| Initial Ap | plication Date: 5/ | 19109 | | Application # | 1500aQ | 134 |
|------------|--------------------------|---------------------------------------|---|---|--|---------------------------------------|
| | • | I. | | · | CU# | - |
| Central P | Permitting 108 E. F | COUNTY Front Street, Lillington, NO | OF HARNETT RESIDENTIAL L 27546 Phone: (910) 89 | | ON 0) 893-2793 | www.harnett.org/permits |
| | | ONSTRUCTOR | | is: <u>1919 BREE</u> | ZEWOOD. | AUE, STE 400 |
| City: | AYETTEVILLE | State: NC | _Zip: 28303 EFFILL 9 | 10-486-4864 | Contact #:_9/1 | 2-4864 |
| APPLICA | ANT: 140 14 (0) | USTAUCTORS IN | Mailing Addres | s: <u>SAME AS</u> | ABOYE | |
| City: | | State: if different than landowner | _Zip:Home #: | | Contact #: | |
| | | | RINATIMMS | Phone | 910-UI | 4-4064 |
| | | | ion: <u>FOREST OAKS-PA</u> | | | |
| i | | | | | | |
| | • | | <u>EMVEL BLACK RE</u> | _ | | 2007 1847 |
| 1 | | | ed: <i>N/A</i> Deed Book&Pa | | | |
| | • | | • | | | |
| i | | | eed to supply premise number_ | | | • |
| | | | LLINGTON: HWY 27 | | | |
| | | | 1 LEFT ON C | | | |
| | EFT ON | VALLEY DAKE | PRIVE, INTO FO | REST DAKS | 50KD1V151 | <u> </u> |
| | | | | | | · · · · · · · · · · · · · · · · · · · |
| - | | | Basement (w/wo bath) t Basement (w/wo bath) | | Patio _ Dec k <u><i>Th(/</i></u> | Circle: Craw Space / Slab |
| ☐ Mod | (Sizex) # | Bedrooms # Baths | Basement (w/wo bath) _ site built additions?) | | _ Site Built Deck _ | ON Frame / OFF |
| ☐ Man | ufactured Home: | SWDWTW (S | izex) #Bedrooms | Garage(si | ite built?) Dec | ((site built?) |
| 1 - | • | | _ No. Bedrooms/Unit | | | |
| - : | | | | | | ployees addition()yes ()no |
| □ ¦Addi | mon/Accessory/Other (| Sizex) Use | | | Olosets it | addition()yes ()iio |
| Water Su | pply: 🔟 Ćounty | () Well (No. dwellin | ngs) MUST have ope | erable water before fina | d. | |
| 1 - | | tic Tank (Complete Che | | Septic Tank (Complete | • | ()County Sewer |
| 1 1 | | | s a manufactured home w/in five | | | |
| | s (existing & proposed) | \sim | 1700F601 | s Othe | r (specify) | |
| Required | I Residential Property | Line Setbacks: \ | Comments: | | | |
| Front | Minimum 35 | Actual 35. Le | | | | |
| Rear | <u> </u> | <u> 35.9</u> | | | | <u> </u> |
| Closest S | ide | 21.2 | | | | <u> </u> |
| Sidestree | t/corner lot20 | 73.8 | | <u> </u> | | |
| Nearest E | | | | , | | |
| If permits | are granted I agree to | | s and laws of the State of North | | | |
| I hereby s | state that foregoing sta | tements are accurate and | correct to the best of my knowl | edge. Permit subject to | revocation if false | information is provided. |
| | Mana | Tymu | | 5-15-09 | | |
| Signatur | e of Owner or Owner | | | Date | | |
| | | **This application expi | res 6 months from the initial o | date if no permits have | been issued** | |

Please use Blue or Black Ink ONLY

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

3 BED ROOMS

"VALLEY OAK DR." 50' R/W

Front Facing Angle

HARNET PROPOSED PLOT PLAN - LOT - 175 SOUNTY FOREST OAKS S/D, PHASE - 3

HELD BOOK

8VB

CHECKED & CLOSURE BY:

SCALE: 1

MAY 11.2009 Rev

DATE

SURVEYED BY: DRAWN BY:

JOB NO. 09219

2919 BREEZEWOOD AVE.,STE.400 FAVETTEVILLE, NC 28808

OWNERS: H & H CONSTRUCTORS

BENNETT SURVEYS, INC. 1662 CLARK RD. LILLINGTON, INC. 27546

WATERSHED DISTRICT TOWNSHIP ANDERSON CREEK STATE: NORTH CAROLINA ZONE RA-ZOR *

(<u>\$</u> 3.97.26.97 S 0.374 AC. (175 125.29 125.00 S 43 27 15 W N 46%329°E (š 39.10

"VICTORIAN OAK CT." 50' R/W

SITE PLAN APPROVAL

DISTRICT RADOR USE SE

#BEDROOMS

IN ORNINGER ORD ST.

MAP REFERENCE: MAP NO, 2007-847

CURVE RADIUS LENGTH CHORD

39.28 21.02 39.20

888 888

233

LANDOWNER: H&H Constructors, Inc. 2919 Breezewood Ave, Ste 400 Fayetteville, NC 28303 910-486-4864

OWNER NAME:

APPLICATION #:___

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

| 60 | | MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either spiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without | | | | | |
|------------|-----------------------------------|---|--|--|--|--|--|
| - | EVELOPMENT IN | FORMATION Forest Dales - Lot# 175 | | | | | |
| 4 | New single family | residence | | | | | |
| 0 | Expansion of existing system | | | | | | |
| | Repair to malfuncti | oning sewage disposal system | | | | | |
| | Non-residential type | e of structure | | | | | |
| <u>W</u> 2 | ATER SUPPLY | <u> </u> | | | | | |
| | New well | | | | | | |
| | Existing well | | | | | | |
| - | Community well | | | | | | |
| | Public water | | | | | | |
| | Spring | | | | | | |
| Are | e there any existing w | rells, springs, or existing waterlines on this property? | | | | | |
| {_ | } yes {} no { | Junknown | | | | | |
| | PTIC applying for authorizat | ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. | | | | | |
| {_ | _} Accepted | {}} Innovative | | | | | |
| {_ | _} Alternative | {}} Other | | | | | |
| 4 | _} Alternative _} Conventional | { 2 } Any | | | | | |
| | | y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant must attach supporting documentation. | | | | | |
| { | }YES {} NO | Does the site contain any Jurisdictional Wetlands? | | | | | |
| { | YES YNO | Does the site contain any existing Wastewater Systems? | | | | | |
| { | }YES {√ NO | Is any wastewater going to be generated on the site other than domestic sewage? | | | | | |
| { V | 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. | | | | | |
| H | ave Read This Applica | tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And | | | | | |
| Stat | te Officials Are Grante | ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. | | | | | |
| l Uı | nderstand That I Am S | Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making | | | | | |
| The | Site Accessible So Th | at A Complete Site Evaluation Can Be Performed. | | | | | |
| | Mari | 1 mus 5.15-09 | | | | | |

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE