

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

SCANNED
1/5/09
DATE

Ref 12-5-29729 Not Comp
Application # 09 E00 21418 RR
CU# _____

3-11-13 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 SALTER Mailing Address: 200 DONNA LYNN LN
City: CAMERON State: NC Zip: 28326 Home #: 919-498-1010 Contact #: 919-356-9816

APPLICANT*: SAME 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 #: 1100 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 H&W 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; (Y) at junction take center rd. (Flynn-McPherson Rd); .8 mile on (L) driveway "Donna Lynn Ln"

PROPOSED USE: 60x50 3 2 Circle: _____
 SFD (Size 28 x 40) # Bedrooms 2 # Baths 2 Basement (w/wo bath) 1 Not 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 BLDG EXT

Required Residential Property Line Setbacks: Proposed SFD IS A LOG HOME.
Front Minimum 35' Actual 44' 1000+ 9-13-12 Re- Moving house to where Existing
Rear 25' 900' Structure Structure did Exist Tanking \$100.00
Closest Side 10' 95' 1000+ 3-11-13 RR Changing back to SFD Bigger size
Sidestreet/corner lot _____ Existing Tank
Nearest Building _____ 100'

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

LAND USE Please use Blue or Black Ink ONLY 5/08

10-10-7 - 50729 1st St
Harrisburg PA

10-10

5-11-10

CITY OF HARRISBURG RESIDENTIAL LAND USE APPLICATION

APPLICANT: [Faded]
PROPERTY ADDRESS: [Faded]
SUBJECT: [Faded]

DESCRIPTION OF PROJECT: [Faded]

APPLICANT'S STATEMENT: [Faded]

COMMENTS: [Faded]

DATE: [Faded]

APPLICANT'S SIGNATURE: [Faded]

THIS APPLICATION IS SUBJECT TO THE CITY OF HARRISBURG ZONING ORDINANCE AND THE APPLICANT IS RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.

PLEASE USE BLUE OR BLACK INK ONLY

CAROLINA
 WALLACE
 REVIEW OFFICER OF HARNETT COUNTY
 THE MAP OR PLAT TO WHICH THIS CERTIFICATION
 REFERS ALL STATUTORY REQUIREMENTS FOR
 0-03
 Cristina Wallace Wallace
 REVIEW OFFICER

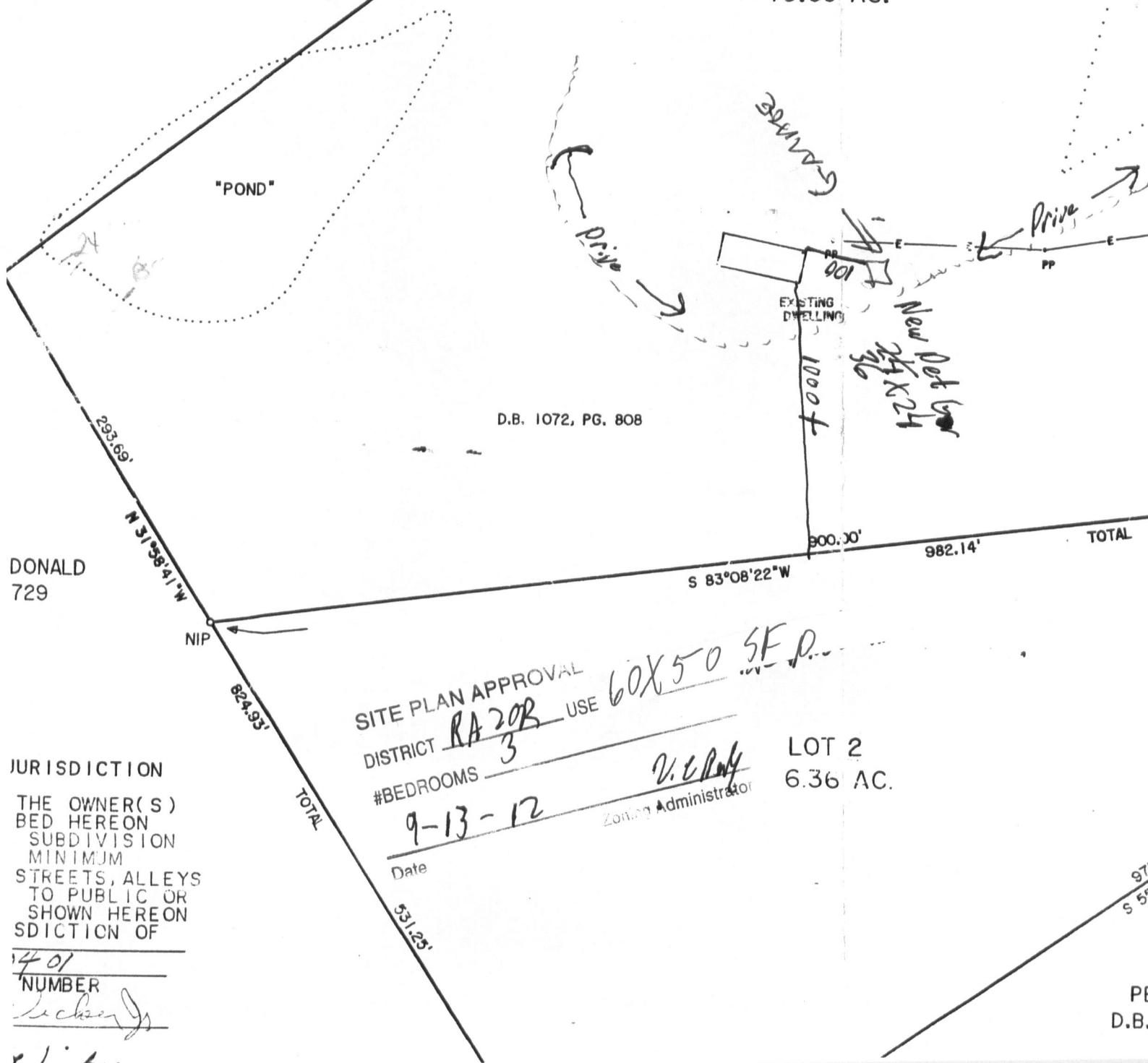
THE LOT(S) ON THIS PLAT HAVE BEEN
 CONSULTANT. BASED ON THIS REVIEW, I
 THIS PLAT MEET APPROPRIATE REGULA
 APPROVAL FOR EACH LOT REQUIRES ISSU
 HARNETT COUNTY HEALTH DEPARTMENT
 AND SITING IN ACCORDANCE WITH REGU
 TIME OF PERMITTING, THIS CERTIFICATI
 APPROVAL OR A PERMIT FOR ANY SITE W

03/13/12
 DATE

[Signature]
 ENVIR

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

LOT 3
 15.03 AC.



D.B. 1072, PG. 808

DONALD
 729

SITE PLAN APPROVAL
 DISTRICT RA 20B USE 60X50 S.F.P.
 #BEDROOMS 3
 Date 9-13-12
[Signature]
 Zoning Administrator

LOT 2
 6.36 AC.

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

1401
 NUMBER
[Signature]



WAB + STATION

WAB

WAB

WAB