County OF HARNETT LAND USE COUNTY OF HARNETT LAN	APPLICATION 525 Fax: (910) 893-2793 www.harnett.org
LANDOWNER: STANCIL BUILDERS INC. Mailing Address:	<u> </u>
City: Angierstate: NC _Zip:27501 Home #: _919	9-639-2073 Contact 919-868-2189
APPLICANT*: STANCIL BUILDERS INC. Mailing Address:	466 Stancil Rd
City: Angier State: NC Zip: 27501 Home #: *Please fill out applicant information if different than landowner	Contact #:
PROPERTY LOCATION: State Road #: 1141 State Road Name: Micro T	ower Rd.
Parcel: 039597 0225 5 7 PIN: 9597	40 8981 000
Zoning: RA-20R Subdivision: Pattons Point II	170
Flood Plain: X Panel: N/A Watershed: N/A Deed Book/Pag	Lot Size:
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILL HOTON.	e: 22717880 Plat Book/Page: 2008/148
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	a minute management
US 401, right on Hwy 27, left on Doc's R Subdivision on right	d, right on Micro Tower Rd,
- Tight	
PROPOSED USE:	
SFD (Size 40 x 60) # Bedrooms 3 # Baths 2 Basement (w/wo bath)	Circle:
Modular: On frame Off frame (Size x) # Bedrooms # Baths	Garage A Deck X Crawl Space / Slab
Multi-Family Dwelling No. Units	Garage(site built?) Deck(site built?)
Manufactured Home:SWDWTW (Sizex) # Bedrooms	Garage (eite huit2 \ Doot (eite huit2
U Dosiness Oq. Ft. Retail Space	# Employees: Hours of Operation:
☐ Industry Sq. FtType	# Employees: Hours of Operation:
Sealing Capacity # Bathrooms Kitchen	
Home Occupation (Sizex) # Rooms Use	Hours of Operation:
Color (Sizex) Use	
Use	Closets in addition()yes ()no
Water Supply: (X) County (_) Well (No. dwellings) (_) Other Sewage Supply: (X) New Sentic Tank (Need to fill out New Tank Charles)	
Sewage Supply: (X) New Septic Tank (Need to fill out New Tank Checklist) () Existing Seproperty owner of this tract of land own land that contains a manufactured home w/in five hund	
Structures on this tract of land: Single family dwellings 1 Proposed factored Homes	red feet (500') of tract listed above? ()YES (X_)NO
Structures on this tract of land: Single family dwellings 1 Propostadufactured Homes Required Residential Property Line Setbacks: Comments:	9 0 0 4 2 Other (specify)
Front Minimum 35 Actual 40	
Rear	
Side 10 20	
Corner/Sidestreet 20	
Nearest Building 10 N/A on same lot	
If permits are granted I agree to conform to all ordinances and the laws of the State of North	th Carolina regulating such work and the arrival
satisfied. Thereby state that the goregoing statements are accurate and correct to the best	t of my knowledge. This permit is subject to repeat the second of plans
information is provided on this form.	
Dunda Dollate V.P.	3-13-09
Signature of Owner or Owner's Agent	

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

Date

1" = 50 29'001 νò 40. 10' utility Easement şò Lot # 178

Patton's Point It

Patton's Point Dr.

37 Sumpmaster Dr.

DISTRICT A 2 OR	USE SE
#BEDROOMS	OLE BW
3-17-09	Zoning Administrator
Date	Zomeg / -

OW	/NER NAME:	APPLICATION #	
		ATTUCATION #:	
	County Health	*This application to be filled out only when applying for a new septic system.* Department Application for Improvement Permit and/or Authorization to Constru	ct
IF T IMP 60 n	HE INFORMATI ROVEMENT PE	ON IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE RMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = with the submitted of the submitted	
DEV	ELOPMENT IN	<u> FORMATION </u>	
Œ	New single family	residence	
	Expansion of exis	ting system	
	Repair to malfunc	tioning sewage disposal system	
a 1	Non-residential ty	pe of structure	
WA7	TER SUPPLY		
Q ì	New well		
Q I	Existing well		
a (Community well		
M F	Public water	·	
a 5	Spring		
Are t	here any existing	wells, springs, or existing waterlines on this property?	
	yes { <u>X</u> } no {_		
		_	
SEP7			
It app	olying for authorize	ation 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 a	pplicant shall noti on. If the answer	fy the local health department upon submittal of this application if any of the following apply to the propert is "yes", applicant must attach supporting documentation.	y in
{}} Y	'ES { <u>X</u> } NO	Does the site contain any Jurisdictional Wetlands?	
{ <u>_</u> }Y	'ES {X} NO	Does the site contain any existing Wastewater Systems?	
{}}Y	ES $\{\underline{X}\}$ NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}Y	ES $\{\underline{X}\}$ NO	Is the site subject to approval by any other Public Agency?	
$\{\underline{X}\}Y$	ES {_} NO	Are there any easements or Right of Ways on this property?	
{_}}Y	ES $\{\underline{X}\}$ 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 first series	

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 Acceptable So. That A Complete Site For It at Land County And Corners and Making The Site Acceptable So. That A Complete Site For It at Land County And Corners and Making The Site Acceptable So. That A Complete Site For It at Land County And Corners and Making The Site Acceptable So. That A Complete Site For It at Land County And Cou

The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-13-09

DATE