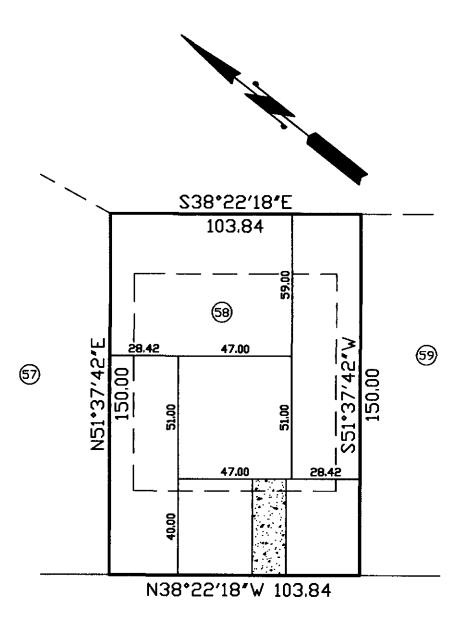
Initial Application Date: 2-28-08	Application # 0850020041
COUNTY OF HARNETT RESIDENTIAL L Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 89	
LANDOWNER: Wynn Construction Mailing Address	ss: 1696 Hager Pd.
City: Credown State: NC Zip: 27572 Home #: 9.	1957 134) Contact #: 919 426580
APPLICANT: 5mc - a) abone Mailing Address	
City: State: Zip: Home #: *Please fill out applicant information it different than landowner	Contact #:
CONTACT NAME APPLYING IN OFFICE: Terry Colbat	Phone #: 919 42 5770
PROPERTY LOCATION: Subdivision: Tin yor Pointe	Lot #: 58 Lot Acreage: +358
State Road #: State Road Name: Huy 27	Map Book&Page: <u>2007/</u> 711
Parcel: 039576 0088 10 PIN: 9	T97 35 3240.000
Zoning PAQO R Flood Zone: X Watershed: NA Deed Book&Pa	
Harnett 7+15h subdivision on heft	y 27 w go 3 miles past W.
SFD (Size 17 x 51 ) # Bedrooms 3 # Baths 2 Basement (w/wo bath)  Mod (Size x ) # Bedrooms # Baths Basement (w/wo bath)  Manufactured Home: SW DW TW (Size x ) # Bedrooms  Duplex (Size x ) No. Buildings No. Bedrooms/Unit  Home Occupation # Rooms Use  Addition/Accessory/Other (Size x ) Use  "Homes with Progress Energy as service provider need to supply premise number from	Garage Site Built Deck ON Frame / OFF Garage (site built? Deck (site built?)  Hours of Operation: #Employees  Closets in addition()yes ()no
Water Supply: ( County ( ) Well (No. dwellings) MUST have on	nerable water betweeting
	sting Septic Tank () County Sewer
Property owner of this tract of land own land that contains a manufactured home w/in five	re hundred feet (500') of tract listed above? ()YES ()NO
Structures (existing or proposed): Single family dwellings \(\int \text{ON PO } \text{SOM}\) anufactured	Homes Other (specify)
Required Residential Property Line Setbacks: Comments:	
Front Minimum 35 Actual YO	
Rear 25 59	
Closest Side	
Sidestreet/corner lot 20 21	
Nearest Building 6 on same lol	
If permits are granted I agree to conform to all ordinances and laws of the State of North	h 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 know	
The same	7-2108
Signature of Owner or Owner's Agent	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



OMAHA DRIVE 50' PUBLIC R/WSITE PLAN APPROVAL

DISTRICT BARR USE SFD

#BEDROOMS

7 30 0 8

Zoning Administrator

THIS MAP WAS PREPARED FROM RECORDED DATA, AS MOTED, AND FROM OTHER SOURCES PROVIDED BY THE OWNER, THIS IS A PRELIMINARY SITE PLAN, INTERIDED FOR PLANDING USE CHLY AND IN NO VAY REPRESENTS A SURVEY HADE BY THIS COMPANY, THIS MAP IS NOT INTERIDED FOR RECORDATION, CONVEYANCES, OR SALES.

Charlie T. Carpenter, P.L.S.

Professional Land Surveyor

1940 Juniper Church Road Four Oaks, NC 27524

(919) 963-2909

(919) 320-5281

PRELIMINARY SITE PLAN FOR:

WYNN CONSTRUCTION

PIN 9597-35-3240.000 PARCEL ID 039576 0088 10 LOT 58 TINGEN POINTE S/D PB2007 PG711-718

7/26/08 1″=40′ 491 DMAHA DRIVE BRDADWAY, NC 27505

OWNER NAME:	YAN Coustraction
-------------	------------------

APPLICATION #:	

\*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)

expi	ration)	expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = withou	
DE	VELOPMENT IN	PFORMATION	
	New single family		
	Expansion of existing system		
		tioning sewage disposal system	
	Non-residential ty		
<b>N</b> N 1 4 1	Don Orinna		
	TER SUPPLY	·	
	New well		
	Existing well		
	Community well	•	
	Public water		
	Spring		
		wells, springs, or existing waterlines on this property?	
{}}	yes { no {	_} unknown	
SEP1			
		tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
	Accepted	[ Innovative	
	Alternative	{}} Other	
	Conventional	•	
The a questi	pplicant shall notifion. If the answer	fy 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.	
{}}	ES (_TNO	Does the site contain any Jurisdictional Wetlands?	
{}}	ES SNO	Does the site contain any existing Wastewater Systems?	
{_}}	ES INO	Is any wastewater going to be generated on the site other than domestic sewage?	
{}} <b>Y</b>	ES ( NO	Is the site subject to approval by any other Public Agency?	
{ <u></u> }Y	'ES {✓ NO	Are there any easements or Right of Ways on this property?	
{}}Y	ES ( 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.	
Have	Read This Applica	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And	
State (	Officials Are Grante	ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.	

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

7-25-05 DATE