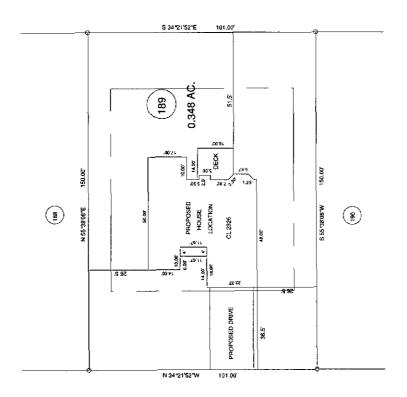
Initial Application Date: 7-9-09	Application # 01 500 22447
•	CU NETT RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org
-	nt Mailing Address: 639 Executive Place Swite 40
LANDOWNER: CAVITY COS LOVE DEVELOPMENT	Pacific Mailing Address: 401 Live 401-0503
City: Fayereville State: NC Zip: &	8305 Home#: same contact #: 481-0503
APPLICANT: Caviness Land Developme	nt Mailing Address: 639 Executive Place Suite 400
City: <u>Fayetteville</u> State <u>NC</u> Zip: <u>2</u> *Please fill out applicant information if different than landowner	8305 Home #: 5ame Contact #: 481-0503
CONTACT NAME APPLYING IN OFFICE: WOLSON	A
	Dive Lot #: 189 Lot Size: .35
State Road #: 1117 State Road Name: NurS	
Parcel: 0105310010 0028 29	PIN: 0506-85-4571
Zoning: RA-20R Flood Zone: n/a Watershed: n/a	
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTO	•
or participation to the contract of the contra	
-see attached	page for directions -
□ SFD (Size <u>58 x 48</u>) # Bedrooms <u>4</u> # Baths <u>3</u> B □ Mod (Size <u>x</u>) # Bedrooms # Baths B □ Manufactured Home:SWDWTW (Size □ Duplex No. Buildings No. Bedrooms/Unit	asement (w/wo bath) Garage 15 Deck 15 Crawl Space (Slab asement (w/wo bath) Garage Site Built Deck ON Frame / OFF x # Bedrooms Garage (site built? Deck (site built? Hours of Operation: #Employees
☐ Home Occupation # RoomsUse ☐ Addition/Accessory/Other (Sizex) Use	
Sewage Supply: New Septic Tank (Complete New Tank Che Property owner of this tract of land own land that contains a manufactures (existing or proposed): Single family dwellings	
Required Residential Property Line Setbacks:	<u> </u>
Front Minimum 35 Actual 36.5	
Rear <u>25 51.5</u>	
Closest Side 10 26.5	
Sidestreet/corner lot	
Nearest Building on same lot	
	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.
	7-9-09
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



"KIMBROUGH DRIVE" 50' R/W

SITE PLAN APPROYAL

DISTRICT AA 201 USE SEP DISTRICT #BEDROOMS _ Zoning Administrator Date

PROPOSED PLOT PLAN - LOT - 189 WOODSHIRE S/D, PHASE - FIVE WATERSHED DISTRICT TOWNSHIP ANDERSON CREEK STATE: NORTH CAHOLINA ZONE RA-20R SITE 12 VICANITY MARP

DRAWING NO. FIELD BOOK

RVB

SURVEYED BY DRAWN BY:

C-1080

BENNETT SURVEYS, INC. 16RZ CLARK RD. JILLINGTON N.C. 27546 (910) 893-5252

JOB NO. 09381

09381

CHECKED & CLOSURE BY: SCALE: 1"=

TAX PARCEL DW JULY 07.2009 HARNETT

COUNTY

DATE:

MAP REFERENCE: MAP NO. 2007-948

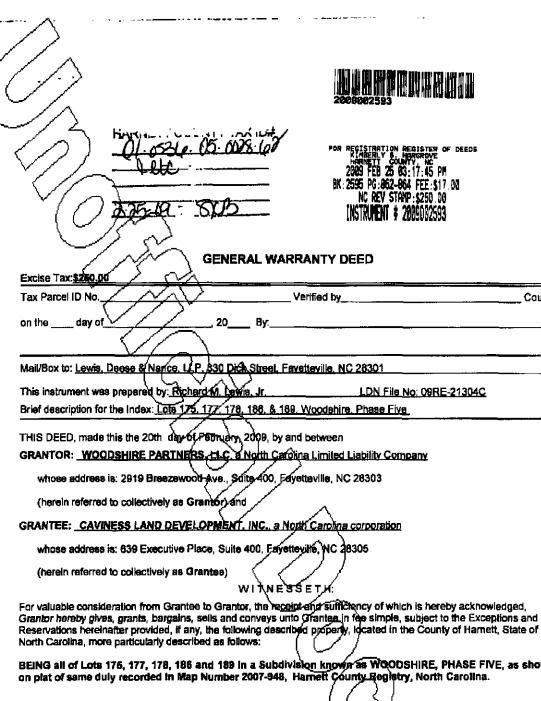
APPLICATION#:	
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This application to be filled out only when applying for a new septic system.

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

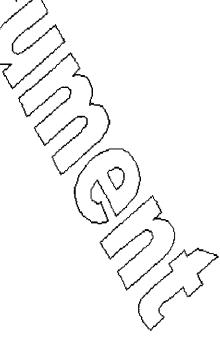
IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

60 months or withe expiration)	out expiration depending upon documentation submitted. (complete site plant - 00 monata, complete plant - without
DEVELOPMENT	INFORMATION
New single far	
☐ Expansion of a	
• .	unctioning sewage disposal system
-	I type of structure
WATER SUPPLY	
□ New well	
☐ Existing well	
□ Community we	oli .
Public water	
☐ Spring	
	ng wells, springs, or existing waterlines on this property?
	{_}} unknown
_,	
SEPTIC If applying for author	rization 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 a question. If the answ	notify the local health department upon submittal of this application if any of the following apply to the property in wer is "yes", applicant must attach supporting documentation.
YES XN	O Does the site contain any Jurisdictional Wetlands?
{ }YES (X) N	Does the site contain any existing Wastewater Systems?
{ }YES { \(\sum_{\chi} \) N	Is any wastewater going to be generated on the site other than domestic sewage?
_yes ⟨∑⟩ N	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 XN	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 Read This App	olication And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And
State Officials Are Gr	anted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
Understand That I A	m Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The Site Accessible Sc	That A Complete Site Evaluation Can Be Performed.
	7-9-10
POPERTY OWN	ERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE



BEING all of Lots 175, 177, 178, 186 and 189 in a Subdivision known as WOODSHIRE, PHASE FIVE, as shown

Revised October 1, 2006



County