COUNTY OF HARNETT LAND USE APPL Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525	Programme and the second secon			
, , , , , , , , , , , , , , , , , , , ,	Fax: (910) 893-2793 www.harnett.org			
LANDOWNER: STANCIL BUILDERS INC. Mailing Address: 4	66 Stancil Rd			
City: Angier State: NC Zip: 27501 Home #: 919-6	39-2073 Contact #: 919-868-2189			
APPLICANT: STANCIL BUILDERS INC. Mailing Address: 4	66 Stancil Rd			
City: Angier State: NC Zip: 27501 Home #:	Contact #:			
PROPERTY LOCATION: State Road # 1141 State Road Name: Micro Tow	er Rd.			
Parcel: 039597 0225 <b>68</b>	8981 000			
Zoning: RA-20R Subdivision: Pattons Point II	Lot #: 189 Lot Size: -347 NCRE			
Flood Plain: X Panel: N/A Watershed: N/A Deed Book/Page:	2271/860 Plot Book/Dans 2008/148			
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	Fiat BookPage: 2000/140			
US 401, right on Hwy 27, left on Doc's Rd,	right on Micro Tower Rd			
Subdivision on right	Jan di Hada Towel Ruy			
PROPOSED USE:				
SFD (Size 40 x 60 ) # Bedrooms 3 # Baths 2 Basement (w/wo bath) Ga	Circle:			
# Baths Gar	Octavi Space) / Slab			
No. Bedrooms/Unit				
Manufactured Home:SWDWTW (Size x) # Bedrooms Gain	age (site built? ) Death (ch. )			
ype	Molovees: House of One			
# Bathrooms Kitchen				
# Kooms Use	House of Opposition			
(Sizex) Use				
, , , , , , , , , , , , , , , , , , ,	Closets in addition( )yes ( )no			
TO THE STATE OF TH				
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 for Structures on this tract of land. Single family duration 1. Discuss a manufactured home w/in five hundred for	set (500') of tract listed above? (_)YES ( $\overline{X}$ )NO			
Required Residential Property Line Sethenker	Other (specify)			
Structures on this tract of land: Single family dwellings 1 Proposedufactured Homes  Required Residential Property Line Setbacks:  Comments: Unit # 00	844 /			
Front Minimum 35 Actual 40				
Rear <u>25</u> <u>70</u>				
Side				
Corner/Sidestreel 20				
Nearest Building 10 1/A on same lot				
If permits are granted I agree to conform to all ordinances and the laws of the State of North Ca	rolina regulating such work and the assets of			
I the following statements are accurate and correct to the best of m	ly knowledge. This nermit is entired to reposite the			
information is provided on this form				
Drunda Hollston 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

	• 1 1	
APPLICATION #:	$\alpha$	152
AFFLICATION #;_		100

## \*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)

exp	piration)	month	is; complete plat = withou
<u>DF</u>	VELOPMENT IN	FORMATION	
Œ	New single family	residence	
Q	Expansion of exist	ting system	
	Repair to malfunct	tioning sewage disposal system	
	Non-residential tyj	pe of structure	
$\mathbf{W}^{\mu}$	ATER SUPPLY	<del></del>	
ū	New well		
	Existing well		
•	Community well	•	
X	Public water		
	Spring		
Are	there any existing v	wells, springs, or existing waterlines on this property?	
{	$\}$ yes $\{\underline{X}\}$ no $\{\underline{X}\}$	_} unknown	
	TIC pplying for authoriza	ation to construct please indicate desired system type(s): can be ranked in order of prefere	ence must choose one
	Accepted	{}} Innovative	thee, must choose one.
{	} Alternative	{}} Other	
{ <u>X</u>	} Conventional	{}} Any	
The ques	applicant shall notistion. If the answer	fy the local health department upon submittal of this application if any of the followi is "yes", applicant must attach supporting documentation.	ng apply to the property ir
{}	YES { <u>X</u> } NO	Does the site contain any Jurisdictional Wetlands?	
[_]	YES { <u>X</u> } NO	Does the site contain any existing Wastewater Systems?	
{}	YES {X} NO	Is any wastewater going to be generated on the site other than domestic sewage?	
[_]	YES {X} NO	Is the site subject to approval by any other Public Agency?	
( <u>X</u> )	YES {} NO	Are there any easements or Right of Ways on this property?	
[}	YES {X} NO	Does the site contain any existing water, cable, phone or underground electric line	es?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free servi	
Ha	ve Read This Applica	ation And Certify That The Information Provided Herein Is True, Complete And Correc	
		ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With A	
Un	derstand That I Am :	Solely Responsible For The Proper Identification And Labeling Of All Property Lines A	nd Corners And Making
The !	Site Accessible So Th	nat A Complete Site Evaluation Can Be Performed,	
	( )An	m). Kaldatan VP.	7-12-09
RC	PERTY OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (DECLUDED)	DATE

100.66'

100.66'

Tumpmaster Dr.

100.66'

Tumpmaster Dr.

1"= 50"

Lot # 189
Patton's Point #
120 Jumpmaster Dr.

DISTRICT A A 2 OR	USE SFD
#BEDROOMS	Mikal
3-17-01 Date	Zoning Administrator