	/	1/		//
Initial Application Date	0	-16	-	11

Application #	//	5	00	26	926
	4	CU#			-

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting

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

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

LANDOWNER Stone Cross	LLC	Mailing Address 12	25 Whispering Pines Drive	
City Spring Lake	State NC Zip 2	Mailing Address 12 28390	2633 Email Jbmangu	m@andersoncreekclub con
		ailing Address		
City	State Zip _	Contact No	Email	
CONTACT NAME APPLYING	3 IN OFFICE Hal Owen Hal C	Owen & Associates	Phone # 910-893 87	43
PROPERTY LOCATION Sub	odivision Stone Cross			
State Road #	State Road NameOverhill	ds	Map Book &	Page 2011 / 347
Parcel010535 0100 92		PINPIN	6 000	
oning RA 20R Flood Zon	e None Watershed N/A	Deed Book & Page 014 35	/0493 Power Company _	
New structures with Progress	s Energy as service provider nee	ed to supply premise number	fr	om Progress Energy
PROPOSED USE				
4 SFD (Size 40' x 50') # Bedrooms # # Baths	Basement(w/wo bath) Gara	age Deck Crawl Spac	Monolithic Slab Slab
		_) yes () no_w/ a closet? (
		x) # Bedrooms No Bedrooms Per Unit		ck(site built?)
		Hours of Op		#Employees
☐ Addition/Accessory/Othe	ır (Sızex) Use		Closets II	n addition? () yes () no
Vater Supply County	Existing Well N	ew Well (# of dwellings using we	//) *Must have opera	ble water before final
Sewage Supply New S	Septic Tank (Complete Checklis	t) Existing Septic Tank (C	Complete Checklist) Cou	nty Sewer
Does owner of this tract of lan	id own land that contains a man	nufactured home within five hundr	red feet (500) of tract listed abov	e [?] () yes (√) no
Does the property contain any	/ easements whether undergrou	nd or overhead () yes (<u><</u>	no	
Structures (existing or propos	ed) Single family dwellings 1	proposed Manufactured Ho	omes Other (s	pecify)
Demond Decidential Duese	outo I ma Satha dia	Comments		
Required Residential Propo Front Minimum 35	Actual 35	Comments		
Rear 25	406			
Closest Side 10	10'			
Sidestreet/corner lot 20	 -			
Nearest Building 6				

Residential Land Use Application

Overhills	Road and	go about	4 miles Turn right	onto Stone C	cross Drive Turn	right	onto	Cobblestone	Drive
Turn	left	onto	Stonehurst	Drive					
 									
<u>, , , , , , , , , , , , , , , , , , , </u>									
									· · · · · · · · · · · · · · · · · · ·
If permits a I hereby st	are granted ate that fore	egoing state	conform to all ordinance entents are accurate all Signature of Owner of	nd correct to the	ne best of my knowled	arolina regul ige Permit	ating suc subject to Dat	revocation if false info	ations of plans submitted

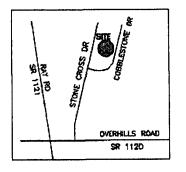
^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property including but not limited to boundary information house location underground or overhead easements etc. The county or its employees are not responsible for any incorrect or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

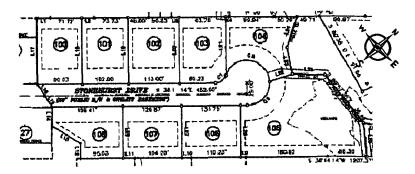
^{**}This application expires 6 months from the initial date if permits have not been issued

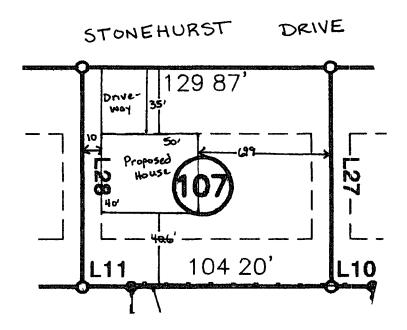
Site Plan

Stone Cross Subdivision, Section 2, Phase 2

Lot # 107







Scale
1 inch = 50 feet

DISTRICT BLAN APPROV.

