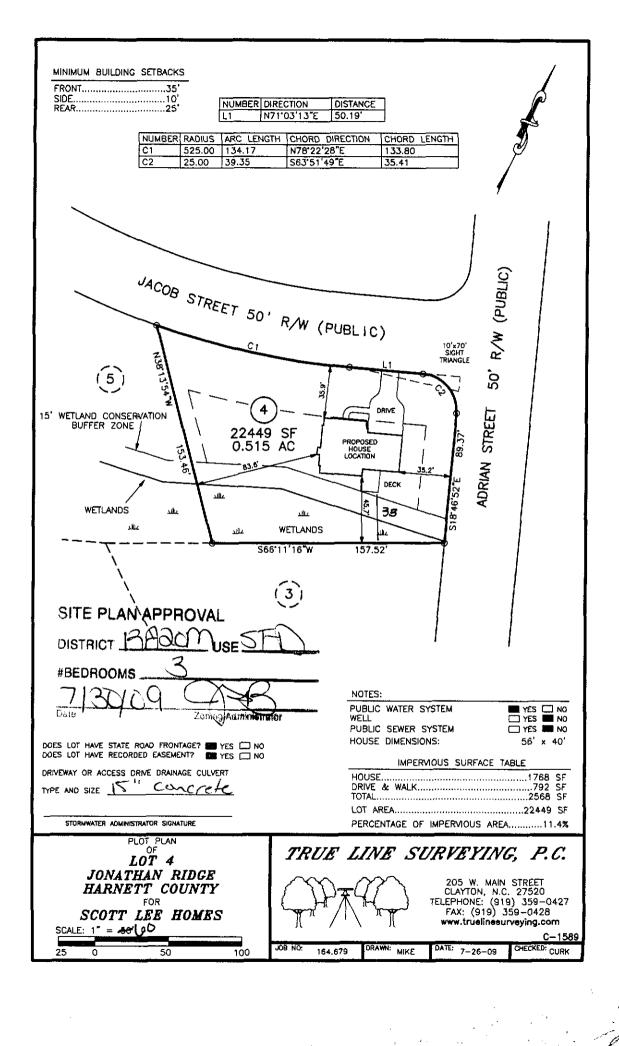
COUNTY OF HARNETT LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org			
LANDOWNER: Scott Lee Homes, Inc. Mailing Address: 100 Butternut Lane			
City: <u>Clayton</u> State: <u>NC</u> Zip: <u>27520 _</u> Home #: <u>9195532085</u> Contact #: <u>9193691862</u>			
APPLICANT*: Same Mailing Address:			
City: State: Zip: Home #: Contact #: **Ptease fill out applicant information if different than landowner			
PROPERTY LOCATION: State Road #452 State Road Name: Truelove			
Parcel: 050635010320 PIN: 063538 4222 000			
ZoningRA20M Subdivision: Jonathan Ridge Lot #: 4 Lot Size: -52			
Flood Plain: X Panel: Watershed: NA Deed Book/Page: 02261/0057 Plat Book/Page: 2006-166			
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 twrds Angeir left onto hwy 55 to hwy42, go thru			
Fuguay turn left onto Truelove right onto Adrian Street. L. Hon Scob St 15+			
10+ 00 left			
ineluded			
PROPOSED USE: Circle:			
□ SFD (Size55 ×50) # Bedrooms 3 # Baths 25 Basement (w/wo bath) Garage 60 Deck Craw 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:SWDWTW (Sizex) # BedroomsGarage(site built?) Deck(site built?)			
☐ Business Sq. Ft. Retail SpaceType# Employees:Hours of Operation:			
☐ Industry Sq. FtType# Employees:Hours of Operation:			
☐ Church Seating Capacity # BathroomsKitchen			
☐ Home Occupation (Sizex) # RoomsUseHours of Operation:			
Accessory/Other (Sizex) Use			
□ Addition to Existing Building (Size x) UseClosets in addition(_)yes (_)no			
Water Supply: () County () Well (No. dwellings) () Other			
Sewage Supply: () New Septic Tank (Must fill out 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 Manufactured Homes Other (specify)			
Required Residential Property Line Setbacks: Comments:			
Front Minimum 35 Actual 35			
Rear 25 45.7 33 from Deck			
Side 10 83.6			
Sidestreet/corner lot 20 35.2			
Nearest Building 10 on same lot			
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 plants 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 plants.			
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 fa			
information is provided on this form.			
7130109			
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



OWNER NAME: Scott Lee Homes Inc

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

IMPR	OVEMENT PER nths or without e	ON IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for eithe expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without	
DEVE	LOPMENT IN	FORMATION	
ang N	ew single family	residence	
• E:	xpansion of exist	ing system	
D R	epair to malfunct	air to malfunctioning sewage disposal system	
υ И	on-residential typ	e of structure	
<u>WAT</u>	ER SUPPLY		
N	ew well		
Ex	cisting well		
o Co	ommunity well	·	
⊊ Pι	iblic water		
n Sp	=		
Are the	ere any existing v	vells, springs, or existing waterlines on this property? {} yes {X no {}} unknown	
, ,	ying for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
{}} Accepted		{}} Innovative	
{}} Alternative			
{ <u>X</u> } (Conventional	{} Any	
The ap	plicant shall noting. If the answer	fy the local health department upon submittal of this application if any of the following apply to the property in is "yes", applicant must attach supporting documentation.	
$\left\{ig _{\mathbf{Y}}^{\prime} ight\}$	ES (‡) NO	Does The Site Contain Any Jurisdictional Wetlands?	
$\{ egin{smallmatrix} T \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ES X NO	Does The Site Contain Any Existing Wastewater Systems?	
	ES $\{X \}$ NO	Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?	
	ES $\{\overline{\underline{X}}\}$ NO	Is The Site Subject To Approval By Any Other Public Agency?	
	ES $\{\overline{X}\}$ NO	Are There Any Easements Or Right Of Ways On This Property?	
Have	Read This Appl	lication And Certify That The Information Provided Herein Is True, Complete And Correct.	
Author	ized County An	d State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine	
		licable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification	
And L	abeling Of All P	roperty Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can	
Be Per	formed.		
	Sel	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE DATE	
DOOD	EDTY OUNED	COD OWNEDS I FOAT DEPORTED TATIVE SIGNATURE (REQUIRED) DATE '	