

Initial Application Date: 6-4-09

Application # 0950022244

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: RAM Development Mailing Address: PO Box 53688

City: Fayetteville State: NC Zip: 28305 Home #: \_\_\_\_\_ Contact #: 910-323-4301

APPLICANT: Same Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

PROPERTY LOCATION: Subdivision: Carolina Oaks Lot #: 59 Lot Size: 120x171.58

Parcel: 010544001259 PIN: 0544-04-1935

Zoning: NONE Flood Plain: X Panel: 524/544 Watershed: NA Deed Book&Page: 2407/298 Map Book&Page: 2007/594

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 S. to Elliott Bridge Rd to W. Lucas Rd

- PROPOSED USE: Circle:
- SFD (Size 50 x 40) # Bedrooms 3 # Baths 2 Basement (w/w/o bath)  Garage  Deck  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 \_\_\_ Closets in addition( )yes ( )no
  - Addition to Existing Building (Size \_\_\_ x \_\_\_) Use \_\_\_

Water Supply:  County ( ) Well (No. dwellings \_\_\_) MUST have operable water before final

Sewage Supply:  New Septic Tank (Complete 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 Manufactured Homes \_\_\_ Other (specify) \_\_\_

Required Residential Property Line Setbacks:	Comments:
Front Minimum <u>35</u> Actual <u>36</u>	
Rear <u>25</u> <u>112.58</u>	
Side <u>10</u> <u>25</u>	
Sidestreet/corner lot <u>20</u>	
Nearest Building on same lot <u>6</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.

William Mayer  
Signature of Owner or Owner's Agent

6-4-09  
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

Please use Blue or Black Ink ONLY



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 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.

*William Howell*

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

*6-4-07*

DATE

