

Initial Application Date: 9-13-12
01/05/09

SCANNED
11/5/09
DATE

Ref 12-5-29729 Not Car
Application # 09 500 21418 R
CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: JEFF + BARBARA SALTER Mailing Address: 200 DONNA LYNN LN

City: CAMERON State: NC Zip: 28326 Home #: 919-498-1010 Contact #: 919-356-9816

APPLICANT: SAMR Mailing Address: _____
City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: SAME Phone #: _____

PROPERTY LOCATION: Subdivision w/phase or section: DOYLE WICKER JR Lot #: 3 Lot Acreage: 15.03

State Road #: 1106 State Road Name: HILMON GROVE Map Book&Page: 2003 / 271

Parcel: 099563 0004 01 PIN: 9563-17-1689.000

Zoning: PA-2012 Flood Zone: X Watershed: III HQW Deed Book&Page: 1811 / 498 Power Company*: CENTRAL Elec.

*New homes with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 27 to 24/27; (R) onto 24/27; (L) onto Hilmon Grove follow for 3 miles; (-) at junction take center rd. (Flynn-McPherson rd); .8 mile on (L) driveway "Donna Lynn Ln"

PROPOSED USE: Circle:
 SFD (Size 28 x 40) # Bedrooms 2 # Baths 2 Basement (w/wo bath) 1 Garage _____ Deck 1 Crawl Space (Slab) Slab
(Is the bonus room finished? _____ w/ a closet _____ if so add in with # bedrooms)
 Mod (Size 60x41) # Bedrooms 3 # Baths 2 Basement (w/wo bath) No Garage Yes Site Built Deck _____ ON Frame OFF
(Is the second floor finished? _____ Any other site built additions? _____)
 Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms _____ Garage _____ (site built? _____) Deck _____ (site built? _____)
 Duplex (Size _____ x _____) No. Buildings _____ No. Bedrooms/Unit _____
 Home Occupation # Rooms _____ Use _____ Hours of Operation: _____ #Employees _____
 Addition/Accessory/Other (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 Checklist) () Existing Septic Tank (Complete Checklist) () County Sewer

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 (existing & proposed): Stick Built/Modular Proposed Manufactured Homes _____ Other (specify) 4 STORAGE BLS EXT

Required Residential Property Line Setbacks: Comments: Proposed SFD IS A LOG HOME.
Front Minimum 35' Actual 449' 1000+ 9-13-12 Rep Moving house to where Existing
Rear 25' 900' Structure Structure did Exist Tanking \$100.00
Closest Side 10' 95' 1000+
Sidestreet/corner lot _____
Nearest Building _____ 100'

on same lot
If permits are granted I agree to conform to all ordinances and laws of the State 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 my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent _____ Date 5 JAN 09

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
LAND USE

10-15-72 - 10-22-72

1-19-72

UNIVERSITY OF MARYLAND RESIDENTIAL LAND USE APPLICATION

NAME: [illegible]
ADDRESS: [illegible]
CITY: [illegible]
STATE: [illegible]
ZIP: [illegible]
DATE: [illegible]

PROPERTY ADDRESS: [illegible]
OWNER: [illegible]
DATE: [illegible]

PROPERTY ADDRESS: [illegible]
OWNER: [illegible]
DATE: [illegible]

DATE: [illegible]

APPLICANT'S SIGNATURE: [illegible]