#BEDROOMS

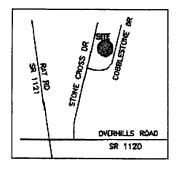
#BEDROOMS

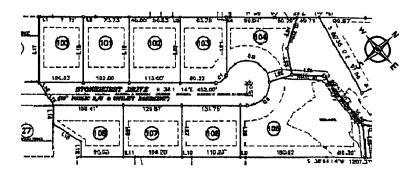
Zoning Administrato

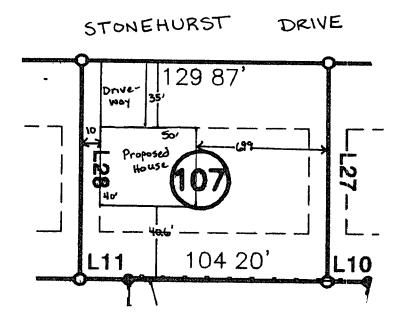
Site Plan

Stone Cross Subdivision, Section 2, Phase 2

Lot # 107







Scale
1 inch = 50 feet

NAME		APPLICATION #	
		*This application to be filled out when applying for a septic system inspection *	
IF THE I	VFORMATION I	Department Application for Improvement Permit and/or Authorizat IN THIS APPLICATION IS FALSIFIED CHANGED OR THE SITE IS ALTERED THEN TO ATION TO CONSTRUCT SHALL BECOME INVALID The permit is valid for either 60 mon ation submitted (Complete site plan = 60 months Complete plat = without expiration)	HE IMPROVEMENT
$\langle \cdot \rangle$	910 -893-7525	option 1 CONFIRMATION #	
	All property lines must be Place forance	lealth New Septic System Code 800 irons must be made visible Place "pink property flags" on each corner iron clearly flagged approximately every 50 feet between corners phouse corner flags" at each corner of the proposed structure. Also flag drivery flags at the classical property of the proposed structure.	ways, garages, decks
•	Place orange of the property is to be a second to b	swimming pools, etc. Place flags per site plan developed at/for Central Permit Environmental Health card in location that is easily viewed from road to assist it hickly wooded, Environmental Health requires that you clean out the <u>undergroup</u> performed Inspectors should be able to walk freely around site. Do not gray to the state of the stat	in locating property <u>owth</u> to allow the soi ade property
•	for fallure to a After preparing 300 (after sele	addressed within 10 business days after confirmation \$25 00 return trip uncover outlet lid, mark house corners and property lines, etc. once lot compressed site call the voice permitting system at 910-893 7525 option 1 to so acting notification permit if multiple permits exist) for Environmental Health insumber given at end of recording for proof of request	<i>onfirmed ready</i> chedule and use code
> (Jse Click2Gov	or IVR to verify results. Once approved, proceed to Central Permitting for per	rmits
□ <u>Envi</u>	ronmental He	ealth Existing Tank Inspections Code 800 Instructions for placing flags and card on property	
9 F	Prepare for inspossible) and t	spection by removing soil over outlet end of tank as diagram indicates and then put lid back in place (Unless inspection is for a septic tank in a mobile here.	i lift lid straight up (<i>ii</i> iome park)
e A II	After uncovering the multiple per in the per	ng outlet end call the voice permitting system at 910-893 7525 option 1 & selemits, then use code 800 for Environmental Health inspection Please note frecording for proof of request	confirmation number
ø (Jse Click2Gov	or IVR to hear results. Once approved, proceed to Central Permitting for remaining	aning permits
SEPTIC If applying	g for authorizati	on to construct please indicate desired system type(s) can be ranked in order of preference	must choose one
{2} Acc	epted	{} Innovative {} Conventional {	
{3} Alto	ernati ve	{}} Other	
The applic	ant shall notify If the answer is	the local health department upon submittal of this application if any of the following a "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION	apply to the property in
{, YES	{ <u>✓</u> } NO	Does the site contain any Jurisdictional Wetlands?	
{_}}YES	{ <u>√</u> } NO	Do you plan to have an <u>irrigation system</u> now or in the future?	
{_}}YES	(<u>√</u>) NO	Does or will the building contain any drains? Please explain	
{}}YES	NO	Are there any existing wells springs waterlines or Wastewater Systems on this prop	erty?
{}}YES	(√) NO	Is any wastewater going to be generated on the site other than domestic sewage?	
()YES	(<u>√</u>) 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	(<u>√</u>) 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	
		on And Certify That The Information Provided Herein Is True, Complete And Correct. A	
		Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Appli	
		ilely Responsible For The Proper Identification And Labeling Of All Property Lines And C	Corners And Making
The Site Ac	cessible so That	A Complete Site Evaluation Can Be Performed.	6-15-11
PROPERT	Y OWNERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	DATE

