Initial Application Date	6	_	16	_	ll	,
Hittiga Application Date					_	

Application # _	115	00	26	920
	CIH			

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

108 E Front Street Lillington NC 27546 Phone (910) 893 7525 ext 2 Fax (910) 893 2793 www.harnett.org/permits

Central Permitting

A RECORDED SURVEY MAP RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION

LANDOWNER Stone Cross L	LC	Mailing Address 125 \	Whispering Pines Drive	
City Spring Lake	State NC Zip 2	8390 Contact No 910 814 263	Whispering Pines Drive 33 Email _jbmangum@ai	ndersoncreekclu b.c
City		Contact No	Email	***************************************
		wen & Associates	Phone #Phone #	
PROPERTY LOCATION Subdiv	Stone Cross		Lot # 101 L	ot Size 15056 s g
State Road #	State Road Name Overhills		Map Book & Page	
Parcel010535 0100 92		PIN 0515 30-4536 0	00	
Zoning RA 20R Flood Zone	lone Watershed N/A	Deed Book & Page 01435/	0493 Power Company	
*New structures with Progress Er	nergy as service provider need	d to supply premise number	from Pro	ogress Energy
			Deck Crawl Space es () no (if yes add in with # bed	
		Basement (w/wo bath) Garage _) yes () no Any other site bui	Site Built Deck On Fran	meOff Frame
Manufactured HomeS	WDWTW (Size	x) # Bedrooms Ga	rage(site built?) Deck	(site built?)
Duplex (Sizex) No Buildings	No Bedrooms Per Unit		
☐ Home Occupation # Rooms	; Use	Hours of Opera	tion	#Employees
☐ Addition/Accessory/Other (Sizex) Use		Closets in additi	ion? () yes () no
Water Supply ✓ County	Existing Well Ne	ew Well (# of dwellings using well _) *Must have operable wa	iter before final
Sewage Supply <u>√</u> New Sep	tic Tank (Complete Checklist)	Existing Septic Tank (Con	nplete Checklist) County Set	wer
Does owner of this tract of land	own land that contains a mani	ufactured home within five hundred	feet (500) of tract listed above? (_) yes (✓_) no
		nd or overhead () yes (\(\sqrt{\sq}}}}}}}}}} \scrt{\sq}}}}}}}}}}} \signtarightinnde{\sqrt{\sq}}}}}}}}}} \sqit{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq		
Structures (existing or proposed)	Single family dwellings 1	proposed Manufactured Home	s Other (specify))
Required Residential Property	Line Setbacks (Comments		
Front Minimum 35	Actual 35'			
Rear 25	727'			
Closest Side 10	10'			
Sidestreet/corner lot 20				
Nearest Building 6 on same lot		D 4.70		02/44
Residential Land I	ise Application	Page 1 of 2		03/11

			OPERTY FROM LILLIN	GION				Cobblestone	
Turn	1ef+		Stonehurst						
						·	· · · · · · · · · · · · · · · · · · ·		····
									"· · · · · · · · · · · · · · · · · · ·
emits ai	re granted I ag	ree to confo ing statemen	rm to all ordinances and ts are accurate and cor	d laws of the State of rect to the best of m	of North Car by knowledg	olina regul e Permit :	ating such subject to	work and the specification	ns of plans subr
CICDA 919							,		

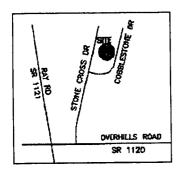
^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property including but not limited to boundary information house location underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications **

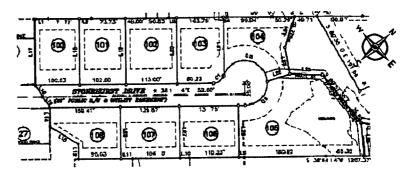
^{**}This application expires 6 months from the initial date if permits have not been issued *

