	SCANNED
Initial Application Date: 6 26 09	6/29/09 Application # 09 500 22370
COUN Central Permitting 108 E. Front Street, Lillingtor	ITY OF HARNETT RESIDENTIAL LAND USE APPLICATION
LANDOWNER: Caviness Land De	Nelopment Mailing Address: 439 Executive Place Swite 40
	1C zip: 28305 Home #: same Contact #: 481-0503
	relopment Mailing Address: 639 Executive Place, Suite 400
	1C Zip: 28305 Home #: 50me Contact #: 481-0503
CONTACT NAME APPLYING IN OFFICE: W	atson Caviness Phone #: 481-0503
PROPERTY LOCATION: Subdivision: NOC	
State Road #: 1117 State Road Name:	Nursery Road Map Book&Page 2007/948
Parcel: 01053606 0028	
	ershed: N/a Deed Book&Page: 02595/0863
SPECIFIC DIRECTIONS TO THE PROPERTY FRO	4
	· · · · · · · · · · · · · · · · · · ·
- on	following page-
□ Mod (Sizex) # Bedrooms # Bodrooms # Bodrooms # Bodrooms # Bodrooms TV □ Manufactured Home:SWDWTV □ Duplex No. Buildings No. Bedrooms	
· · · · · · · · · · · · · · · · · · ·	Hours of Operation:#Employees
□ Addition/Accessory/Other (Sizex) U	SeOlosets in addition_yes
Sewage Supply: (X) New Septic Tank (Complete A	MUST have operable water before final New Tank Checklist) (Existing Septic Tank (County Sewer ains a manufactured home w/in five hundred feet (500") of tract listed above? ()YES ()NO Ings Manufactured Homes Other (specify) Comments:
Required Residential Property Line Setbacks:	
Front Minimum 351 Actual 35.8	
Rear <u>a5'</u> <u>65.8'</u>	
Closest Side 10 20'	
Sidestreet/corner lot	
Nearest Building on same lot	
If permits are granted I agree to conform to all ordinan	ces and laws of the State of North Carolina regulating such work and the specifications of plans submitted.
	and correct to the best of my knowledge. Permit subject to revocation if false information is provided.
	w-26-09
Signature of Owner or Owner's Agent	Date

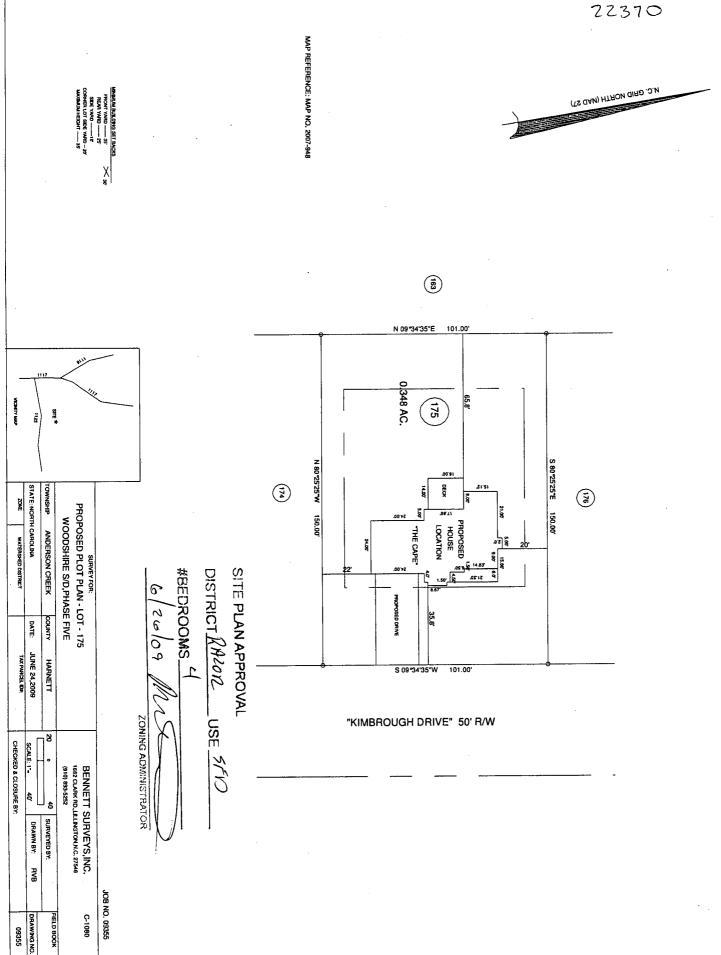
This application expires 6 months from the initial date if no permits have been issued A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION
Please use Blue or Black ink ONLY

Driving Directions from 108 E Front St, Lillington, NC to 131 Kimbrough St, Lillington, ...

