

Initial Application Date: 2-18-09 ~~3-20-09~~ SCANNED 2-18-09 Application # 09500 21605 R DATE _____ 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

LANDOWNER: Woodshire Partners LLC Mailing Address: 639 Executive Place, Suite 400

City: Fayetteville State: NC Zip: 28305 Home #: _____ Contact #: 481-0503

APPLICANT*: Caviness Land Development Mailing Address: - same as above -

City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Watson Caviness Phone #: 481-0503

PROPERTY LOCATION: Subdivision: Forest Oaks Lot #: 129 Lot Size: .35

State Road #: 1125 State Road Name: Lemuel Black Rd Map Book & Page: 2007/ 847

Parcel: 01053605-0028-16 PIN: 0516-16-9667.000

Zoning: RA-20R Flood Zone: N/A Watershed: N/A Deed Book & Page: 02315/ 0150

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 27W to Nursery Rd. Nursery Road to Lemuel Black Road

- PROPOSED USE: (Include Bonus room as a bedroom if it has a closet) Circle: _____
- SFD (Size 48 x 58) # Bedrooms 3 # Baths 2 Basement (w/wo bath) N/A Garage yes Deck N/A Crawl Space Slab
 - Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage _____ Site Built Deck _____ ON Frame / OFF
 - Manufactured Home: _____ SW _____ DW _____ TW (Size _____ x _____) # Bedrooms _____ Garage _____ (site built? _____) Deck _____ (site built? _____)
 - Duplex 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 New Tank Checklist) () Existing Septic Tank () 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 or proposed): Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Comments: 3-20-09 Tony from Carina called Chang # of App from 3-4. Tony said he would send E.H. info 3-20-09 ved

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building 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 2-17-09

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

OWNER NAME: Woodshire Partners

APPLICATION #: 0950021605

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

Conf # 097882

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?
 - YES 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.

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)

2-17-09
DATE