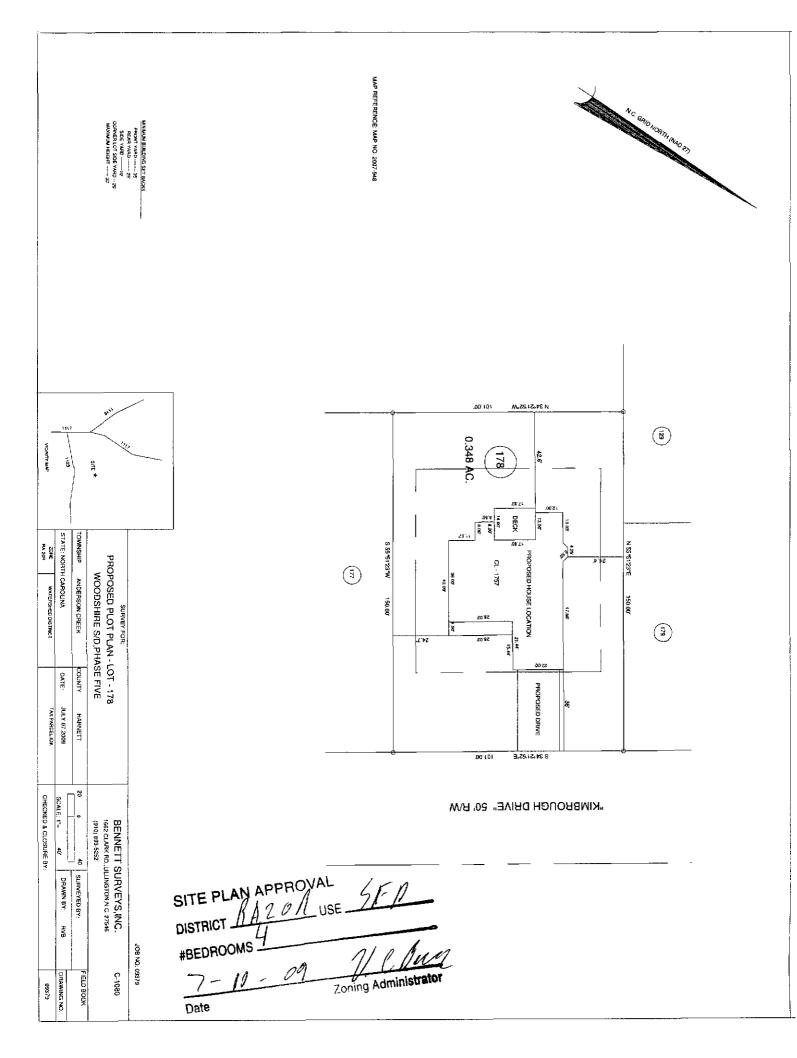
Initial Application Date: 7-9-09	Application # 09 500 22 445
	CU
COUNTY OF HARNETT RESIDENTIAL LA Central Permitting 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893	AND USE APPLICATION -7525 Fax: (910) 893-2793 www.harnett.org
LANDOWNER: Caviness Land Development Mailing Address	: 439 Executive Place, Swite 40
city: Favetteville state: NC zip: 28305 Home #:_	<u>50me</u> Contact #: 481-0503
APPLICANT: Caviness Land Development Mailing Address	: 639 Executive Place, Suite 400
City: FayeHeVII/e State NC Zip: 28305 Home #:	5ame Contact #: 481-0503
	Phone #: 481-0503
PROPERTY LOCATION: Subdivision: Woodshive	Lot #: 178 Lot Size: .35
State Road #: 1117 State Road Name: Nursery Road	
Parcel: 01053606 0028 18 PIN: 05	06-85-3345
Zoning: RA-20R Flood Zone: Na Watershed: Na Deed Book&Pag	e: <u>02595/0862</u>
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
	C disali-
- see attached page	e for directions -
	· · · · · · · · · · · · · · · · · · ·
PROPOSED USE: (Include Bonus room as a bedroom if it has a clos	er) Circle;
SFD (Size 65 x 50) # Bedrooms 4 # Baths 2 Basement (w/wo bath) \(\Omega \) Mod (Size x) # Bedrooms # Baths Basement (w/wo bath) \(\Omega \) Manufactured Home: SW DW TW (Size x) # Bedrooms \(\Omega \) Duplex No. Buildings No. Bedrooms/Unit \(\Omega \) Home Occupation # Rooms Use \(\Omega \) Addition/Accessory/Other (Size x) Use \(\Omega \)	Garage Site Built Deck ON Frame / OFF Garage (site built?) Deck (site built?)
Water Supply: (X) County (_) Well (No. dwellings) MUST have open Sewage Supply: (X) New Septic Tank (Complete New Tank Checklist) (_) Existing S Property owner of this tract of land own land that contains a manufactured home w/in five h Structures (existing or proposed): Single family dwellings Manufactured Home Manufacture	eptic Tank () County Sewer undred feet (500") of tract listed above? ()YES ()NO mes Other (specify)
Required Residential Property Line Setbacks:	
Front Minimum 35' Actual 36'	
Rear 25' 42.6'	
Closest Side 10' 24.4'	
Sidestreet/corner lat	
Nearest Buildingon same lot	
If permits are granted I agree to conform to all ordinances and laws of the State of North Ca	rolina 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	ge. Permit subject to revocation if false information is provided.
	7-9-09
Cignature of China at China by Sport	Date
"This application expires 6 months from the initial date	e 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