Please use line or Black Ink ONLY

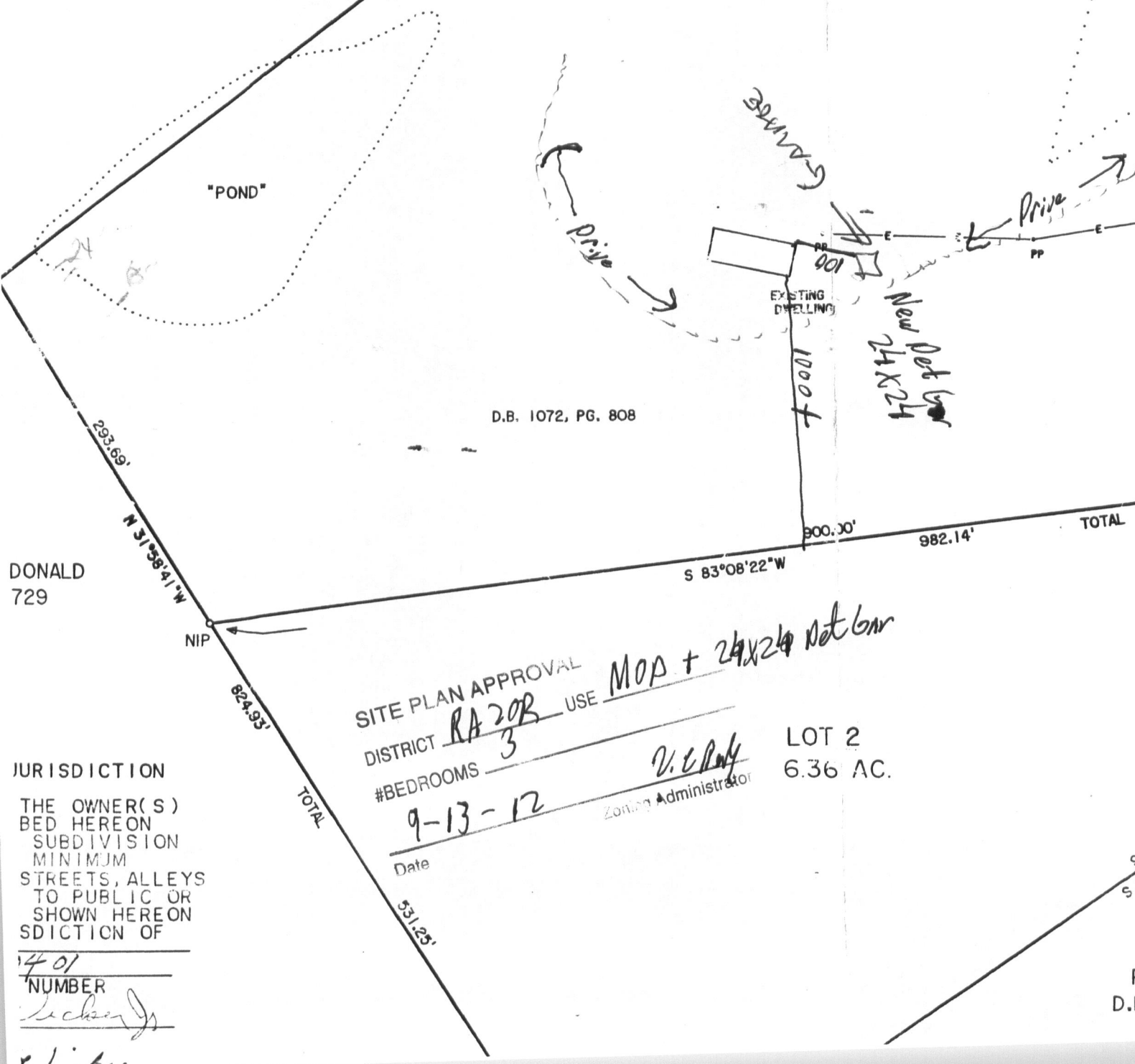
CAROLINA
 WALLACE
 REVIEW OFFICER OF HARNETT COUNTY
 MAP OR PLAT TO WHICH THIS CERTIFICATION
 ALL STATUTORY REQUIREMENTS FOR
 -03
Christine Wallace
 REVIEW OFFICER

THE LOT(S) ON THIS PLAT HAVE BEEN
 CONSULTANT. BASED ON THIS REVIEW, IF
 THIS PLAT MEETS APPROPRIATE REGULA
 APPROVAL FOR EACH LOT REQUIRES ISSU
 HARNETT COUNTY HEALTH DEPARTMENT
 AND SITING IN ACCORDANCE WITH REGU
 TIME OF PERMITTING, THIS CERTIFICATI
 APPROVAL OR A PERMIT FOR ANY SITE WC

03/31/103
 DATE John
 ENVIR

MINIMUM BUILDING SETBACKS
 FRONT - 35'
 SIDELINES - 10'
 REAR - 25'

LOT 3
 15.03 AC.



D.B. 1072, PG. 808

DONALD
 729

NIP

SITE PLAN APPROVAL
 DISTRICT RA 20B USE MOP + 24x24 Det Gar

#BEDROOMS 3
9-13-12
 Date

V. C. Raley
 Zoning Administrator

LOT 2
 6.36 AC.

JURISDICTION
 THE OWNER(S)
 BED HEREON
 SUBDIVISION
 MINIMUM
 STREETS, ALLEYS
 TO PUBLIC OR
 SHOWN HEREON
 SDICTION OF

1401
 NUMBER
Richard J.
R. J. ...



WOP + SANDY BOTTOM

RA 3008

WOP

9-13-15