▼ Directions from A to B:

Estimated Time: 22 minutes Estimated Distance: 12.76 miles

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<i>(</i>				
		2008002593		
Hints 12 1 05 600	WH /			
Q OSC CO. CO.	<u> </u>	FOR REGISTRATION KIMBERLY B HARNETT CO	REGISTER OF DEED!	5
		2009 FEB 25 BK:2595 PG:862-	03:17:45 PM 864 FEE:\$17.00	
1 25-19 - SUS		nc rev st Instrument	AMP:\$250.00	
			2003002035	
OFNIEDAL		MTV DEED		
Excise Tax:\$250.00	L WAKKA	NTY DEED		
Tax Parcel ID No.	Ver	lfied by		County
on the day of 20 E	Bv:			•
Mail/Box to: Lewis, Deese & Narice, LLP, 830 Dich St	treet. Faveti	eville. NC 28301		
This instrument was prepared by: Richard M. Lewis, J			No: 09RE-21304	ıc
Brief description for the Index: Lots 175, 177/ 178, 186				17
THIS DEED, made this the 20th day of Peorusty 200	09 by and b	etween		
GRANTOR: WOODSHIRE PARTNERS HE NO			mpany	
whose address is: 2919 Breezewood-Ave., Sdite-	/ /			
(herein referred to collectively as Grantor) and				
GRANTEE: CAVINESS LAND DEVELOPMENT, INC	iC., a North	Carolina comoration	1	
whose address is: 639 Executive Place, Suite 400				
(herein referred to collectively as Grantee)	o, i ayelleya	6,110 20303		
· · · · · · · · · · · · · · · · · · ·	NESSE	TJI:		
For valuable consideration from Grantee to Grantor, th Grantor hereby gives, grants, bargains, sells and conv Reservations hereinafter provided, if any, the following North Carolina, more particularly described as follows:	veys unto Gi g described	rantee in fèe simple	, subject to the Ex	ceptions and
BEING all of Lots 175, 177, 178, 186 and 189 in a	Subdivisio	n known as WOOL	SHIRE, PHASE	FIVE, as shown
on plat of same duly recorded in Map Number 2007	7-948, Han	nett County Regist	ry, North Caroli	na.
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Revised October 1, 2006		7	//_	
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APPLICATION #: 09 500 22370

This application to be filled out only when applying for a new septic system.

<u>County Health Department Application for Improvement Permit and/or Authorization to Construct</u>

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 INF	ORMATION	100926			
New single family r		•			
☐ Expansion of existing					
•	oning sewage disposal system				
□ Non-residential type					
WATER SUPPLY					
□ New well	-				
☐ Existing well					
☐ Community well					
Public water					
☐ Spring		•			
	ells, springs, or existing waterlines on this property?				
{ } yes { _ } no { _					
	•				
SEPTIC If applying for authorizati	ion to construct please indicate desired system type(s): can be ranked	d in order of preference, must choose one.			
{} Accepted	{ } Innovative	·			
{ } Alternative	{ } Other				
(X) Conventional	Any				
The applicant shall notify question. If the answer is	the local health department upon submittal of this application if "yes", applicant must attach supporting documentation.	any of the following apply to the property in			
{ }YES {X} NO	Does the site contain any Jurisdictional Wetlands?				
{_}}YES ⟨ X ⟩NO	Does the site contain any existing Wastewater Systems?				
{ }YES { X} NO	Is any wastewater going to be generated on the site other than domestic sewage?				
{ }YES {X} NO	Is the site subject to approval by any other Public Agency?				
{ }YES { \int NO	Are there any easements or Right of Ways on this property?				
YES X NO	Does the site contain any existing water, cable, phone or underg	ground electric lines?			
	If yes please call No Cuts at 800-632-4949 to locate the lines.				
I Have Read This Applicat	tion And Certify That The Information Provided Herein Is True, Co				
State Officials Are Grante	d Right Of Entry To Conduct Necessary Inspections To Determine (Compliance With Applicable Laws And Rules.			
I Understand That I Am S	olely Responsible For The Proper Identification And Labeling Of Al	Il Property Lines And Corners And Making			
The Site Accessible So Tha	t A Complete Site Evaluation Can Be Performed.				
		612609			
PROPERTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE	(REQUIRED) DATE			