

Initial Application Date: 1.4.10

Application # 10:50023524
CU _____

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.harnett.org

LANDOWNER: Even Park Dev. Mailing Address: 7206 Nc 210 N.

City: Angier State: Nc Zip: 27501 Home #: _____ Contact #: 919 422 7065

APPLICANT: Hugh Surles Builders Mailing Address: 7206 Nc 210 N.

City: Angier State: Nc Zip: 27501 Home #: _____ Contact #: 919 422 7065

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Hugh Surles Phone #: 919 422 7065

PROPERTY LOCATION: Subdivision: Walnut Grove Lot #: 27 Lot Size: .48 Acres

State Road #: 2046 State Road Name: Lawson Rd Map Book & Page: 2008/1737

Parcel: 010525 0062 36 PIN: 0525-96-3304,000

Zoning: RH20R Flood Zone: X Watershed: N/A Deed Book & Page: 2497, 479 Power Company: SPEMC

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 10 miles South on Nc 210 Left on Lawson Rd. Sub. 0.5 mile on Left.

- PROPOSED USE: (Include Bonus room as a bedroom if it has a closet)
- SFD (Size 55 x 42) # Bedrooms 3 # Baths 2.5 Basement (w/wo bath) _____ Garage _____ Deck _____ 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 (Size _____ x _____) 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 _____ Manufactured Homes _____ Other (specify) _____

Comments: _____

Required Residential Property Line Setbacks:

Front	Minimum <u>35</u>	Actual <u>70</u>
Rear	<u>25</u>	<u>135</u>
Closest Side	<u>10</u>	<u>12</u>
Sidestreet/corner lot	<u>20</u>	<u>---</u>
Nearest Building on same lot	<u>10</u>	<u>---</u>

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.

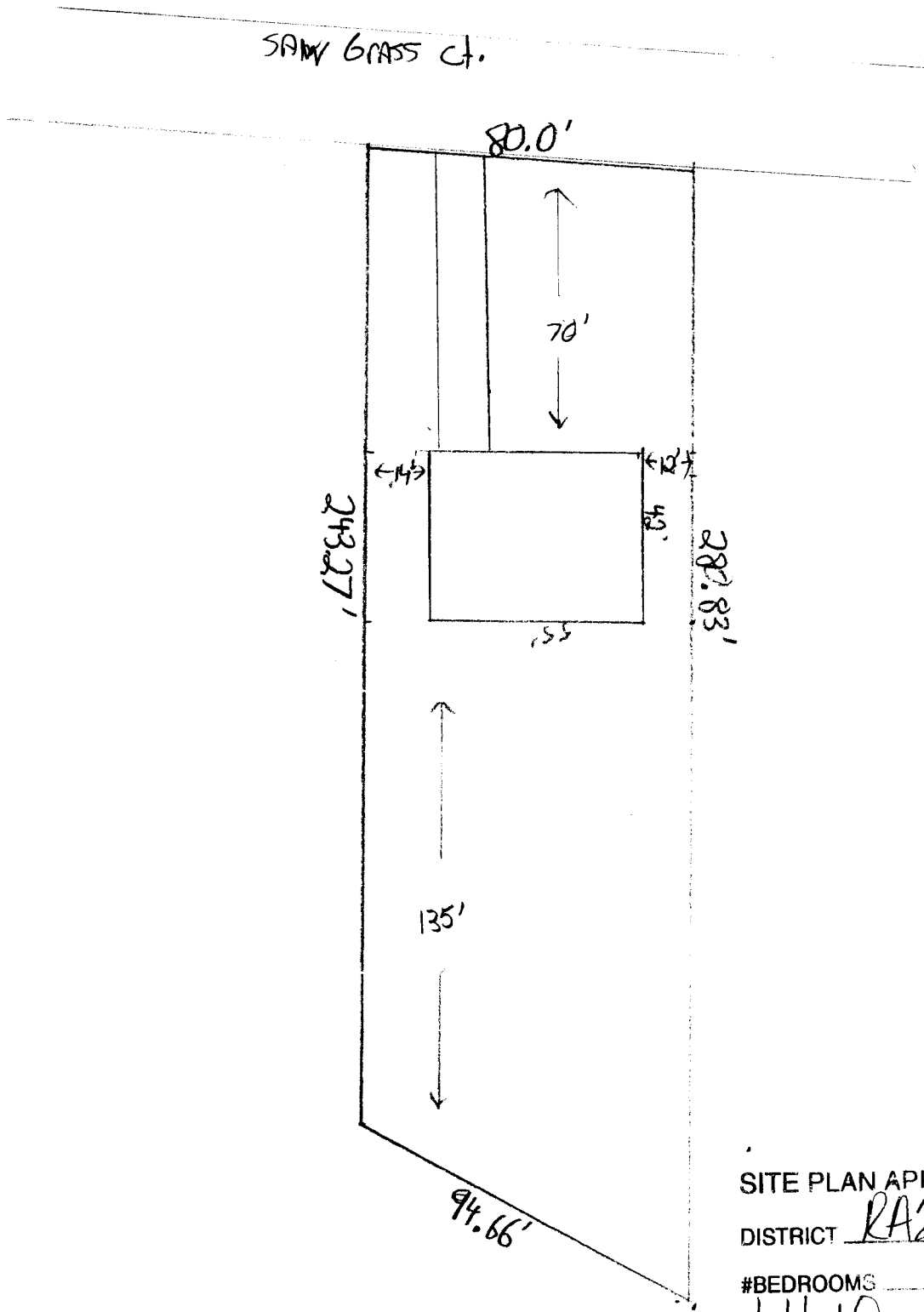
[Signature]
Signature of Owner or Owner's Agent

1-4-10
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

Lot 27 Walnut Grove



SITE PLAN APPROVAL

DISTRICT RA20R USE SFD

#BEDROOMS 3

Date 1.4.10 djohanna
Administrator

scale 1"=40'

OWNER NAME: Hugh Sevelaw Blades APPLICATION #: 10-50023524

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?
- YES NO 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.

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.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

1-4-10
DATE