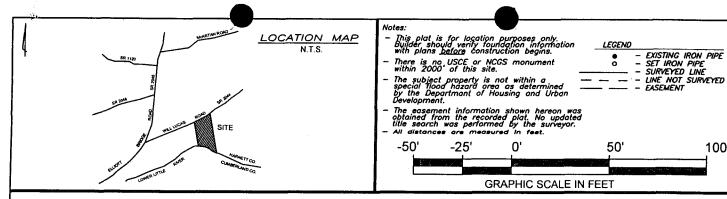
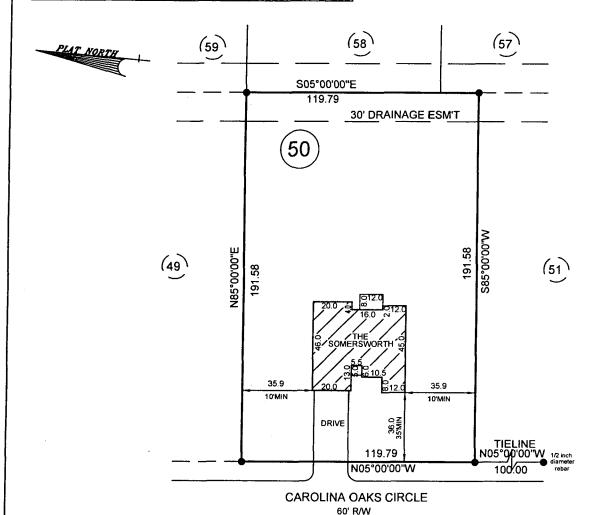
Initial Application Date: 11/17/09 11/23/01 Application # 09-500-23313
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.hamett.org
LANDOWNER: Bill Clark Homes of Fayetkville Mailing Address: PO Box 87021
City: Fayetteville State: NC Zip: 28304 Nome #: 910 - 426 - 2898 Contact #: 910 - 263 - 9026
APPLICANT*: SAME Mailing Address:
City: State: Zip: Home #: Contact #: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: JJ Brenning Phone #: 910-263 - 9026
CONTACT NAME APPLYING IN OFFICE: JJ Brenning Phone #: 910-263-9026 PROPERTY LOCATION: Subdivision: Carolina Oaks Lot #: 50 Lot Size: 53 acres
State Road #: 20 45 State Road Name: EU 10 TT Bringe ROAD Map Book&Page: 2007 / 594
Parcel: 0/0544 00/2 50 PIN: 0534-94-9851.000
Zoning: RA- 20R Flood Zone: MA Watershed: WA Deed Book&Page: 2411 / 0552
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Stat out going West on E. Frat Street town
1st Street - Iva left on 1st St. Turn Rt. on E. Lofton Street Turn lofton Me
VS 401 NC 210 NC 27 - Continue on 401 Turn Rt. on Elliott Bridge Road Turn Rt. on Will Lycar Road Turn Right into Subdivision Lot on Left
Turn Rt. a Will Lycar Road Two Right into Subdivision Lot a Left
PROPOSED USE: , (Include Bonus room as a bedroom if it has a closet) SFD (Size 48 x 46) # Bedrooms 3 # Baths 2 Basement (w/wo bath) No Garage 2cc Deck No Crawl Space Slab Mod (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage Site Built Deck ON Frame / OFF Manufactured Home: SW DW TW (Size x) # Bedrooms Garage (site built?) Deck (site built?) Duplex No. Buildings No. Bedrooms/Unit Home Occupation # Rooms Use Hours of Operation: #Employees Addition/Accessory/Other (Size x) Use Closets in addition(_)yes (_)no
Water Supply: (County () Well (No. dwellings) MUST have operable water before final
Sewage Supply: (New Septic Tank (Complete New Tank Checklist) (Existing Septic Tank (County Sewer
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 (existing or proposed): Single family dwellings Other (specify)
Comments:
Required Residential Property Line Setbacks:
Front Minimum_35 Actual 36
Rear 25 /09
Closest Side /0 35.5
Sidestreet/corner lot_20
Nearest Building 6 µ/A on same lot
If permits are granted I agree to conform to all ordinances and laws 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.

Signature of Owner or Owner's Agent

This application expires 6 months from the initial date if no permits have been issued



**PRELIMINARY PLAT- NOT FOR CONVEYANCES. OR SALES. **



09-500-23313

- PLOT PLAN FOR -

BILL CLARK HOMES OF FAYETTEVILLE, INC.

- SUBDIVISION -

CAROLINA OAKS

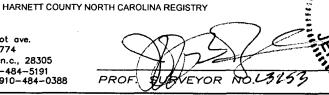
ANDERSON CREEK TWP. HARNETT COUNTY NORTH CAROLINA

NOVEMBER 11, 2009 SCALE 1" = 50' FIELD BOOK

REFERENCE MAP NUMBER 2007-595

SCORMAN, KIZER & REITZEL, INC.

115 broadfoot ave. p.o. box 53774 fayetteville, n.c., 28305 phone 910-484-5191 FAX 910-484-0388





100'

OWNER NAME: Bill Clark Homes of Fagetterille APPLICATION #: 09-500-23313

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)

<u>DE</u>	VELO	PMENT INF	<u>FORMATION</u>	
Ø	New single family residence			
	Expan	sion of existin	ng system	
'	Repair	epair to malfunctioning sewage disposal system		
	Non-re	esidential type	e of structure	
W.A	TER S	SUPPLY		
<u> </u>	New v	vell		
	Existin	ng well		
u ,	-	unity well		
4	Public	water		
	Spring	1		
			vells, springs, or existing waterlines on this property?	
{	} yes	no {_	_} unknown	
	PTIC	for such anima		
4	_		ion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
	Attemption () Other			
{_}} Alternative {} Other				
The	-		{}} Any	
que	stion. I	f the answer i	y the local health department upon submittal of this application if any of the following apply to the property in s "yes", applicant must attach supporting documentation.	
{	YES	NO NO	Does the site contain any Jurisdictional Wetlands?	
{	YES	NO NO	Does the site contain any existing Wastewater Systems?	
{	YES	NO NO	Is any wastewater going to be generated on the site other than domestic sewage?	
	/	{ <u>✓</u> } NO	Is the site subject to approval by any other Public Agency?	
<u>/</u>	YES	{}} NO	Are there any easements or Right of Ways on this property? Rear line of property - Drawage	
<u>/</u>	YES	{}} NO	Does the site contain any existing water, cable, phone or underground electric lines? Front coh orl	
			If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.	
Ha	ve Read	l This Applica	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And	
			ed 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	
The Site Accessible So That A Complete Site Evaluation Can Be Performed.				
		901	SOR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	
PRO	PERT	YOWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (DECUMPED)	