger	nerated On The Site Other Than Domes	tic Sewage?
}}YES		Is The Site Subject To Approval By	Any Other Public Agency?	
}YES	ONE	Are There Any Easements Or Right (	Of Ways On This Property?	
			U. D. Had Wards to Time Comm	slate And Correct
		lication And Certify That The Inform		
		nd State Officials Are Granted Right C		
		dicable Laws And Rules. I Understan		
		roperty Lines And Corners And Mak	ing The one Accessione So That A Co	implete offer Brandation Can
e Perfoi	med.			

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-29-08 DATE