

Initial Application Date: 8/29/08 Env. Rec'd 9/2/08 Application # 0850020833

COLONY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Lee William Raymond JR Mailing Address: 604 W main St.

City: Benson State: NC Zip: 27504 Home #: 919 639 3714 Contact #: 427 2776

APPLICANT: Brian Johnson Builders Mailing Address: 635 Church Hill Rd

City: Angier State: NC Zip: 27501 Home #: 639 3214 Contact #: 427 2776

PROPERTY LOCATION: State Road #: 1551 State Road Name: County Line Rd / Benson Rd

Parcel: 071602 0006 03 PIN: 1602-64-1381

Zoning: RA30 Subdivision: William P Lee Jr. Lot #: 3 Lot Size: .72 ac

Flood Plain: X Panel: NA Watershed: NA Deed Book/Page: 02491 0184 Plat Book/Page: 2008/339

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 210 to Angier T/Right on 55 T/L on McIver st it turns into Benson Rd go 4 1/2 miles lots down on Right

PROPOSED USE:

- SFD (Size 42 x 32) # Bedrooms 3 # Baths 2 Basement (w/w/o bath) _____ Garage _____ Deck 12x12 Crawl Space / Slab
- Modular: On frame Off frame (Size _____ x _____) # Bedrooms _____ # Baths _____ Garage _____ Deck _____ (site built?) _____
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home: SW DW TW (Size _____ x _____) # Bedrooms _____ Garage _____ 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: (X) County () Well (No. dwelling: _____) () Other

Sewage Supply: (X) New Septic Tank (Need to fill out 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 (X) NO

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

Required Residential Property Line Setbacks:	Minimum	Actual	Comments:
Front	<u>35</u>	<u>50</u>	
Rear	<u>25</u>	<u>190</u>	
Side	<u>10</u>	<u>30</u>	
Corner/Sidestreet	<u>20</u>		
Nearest Building on same lot	<u>10</u>		

If permits are granted I agree to conform to all ordinance 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.

Signature of Owner or Owner's Agent Brian Johnson

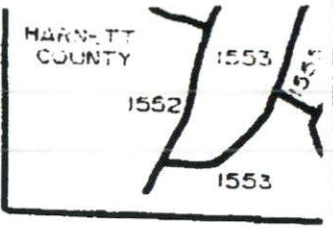
Date 8-22-08

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

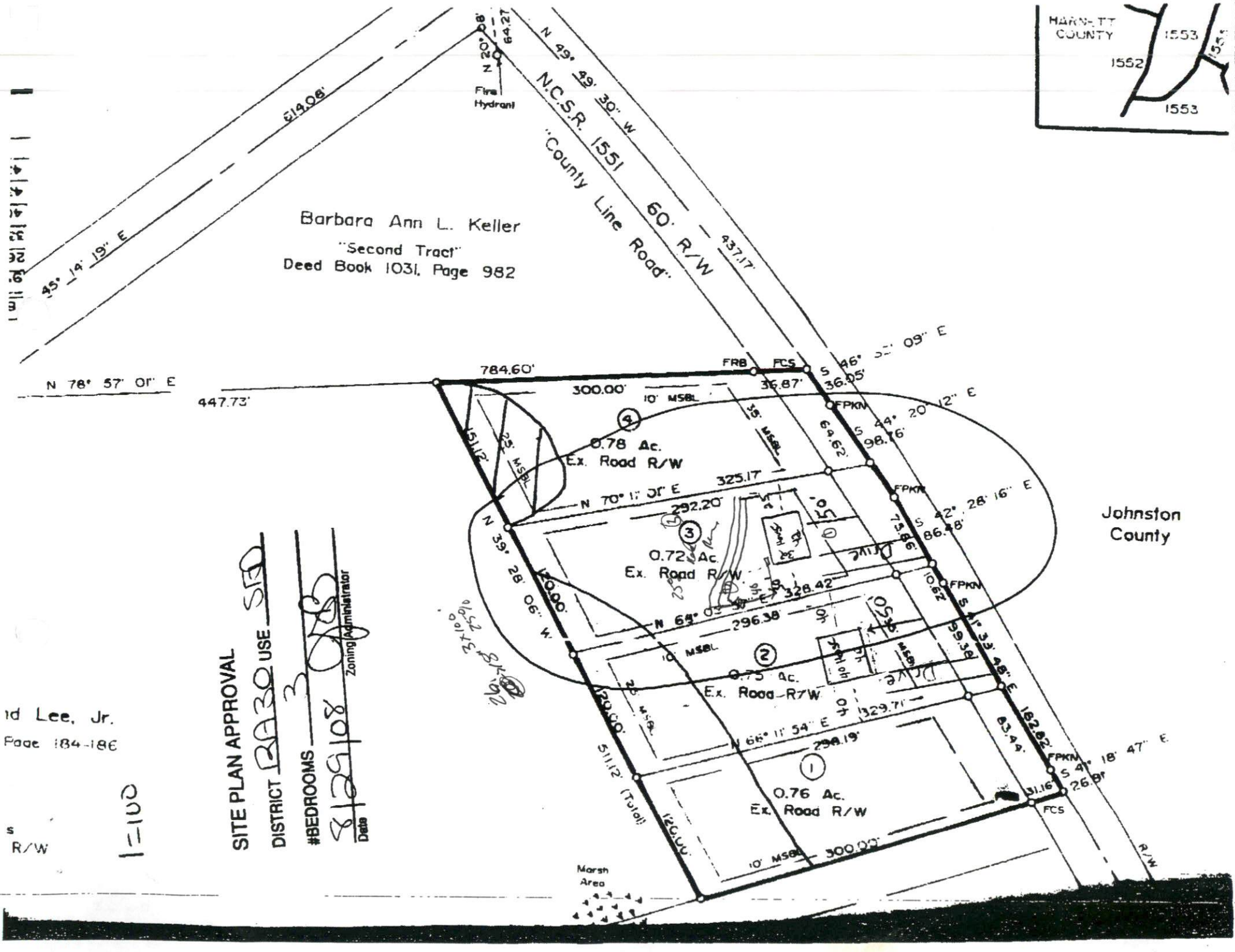
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

8/29/08 N
8/08



Barbara Ann L. Keller
 "Second Tract"
 Deed Book 1031, Page 982



Johnston County

SITE PLAN APPROVAL
 DISTRICT RA30 USE SD
 #BEDROOMS 3
8/29/08 Zoning Administrator
 Date

Id Lee, Jr.
 Page 184-186

1-100

R/W

Marsh Area

OWNER NAME: Brian Johnson

APPLICATION #: 20833

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

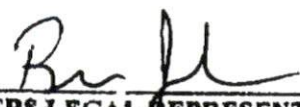
If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- 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?

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)

DATE: 8/22/08