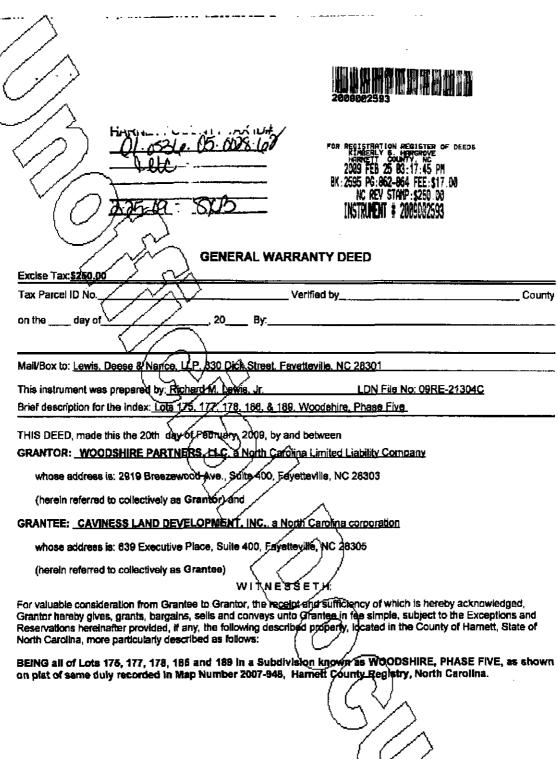
OWNER NAME: Caviness	Land Development APPLICATION#:	
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This application to be filled out only when applying for a new septic system.

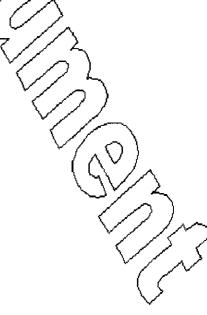
County Health Department Application for Improvement Permit and/or Authorization to Construct

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)

60 mo expira		expiration depending upon documentation submitted, (complete site plan = 60 months; c	omplete plat = without
DEV	ELOPMENT IN	FORMATION .	
X N	lew single family	residence	
p E	xpansion of exist	ing system	
□ R	epair to malfunct	ioning sewage disposal system	
□ N	on-residential typ	pe of structure .	
WAT	ER SUPPLY		
o N	ew well		
□E	kisting well		
□ C	ommunity well		
Pt	iblic water		
u Sp	oring		
Are the	ere any existing v	vells, springs, or existing waterlines on this property?	
{}} у	es (X) no (_	_} unknown	
	F^*		
SEPTI If appl	<u>C</u> ying for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference	, must choose one.
{_}}.	Accepted	{}} Innovative	
{_}} A	liternative	{}} Other	
.——	Conventional	{}} Any	e .
The app question	olicant shall notif n. If the answer i	y the local health department upon submittal of this application if any of the following a "yes", applicant must attach supporting documentation.	apply to the property in
}YE	es (X) no	Does the site contain any Jurisdictional Wetlands?	
YE	s (X) ио	Does the site contain any existing Wastewater Systems?	
{}}YE	S (X) NO	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YE	s { X } no	Is the site subject to approval by any other Public Agency?	,
	\ \	Are there any easements or Right of Ways on this property?	
		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.	
Have F	tead This Applica	tion And Certify That The Information Provided Herein Is True, Complete And Correct. A	uthorized County And
		d Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Appli	
		olely Responsible For The Proper Identification And Labeling Of All Property Lines And (Corners And Making
The Site	Accessible So Tha	at A Complete Site Evaluation Can Be Performed.	•
			7-9-09
ROPE	RTY OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE



Revised October 1, 2006



County

Driving Directions from 108 E Front St, Lillington, NC to 221 Kimbrough 5

▼ Directions from A to B:

F. N. S.	4. Start out soing IMEST on E EDONIT ST toward S 4ST ST/4ST ST	
		E
(2: Turn LEFT onto S MAIN ST/US-401/NC-210/NC-27.	0.4 mi
(1)	3: Turn RIGHT onto W OLD RD/NC-27 W/NC-27. Continue to follow NC-27 W/NC-27.	8.9 mi
(4: Tum LEFT onto NURSERY RD.	2.8 mi
(5: Tum LEFT onto WOOD POINT DR.	0.3 mi
(0.1 mi
QUE	7: End at 221 Kimbrough St Lillington, NC 27546	
	seement control of the control of th	

Estimated Time: 21 minutes Estimated Distance: 12.68 miles

Total Estimated Time: 21 minutes T

Total Estimated Distance: 12.68 miles