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Initial Application Date: 3-3-11  
5-27-11

SCANNED  
3-3-11  
DATE

Application # 115002617LR  
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/permits

LANDOWNER: Jim Ekin Mailing Address: 401 Old Gold Place

City: Fuquay-Varina State: NC Zip: 27526 Contact # 919-279-1951 Email: \_\_\_\_\_

APPLICANT\*: Jim Ekin Mailing Address: 401 Old Gold Place

City: Fuquay-Varina State: NC Zip: 27526 Contact # 919-279-1951 Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner  
CONTACT NAME APPLYING IN OFFICE: Jim Ekin Phone # 919-279-1951

PROPERTY LOCATION: Subdivision: 3145 Bella Bridge rd Lot #: 4E Lot Size: 13-12

State Road # 1211 State Road Name: Bella Bridge rd Map Book & Page: 2006 158

Parcel: 03 9589 0152 PIN: 9589-93-2093.000

Zoning RA200R Flood Zone: X Watershed: NA Deed Book & Page: 2825/103 Power Company\*: South River

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: L - Old 4212 Mc DUGAL 10 miles  
R - Bella Bridge lot on left

PROPOSED USE:

- SFD: (Size 50 x 50) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): - Garage: ✓ Deck: ✓ Crawl Space: ✓ Slab: ✓ Slab: ✓ Monolithic Slab: \_\_\_\_\_  
(Is the bonus room finished? ( ) yes ( ) no w/ a closet? ( ) yes ( ) no (if yes add in with # bedrooms))
- Mod: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/wo bath) \_\_\_\_\_ Garage: \_\_\_\_\_ Site Built Deck: \_\_\_\_\_ On Frame \_\_\_\_\_ Off Frame \_\_\_\_\_  
(Is the second floor finished? ( ) yes ( ) no Any other site built additions? ( ) yes ( ) no)
- Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ Garage: \_\_\_\_\_ (site built? \_\_\_\_\_) Deck: \_\_\_\_\_ (site built? \_\_\_\_\_)
- Duplex: (Size \_\_\_\_\_ x \_\_\_\_\_) No. Buildings: \_\_\_\_\_ No. Bedrooms Per Unit: \_\_\_\_\_
- Home Occupation: # Rooms: \_\_\_\_\_ Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees: \_\_\_\_\_
- Addition/Accessory/Other: (Size 24 x 32) Use: Barn Closets in addition? ( ) yes ( ) no

Water Supply: \_\_\_\_\_ County \_\_\_\_\_ Existing Well  New Well (# of dwellings using well \_\_\_\_\_) \*MUST have operable water before final  
Sewage Supply:  New Septic Tank (Complete Checklist) \_\_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? ( ) yes (X) no  
Structures (existing or proposed): Single family dwellings: 1 proposed Manufactured Homes: \_\_\_\_\_ Other (specify): 1 proposed Det.

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	<u>35</u>	<u>50</u>
Rear	<u>25</u>	<u>700+</u>
Closest Side	<u>10</u>	<u>150</u>
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	<u>10</u>	<u>105</u>

Comments: SFD  
Ref # 11-50026177 (Barn) Barn  
Customer has 2 App #'s - He will  
only be building Barn now and  
house later. He will do the  
well permit when he is ready  
to build house. Talked w/ G. Byrd.

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.

Jim Ekin  
Signature of Owner or Owner's Agent

3-3-11  
Date

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*  
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Added well to site plan

NO APPROVAL NECESSARY

DISTRICT ENGINEER

DATE

Harnett County Public Utilities  
Plat Plan Preapproval Only  
**NOT FOR CONSTRUCTION**  
Water is available to this site  
via a \_\_\_\_\_ line located on \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



BEARING	DISTANCE
N 25°48'33\"W	131.26'
N 59°20'03\"E	138.08'
S 18°05'43\"W	198.40'
S 18°05'43\"W	119.68'
S 07°18'06\"W	98.57'
S 09°11'13\"W	125.76'
S 10°56'46\"W	43.53'
S 14°29'35\"W	55.97'

SITE PLAN APPROVAL

DISTRICT BOARD USE SFD

3 BEDROOMS

11-3-3

4.17 NET AC.  
0.11 AC.R/W  
4.28 ACRES TOTAL

(4B)

4.17 NET AC.  
0.11 AC.R/W  
4.28 ACRES TOTAL

(4C)

4.17 AC.NET  
0.15 AC.R/W  
1.27 AC.IN EASEMENT  
5.59 ACRES TOTAL

(4D)

NOTE:  
LOT 4D WILL ONLY BE  
ALLOWED DRIVEWAY ACCESS  
THROUGH 60' EASEMENT.

LA BRIDGE RD. 60' R/W

31

TOT 31

# Harnett County Department of Public Health

## Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become *invalid*.

### APPLICANT INFORMATION

Jim Ekin (919) 279-1951  
Applicant/Owner Phone Number  
401 Old Gold Place Fuquay-Varina NC.  
Street Address, City, State, Zip Code

The Applicant **must submit a Site Plan**. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

**Contact information: Environmental Health Division - 910-893-7547**

### PROPERTY INFORMATION

Proposed use of well  
 Single-Family     Multifamily     Church     Restaurant     Business     Irrigation

Street Address 3145 Bella Bridge Subdivision/Lot # \_\_\_\_\_  
Parcel # \_\_\_\_\_ PIN # \_\_\_\_\_

#### Directions to the Site

421 to old 421, L on McDougall 11 miles  
R Bella Bridge lot on left

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Jim Ekin 5-27-11  
Property Owner's or Owner's Legal Representative Signature Required Date