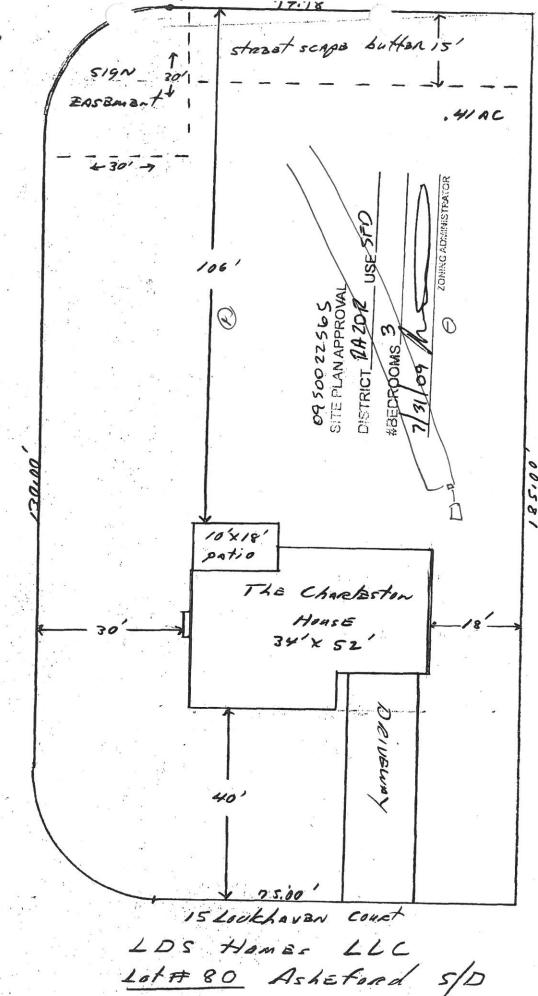
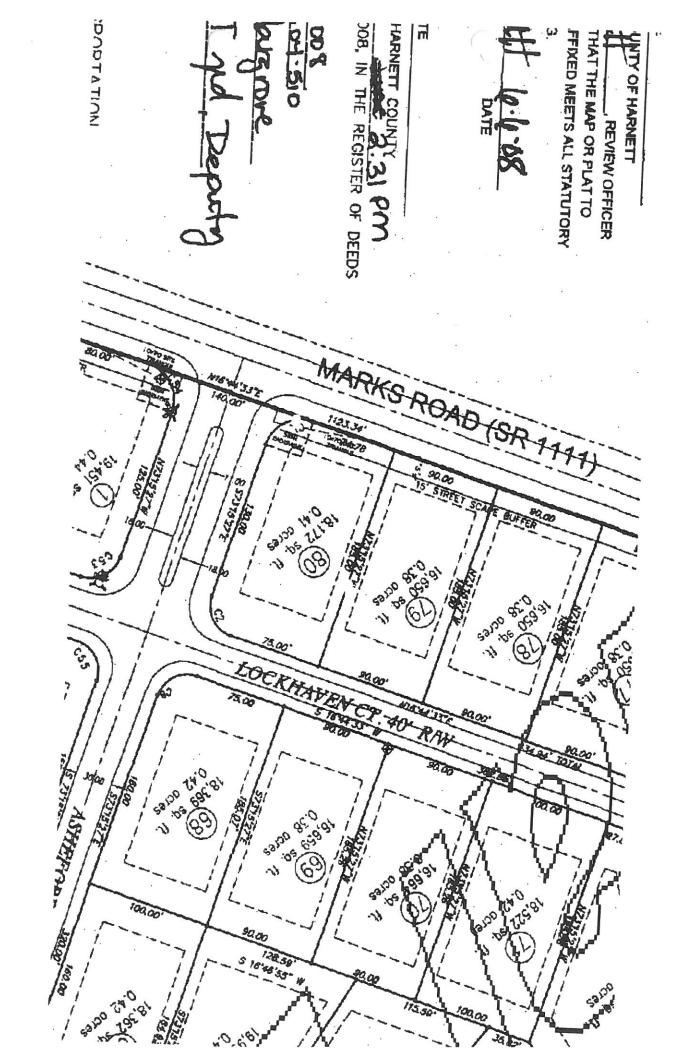
Initial Application Date: 7/30/09 SCANNED
Application # 09 500 92 EC E
County of Harnett Land USE APPLICATION
LANDOWNER: LOS Hamas LLC Mailing Address: 20. Box 42535  City: 59-348 Phone: (\$10) 893-7525 Fax: (\$10) 893-2783 www.harnett.org
City: FRISHBUILLA CONTROL Mailing Address: P.O. Box 42535
APPLICANT: 6/M KENT PERCE IN Mailing Address: 60 Box 42535  Please fill of services State: N Zin: 283 Mg 110 391 - 019 4
City: A State: A Zip: 28389 Home #: 42.4 - 55/6 Contact # 39/ -0/94
State Road &:
Parcel: 09957504 018578
Parcet: 09957504 018578 PIN: 9575-41-6524,000
Flood Plain: X Panel: 2/2 C Lot Size: 4/AC
Flood Plain: X Panel: 005 Watershed: V Deed Book/Page: 02532-0350Plat Book/Page: 208-504
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NCZY trans auto marks a
turn left into Asher 5/0 turn auto marks a
auto fackhavan ct - lat an 13+7
DPOPOSED LIGHT
SFD (Size 2014)
SFD (Size
Modular: On frame Off frame (Size x ) # Sedrooms # Saths Garage (site built? ) Dack (site built? )
Multi-Family Dwelling No. Units
Manufactured Home:SWDWTW (Sizex) # BedroomsGarage(site built?) Deck(site built?)  Business
House Carrier Ho
Church Sestion Canacia. Hours of Operation.
Home Occupation (Gira
nours of Operation:
Addition to Existing Building (Size
Water Supply: ( County ( ) Well (No. dwellings ( ) Other ( ) Closets in addition( ) yes ( ) no
Sewage Supply: ( New Septic Tenk / March 511 and All a
Property owner of this tract of land own land that contains a manufactured bome win five hundred feet (500") of tract listed above? () YES (
Structures on this tract of land: Single family dwellings Dang 0/ Oliver that the numbered feet (500') of tract listed above? (_)YES (_NO
Structures on this tract of land: Single family dwellings Duly 07 OManufactured Homes Other (specify) Other (specify)
Front Minimum 35 Actual 40
Rear 25 106
Side
Sidestreet/corner lot 20 30
Nearest Building 10 m/s
If permits are granted I agree to conform to all outlinesses and
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 information in provided. The period is provided as 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
Signature of Owner or Owner's Agent  Date  7/31/09
Signature of Owner or Owner's Agent

