

Initial Application Date: 6/11/09

Application # 0950022208

CU# \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

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

LANDOWNER: H/H CONSTRUCTORS, INC. Mailing Address: 2919 BREEZEWOOD AVE, STE 400  
City: FAYETTEVILLE State: NC Zip: 28303 Home #: 910-486-4864 Contact #: 910-486-4864

APPLICANT: H/H CONSTRUCTORS, INC Mailing Address: SAME AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner  
CONTACT NAME APPLYING IN OFFICE: MARINA TIMMS Phone #: 910-486-4864

PROPERTY LOCATION: Subdivision w/phase or section: FOREST OAKS-PH3 Lot #: 137 Lot Acreage: 0.388

State Road #: 1125 State Road Name: LEMUEL BLACK RD. Map Book&Page: 2007 / 847

Parcel: 01053605 0028 24 PIN: 0516-16-5521.000

Zoning: RA-20R Flood Zone: X Watershed: N/A Deed Book&Page: 02590 / 0403 Power Company: SRC

\*New homes with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 27 W TO NURSERY RD (SR117)  
TURN LEFT ON NURSERY RD, LEFT ON LEMUEL BLACK RD (SR 1125),  
LEFT ON VALLEY OAK DRIVE, INTO FOREST OAKS SUBDIVISION

**PROPOSED USE:**

- SFD (Size 47 x 38) # Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) NO Garage Incl Deck Incl Crawl Space Slab  
(Is the bonus room finished? NO w/ a closet - if so add in with # bedrooms)
- Mod (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage \_\_\_\_\_ Site Built Deck \_\_\_\_\_ ON Frame / OFF  
(Is the second floor finished? \_\_\_\_\_ Any other site built additions? \_\_\_\_\_)
- Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ (site built? \_\_\_\_\_) Deck \_\_\_\_\_ (site built? \_\_\_\_\_)
- Duplex (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_
- Home Occupation # Rooms \_\_\_\_\_ Use \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees \_\_\_\_\_
- Addition/Accessory/Other (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_ Closets in addition ( )yes ( )no

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

Sewage Supply: (  ) New Septic Tank (Complete Checklist) ( ) Existing Septic Tank (Complete Checklist) ( ) County Sewer

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 (existing & proposed): Stick Built/Modular \_\_\_\_\_ / \_\_\_\_\_ Manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Required Residential Property Line Setbacks: \_\_\_\_\_ Comments: \_\_\_\_\_

|                              | Minimum   | Actual       |
|------------------------------|-----------|--------------|
| Front                        | <u>35</u> | <u>30.5</u>  |
| Rear                         | <u>25</u> | <u>66.5</u>  |
| Closest Side                 | <u>10</u> | <u>30/33</u> |
| Sidestreet/corner lot        | <u>20</u> |              |
| Nearest Building on same lot | <u>10</u> |              |

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted.

I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

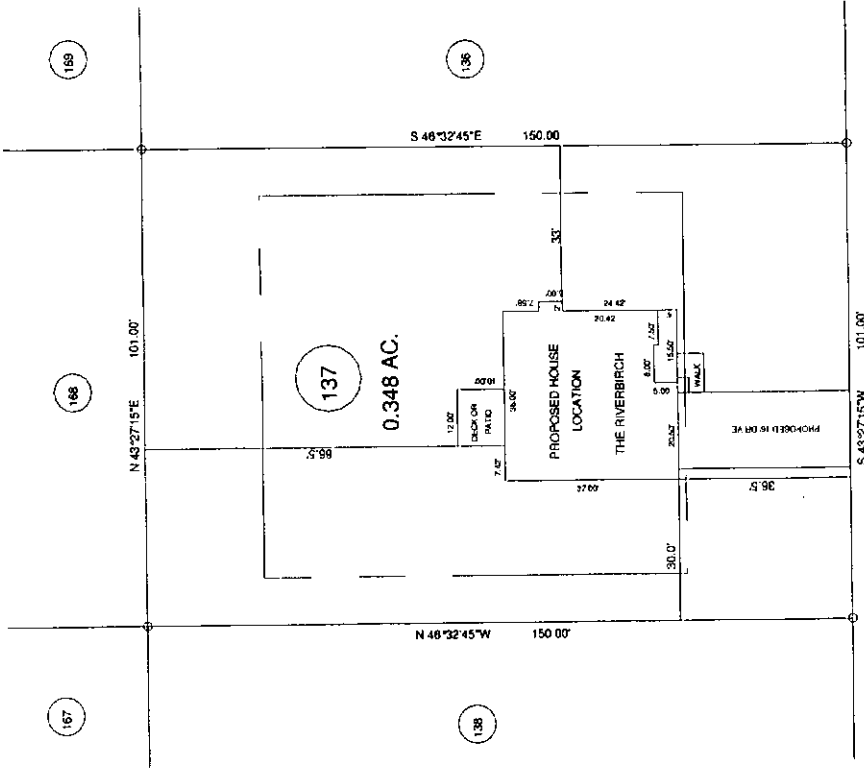
Signature of Owner or Owner's Agent: MARINA TIMMS

Date: 6/9/09

**\*\*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**

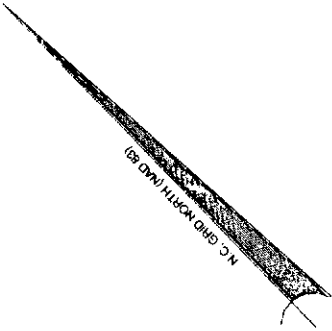
Please use Blue or Black Ink ONLY



3 Bedrooms

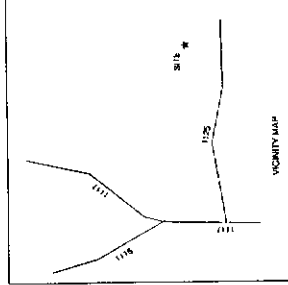
"BASKET OAK DRIVE" 50' R/W

**SITE PLAN APPROVAL**  
 DISTRICT RA200R USE SFD  
 #BEDROOMS 3  
 Date 6/11/09 [Signature]  
 Zoning Administrator



MAP REFERENCE: MAP NO. 2007-946

- FRONT YARD — 25'
- REAR YARD — 10'
- SIDE YARD — 5'
- CORNER LOT SIDE YARD — 20'
- MAXIMUM HEIGHT — 35'



|   |                                     |   |                       |
|---|-------------------------------------|---|-----------------------|
| JOB NO. 06313   |                                     | BENNETT SURVEYS, INC.<br>1862 CLARK RD., LILLINGTON, NC 27546<br>(919) 883-5263 |                       |
| SURVEY FOR:<br>PROPOSED PLOT PLAN - LOT - 137<br>FOREST OAKS S/D, PHASE - 3 |                                     | C-1080  |                       |
| TOWNSHIP<br>ANDERSON CREEK  | COUNTY<br>HARNETT                   | SURVEYED BY:<br>RVE   | FIELD BOOK            |
| STATE: NORTH CAROLINA   | DATE:<br>JUNE 09 2008               | DRAWN BY:<br>RVE  | DRAWING NO.<br>06313  |
| ZONE<br>RA-20R  | WATERSHED DISTRICT<br>TAX PARCEL 04 | SCALE: 1" = 40'   | CHECKED & CLOSURE BY: |

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

OWNER NAME:

APPLICATION #: 22268

**\*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

*Forest Oaks - Lot # 137*

**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.

*Maurice Thomas*

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

6/9/09  
DATE