

Initial Application Date: 730.09 2.29.12

Application # 09-50022556 R

COUNTY OF HARNETT LAND USE APPLICATION

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

LANDOWNER: Scott Lee Homes, Inc Mailing Address: 100 Butternut Lane

City: Clayton State: NC Zip: 27520 Home #: 9195532085 Contact #: 9193691862

APPLICANT: Same Mailing Address: _____

City: _____ State: _____ Zip: _____ Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1452 State Road Name: Truelove

Parcel: 050635010322 PIN: 063538019900

Zoning RA20M Subdivision: Jonathan Ridge Lot #: 6 Lot Size: 585

Flood Plain: X Panel: 0001 Watershed: 09 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 hwy 42. go thru Fuquay turn left onto Truelove right onto Adrian Street. Left on Jacob

PROPOSED USE:

- SFD (Size 40 x 45) # Bedrooms 3 # Baths 3.5 Basement (w/wo bath) _____ Garage 412 Deck 139 Circle: 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: SW DW TW (Size x) # Bedrooms _____ Garage _____ (site built?) Deck _____ (site built?)
- Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
- Home Occupation (Size x) # Rooms _____ Use _____ Hours of Operation: _____
- Accessory/Other (Size x) Use _____
- Addition to Existing Building (Size x) Use _____ Closets in addition () yes () no

Water Supply: (X) County () Well (No. dwellings _____) () Other

Sewage Supply: (X) 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 (X) NO

Structures on this tract of land: Single family dwellings _____ Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks: plp Comments: _____

Front	Minimum	<u>35</u>	Actual	<u>36</u>
Rear		<u>25</u>		<u>25+</u>
Side		<u>10</u>		<u>16.8</u>
Sidestreet/corner lot		<u>20</u>		<u>20.9</u>
Nearest Building on same lot		<u>10</u>		

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 plans 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 false information is provided on this form.

Justin Wall
Signature of Owner or Owner's Agent

2-29-12
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

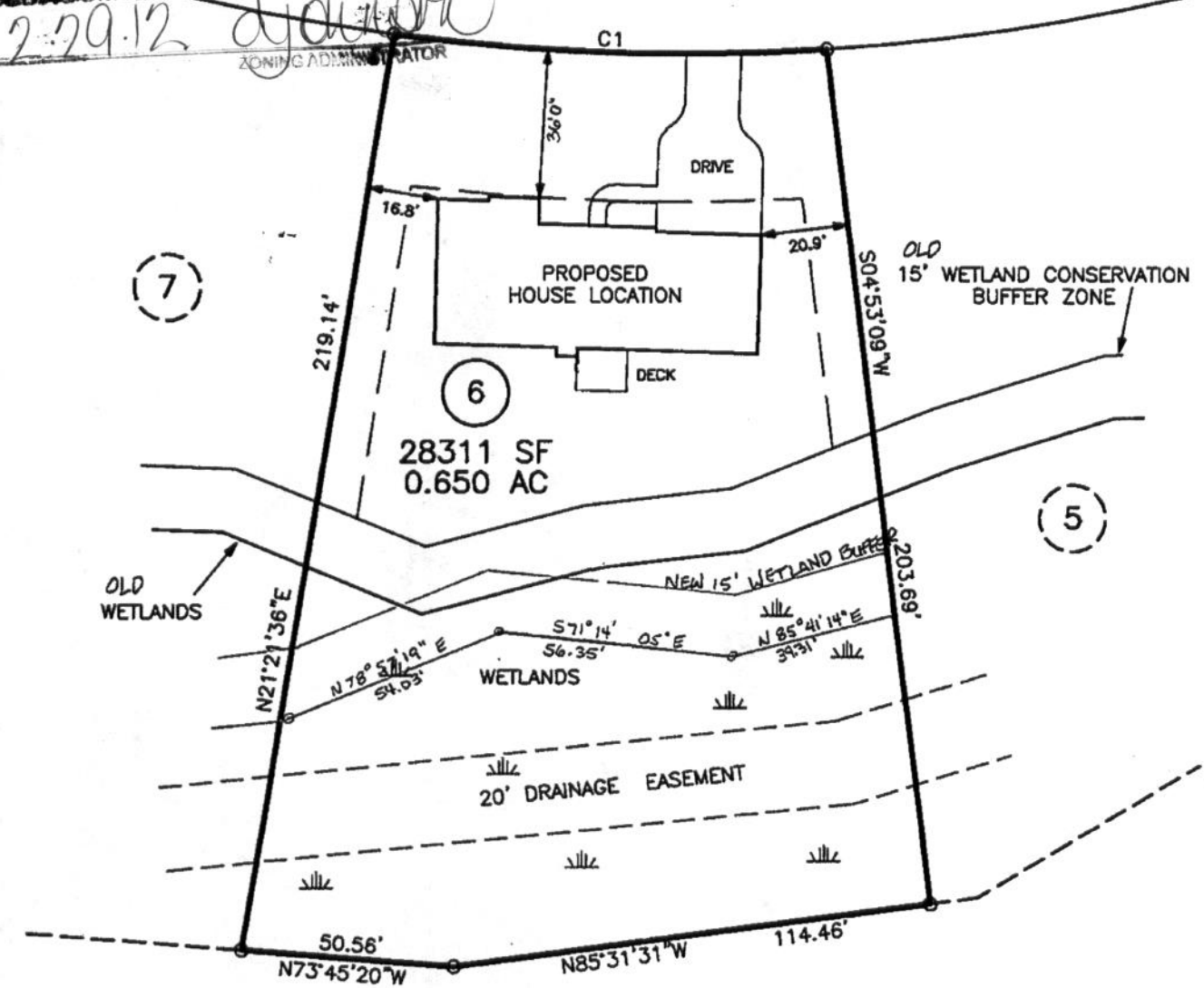
Please use Blue or Black Ink ONLY

SITE PLAN APPROVAL

DISTRICT RA20M USE SED JACOB STREET 50' R/W (PUBLIC)

RECORDS

2-29-12 3 JACOB
ZONING ADMINISTRATOR



MINIMUM BUILDING SETBACKS

FRONT.....35'
 SIDE.....10'
 REAR.....25'

DOES LOT HAVE STATE ROAD FRONTAGE? YES NO
 DOES LOT HAVE RECORDED EASEMENT? YES NO

DRIVEWAY OR ACCESS DRIVE DRAINAGE CULVERT

TYPE AND SIZE _____

STORMWATER ADMINISTRATOR SIGNATURE _____

NOTES:

PUBLIC WATER SYSTEM YES NO
 WELL YES NO
 PUBLIC SEWER SYSTEM YES NO
 HOUSE DIMENSIONS: 77' x 35'

IMPERVIOUS SURFACE TABLE

HOUSE.....2350 SF
 DRIVE & WALK.....841 SF
 TOTAL.....3191 SF
 LOT AREA.....28311 SF
 PERCENTAGE OF IMPERVIOUS AREA.....11.3%

PLOT PLAN OF LOT 6

**JONATHAN RIDGE
HARNETT COUNTY**

FOR

TRUE LINE SURVEYING, P.C.



205 W. MAIN STREET
CLAYTON, N.C. 27520
TELEPHONE: (919) 359-0427

OWNER NAME: SCOTT LEE HOMES, INC.

APPLICATION #: 09.500
12.5 22556 R

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

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?

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.

Scott Lee Homes, Inc.
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

2-29-12
DATE