"This application expires 6 months from the initial data if no permits have been lequed" A recorded survey map, recorded deed (or offer to purchase) and plat are required when applying for land use application





OWNER NAME: LDS HANDELLL

APPLICATION #: 09 500 22565

\*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 AL

1 6 e:	MPROVEMEN 0 months or wi xpiration)	MATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for eit thout expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = with	
<u>D</u>	EVELOPME	NT INFORMATION	
	New single	family residence	
		f existing system	
	Repair to ma	ifunctioning sewage disposal system	
	Non-resident	ial type of structure	
		- Abe or attracting	
W	ATER SUPPL	<b>y</b>	
	New well		
	Existing well		
Q	Community w	all	
1	Public water	•	
	Spring		
	-	(na na N	
<i>(</i> )	ven s. A	ng wells, springs, or existing waterlines on this property?  () unknown	
·	)e2 (\(\overline{\overline	() unknown	
SEP	TIC		
If ap	plying for autho	fization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
()	Accepted	[] Innovative	
{_}}	Alternative	{ } Other	
16	Conventional	{_}} Any	
The a	pplicant shall n	citify the local hants dans	
questi	on. If the answ	otify the local health department upon submittal of this application if any of the following apply to the property in er is "yes", applicant must attach supporting documentation.	
{}}Y	_		
{_}}Y		and detremit may surrectional wetlands?	
(_)Y		wastewater Systems?	
{_}}Y	ES NO	while going to be generated on the site other than domestic servene?	
SY	ES [] NO	approval by any other Public Agency?	
{ VYI	SS (_) NO	Are there any easements or Right of Ways on this property?	
		Does the site contain any existing water, cable, phone or underground electric lines?	
l Have I	Read This Annal	11 yes please call No Cuts at 800-632-4040 to locate the time.	
State Of	Reials Arc Gran	cause And Certify That The Information Provided Warning	
l Unders	tand That I Am	ted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.	
		Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making hat A Complete Site Eyalustion Can Be Performed.	
	11	The state of the performed.	
ROPE	DITU ATTION	18th	
AULA	NA I OWNER	SOR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	