

Initial Application Date: 5-25-10

Application # 1050024504

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: STANCIL BUILDERS INC. Mailing Address: 466 Stancil Rd

City: Angier State: NC Zip: 27501 Home #: 919-639-2073 Contact #: 919-868-2189

APPLICANT: STANCIL BUILDERS INC. Mailing Address: 466 Stancil Rd

City: Angier State: NC Zip: 27501 Home #: _____ Contact #: _____

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1141 State Road Name: Micro Tower Rd.

Parcel: 039597 0225 65 PIN: 9597-40-8350.000

Zoning: RA-20R ^{R-30} Subdivision: Pattons Point II Lot #: 186 Lot Size: ,38

Flood Plain: X Panel: N/A Watershed: N/A Deed Book/Page: 2271/860 Plat Book/Page: 2008/148

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: US 401, right on Hwy 27, left on Doc's Rd, right on Micro Tower Rd, Subdivision on right

PROPOSED USE:

- SFD (Size 40x60) # Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage X Deck X Crawl 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: (County) (___ Well) (No. dwellings ___) (___ Other)

Sewage Supply: (New Septic Tank (Need to 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 1 Proposed Manufactured Homes _____ Other (specify) _____

Required Residential Property Line Setbacks:

Comments: _____

| | | | | |
|------------------------------|---------|-----------|--------|-----------|
| Front | Minimum | <u>35</u> | Actual | <u>40</u> |
| Rear | | <u>25</u> | | <u>50</u> |
| Side | | <u>10</u> | | <u>26</u> |
| Corner/Sidestreet | | <u>20</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.

[Signature]
Signature of Owner or Owner's Agent

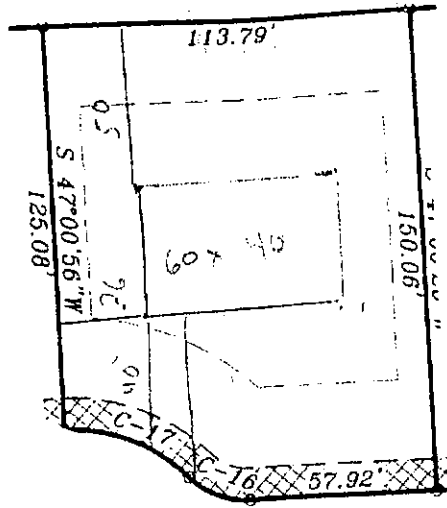
5-25-10
Date

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

1" = 60'



Patton's Point 2
Lot 186

168 Jumpmaster Dr

SITE PLAN APPROVAL

DISTRICT RAZOR USE SED

#BEDROOMS 3

5-25-10
Date

[Signature]
Zoning Administrator

OWNER NAME: Stancil Builders

APPLICATION #: 24504

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 { X } 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
- { X } 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 { X } NO Does the site contain any Jurisdictional Wetlands?
- { } YES { X } NO Does the site contain any existing Wastewater Systems?
- { } YES { X } NO Is any wastewater going to be generated on the site other than domestic sewage?
- { } YES { X } NO Is the site subject to approval by any other Public Agency?
- { X } YES { } NO Are there any easements or Right of Ways on this property?
- { } YES { X } 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.

[Signature]
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

5-25-10
DATE