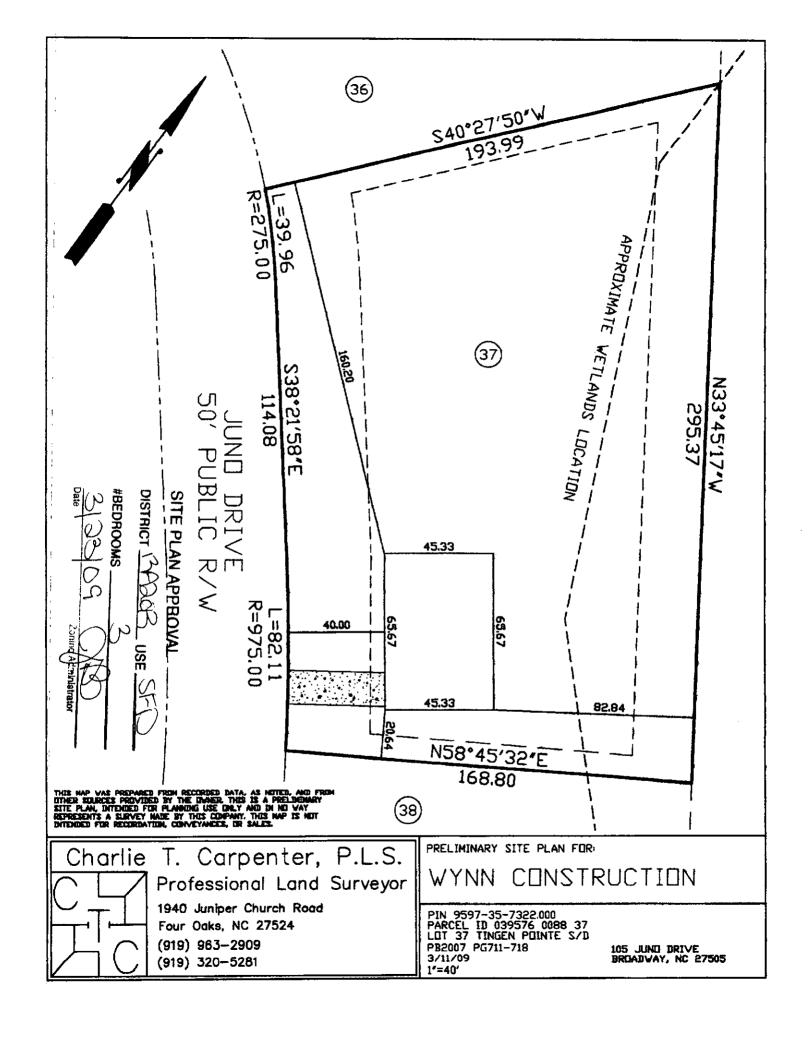
Initial Application Date: 3/20/09	Application # 095002178)
COUNTY OF HARNETT RESIDENTIA  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910)	
LANDOWNER: 12/4 na Carometru Fre Mailing Ade	dress: 2550 Sute 105 Capital Drive
City: State: 1 Zip: 23592 Home #	Contact (: 918 ) 754-3090
APPLICANT*:Mailing Adv	dress:
	Contact #:
*Please fill out applicant information if different than landowner  CONTACT NAME APPLYING IN OFFICE: Jason Loordon	Dhana # (9/9) 79/ 3080
PROPERTY LOCATION: Subdivision w/phase or section: Tosan Por	E. F. Lot #: 32 Lot Acreson: 1: 07AC
State Road #: 14W 27 State Road Name:	
Parcel: <u>U3 9574 6088 37</u> PIN: C	
Zoning 39307 Flood Zone: X Watershed: NA Deed Book	
*New homes with Progress Energy as service provider need to supply premise numb	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
Subdivision on let	
PROPOSED USE:  SFD (Sizex	bedrooms) ath) Garage Site Built Deck ON Frame / OFF _) oms Garage (site built?) Deck (site built?)
Addition/Accessory/Other (Sizex) Use	Closets in addition(_)yes (_)no
Property owner of this tract of land own land that contains a manufactured home w/in Structures (existing & proposed): Stick Built/Modular \( \) Comments: Comments:	ting Septic Tank ( <i>Complete Checklist</i> ) ()County Sewer in five hundred feet (500') of tract listed above? ()YES ()NO
Front Minimum 35 Actual 40	
Sidestreet/corner lot 20	
Nearest Building On same lot	
If permits are granted I agree to conform to all ordinances and laws of the State of N I hereby state that pregoing statements are accurate and correct to the best of my k	
6.5.1	3-17-09
Signature of Owner or Owner's Agent	Date

\*\*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



NAME:					
	Lelynn Co	note Tree		APPLICATION	*_ 21781
_	•	*This application to	he filled and when anni-		
depending of 91 Five Plants of Property of Prope	PORMATION IN R AUTHORIZA: pon documentation and earlier property is this atuation to be all No Cuts to intental Health low above inspection at end of repreparing the preparing the preparing pare for inspection at end of repreparing the preparing the click. The preparing the preparing the click. The preparing the preparing the preparing the click.	THIS APPLICATION TION TO CONSTRUCTION TO CONSTRUCTION TO CONSTRUCTION TION TO CONSTRUCTION TION TO CONSTRUCTION TION TO CONSTRUCTION THE NEW Septic Syste perty flags" on each extrement flags" on e	IS PALSIPIED, CHANGEL T SHALL BECOME INVAI e site plan = 60 months; com em Code 800 h corner iron of lot. A at each corner of the pr Place flags per site pla card in location that is commental Health require tors should be able to w for to scheduling inspect e voice permitting syste int if multiple permits ex lof recording for proc ts. Once approved, proc g soil over door as di bille home park) ce permitting system at of or Environmental He tof request. Once approved, proces	ing for a septic system in tent Permit and/or A  D. OR THE SITE IS ALTERED. The permit is valid for a splete plat = without expirated CONFIRMATION  Ill properly lines must be considered at for Centre easily viewed from road as that you clean out the ralk freely around site. Extron. 800-632-4949 (The mat 910-893-7525 options) for Environmental Formalization of request.  In the contract of the second contract of the contract of	spection.*  athorization to Construct  D. THEN THE IMPROVEMENT  inter 60 months or without experation  ii)  #  e clearly flagged approximately  flag driveways, garages, decks  ral Permitting.  to assist in locating property.  to undergrowth to allow the soil  flo not grace property.  is is a free service)  for 1 to schedule and use code  fleatth inspection. Please note  ing for permits.  sen trap door cover. (Unless  a select notification permit if  note confirmation number  for remaining permits.
If applying for	rauthorization t	io construct please indi-	Cata decimal company		
1 1 4			care desired system type(s)	can be ranked in order of	Disference, must choose and
		-	MET 1 CONTACTIFICIONS	: can be ranked in order of {} Any	preference, must choose one.
{}} Alterna	itive (.	} Other	MET 1 CONVENTIONAL	{}} Any	
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