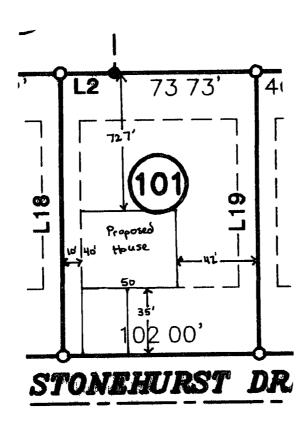
Site Plan

Stone Cross Subdivision, Section 2, Phase 2

Lot # 10\







Scale
1 inch = 50 feet

SITE PLAN APPROVIL

DISTRICT A 2 OR USE

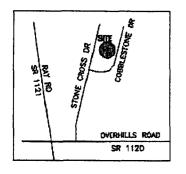
#BEDROOMS 4

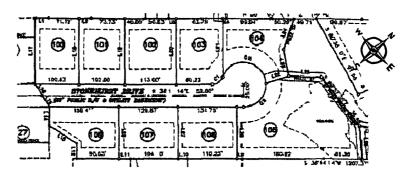
Administrator

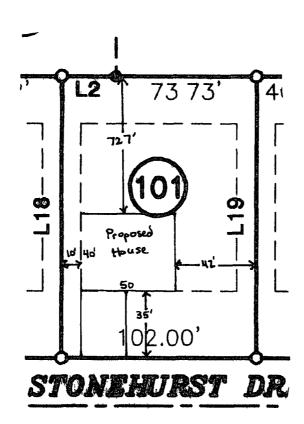
Site Plan

Stone Cross Subdivision, Section 2, Phase 2

Lot # 101







Scale
1 inch = 50 feet

NAME	APPLICATION #
	*This application to be filled out when applying for a septic system inspection *
IF THE INFORMA PERMIT OR AUT depending upon do	ealth Department Application for Improvement Permit and/or Authorization to Construct ATION IN THIS APPLICATION IS FALSIFIED CHANGED OR THE SITE IS ALTERED THEN THE IMPROVEMENT THORIZATION TO CONSTRUCT SHALL BECOME INVALID The permit is valid for either 60 months or without expiration ocumentation submitted (Complete site plan = 60 months Complete plat = without expiration)
Environme All pro lines m Place " out build Place o If prope evaluati All lots for fails After pri 800 (aft confirm Use Clic Environme Follow a Prepare possible DO NOT After un f multip	ental Health New Septic System Code 800 perty irons must be made visible Place "pink property flags" on each corner iron of lot All property ust be clearly flagged approximately every 50 feet between corners orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks dings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting irrange Environmental Health card in location that is easily viewed from road to assist in locating property it is thickly wooded. Environmental Health requires that you clean out the undergrowth to allow the soil into be performed. Inspectors should be able to walk freely around site. Do not grade property to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred une to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready eparing proposed site call the voice permitting system at 910.893.7525 option 1 to schedule and use code ter selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note ation number given at end of recording for proof of request. ck2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits intel Health Existing Tank Inspections. Code. 800. above instructions for placing flags and card on property. The place in the put lid back in place. (Unless inspection is for a septic tank in a mobile home park). LEAVE LIDS OFF OF SEPTIC TANK incovering outlet end call the voice permitting system at 910-893.7525 option 1.8 select notification number please note confirmation number.
Use Clic SEPTIC	end of recording for proof of request ck2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits chorization to construct please indicate desired system type(s) can be ranked in order of preference must choose one
	Innovative {\(\begin{array}{c}\begin{array}{c}\left\) Conventional (\(\begin{array}{c}\left\) Any
(2) Accepted	
The applicant shal question If the ar	Il notify the local health department upon submittal of this application if any of the following apply to the property in aswer is "yes" applicant MUST ATTACH SUPPORTING DOCUMENTATION
(, YES (✓)	NO Does the site contain any Jurisdictional Wetlands?
(_)YES (✓)	
(_)YES (\(\frac{1}{2}\)	
()YES ()	<u> </u>
(_)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?
L 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 A	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
	So That A Complete Site Evaluation Can Be Performed. G
PROPERTY OW	NERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

