

Initial Application Date: 3-17-09

Application # 0950021755

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

COUNTY OF HARNETT LAND USE APPLICATION

LANDOWNER: STANCIL BUILDERS INC. Mailing Address: 466 Stancil Rd

City: Angier State: NC Zip: 27501 Home #: 919-639-2073 Contact #: 919-868-2189

APPLICANT: STANCIL BUILDERS INC. Mailing Address: 466 Stancil Rd

City: Angier State: NC Zip: 27501 Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1141 State Road Name: Micro Tower Rd.

Parcel: 039597 0225 91 PIN: 9597 40 8981.000

Zoning: RA-20R <sup>R-30</sup> Subdivision: Pattons Point II Lot #: 192 Lot Size: .347 Acre

Flood Plain: X Panel: N/A Watershed: N/A Deed Book/Page: 2271/860 Plat Book/Page: 2008/148

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

US 401, right on Hwy 27, left on Doc's Rd, right on Micro Tower Rd, Subdivision on right

PROPOSED USE:

- SFD (Size 40x60) # Bedrooms 3 # Baths 2 Basement (w/wo bath) \_\_\_\_\_ Garage X Deck X Circle: Crawl Space Slab
- Modular: On frame Off frame (Size    x    ) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Garage \_\_\_\_\_ (site built?    ) Deck \_\_\_\_\_ (site built?    )
- Multi-Family Dwelling No. Units \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_
- Manufactured Home: SW DW TW (Size    x    ) # Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ (site built?    ) Deck \_\_\_\_\_ (site built?    )
- Business Sq. Ft. Retail Space \_\_\_\_\_ Type \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Industry Sq. Ft. \_\_\_\_\_ Type \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Church Seating Capacity \_\_\_\_\_ # Bathrooms \_\_\_\_\_ Kitchen \_\_\_\_\_
- Home Occupation (Size    x    ) # Rooms \_\_\_\_\_ Use \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Accessory/Other (Size    x    ) Use \_\_\_\_\_
- Addition to Existing Building (Size    x    ) Use \_\_\_\_\_ Closets in addition (   )yes (   )no

Water Supply:  County  Well (No. dwellings    )  Other

Sewage Supply:  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 feet (500') of tract listed above?  YES  NO

Structures on this tract of land: Single family dwellings 1 Proposed manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks: Comments: w/h # 098450

Front	Minimum	<u>35</u>	Actual	<u>40</u>
Rear		<u>25</u>		<u>70</u>
Side		<u>10</u>		<u>20</u>
Corner/Sidestreet		<u>20</u>		
Nearest Building on same lot		<u>10</u>		<u>N/A</u>

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Signature of Owner or Owner's Agent Dorenda S. S. V.P.

Date 3-13-09

\*\*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: Stancil

APPLICATION #: 21755

**\*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

**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.**

Brenda Saldator V.P.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

3-13-09  
DATE

