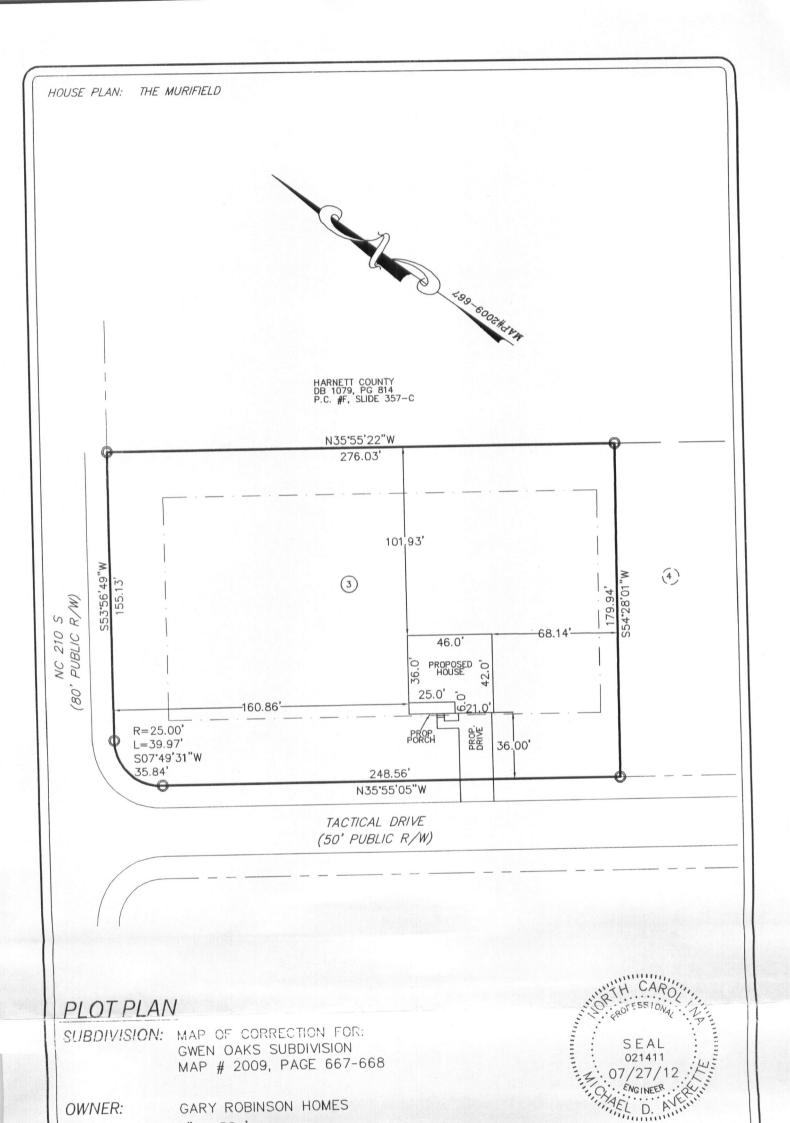
Initial Application Date: 7 - 19 -12	Application # 12 5 00 29 408
	T RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER Paradise Homes	Mailing Address: 554 Ramsey St. Suite 100
City: Fauettev: Ne State: NC Zip: 23311	Contact # 910 - 401-550 5 Email:
APPLICANT: Gary Robinson Homes, LLC	Mailing Address: 5511 Ramsey St. Suite 100
City: Faustwille. StateNC Zip: 3831	Contact # 910 - 401 - 5505 Email:
*Please fill out applicant information if different than landowner	010 739-1564
CONTACT NAME APPLYING IN OFFICE: 13:114 Elma	Phone # 910 - 728-1554
PROPERTY LOCATION: Subdivision: 19 Jactical Dr	Bunnlevel, Nr 28323 Lot #: 3 Lot Size: 1 acan
State Road # NC 2101 State Road Name: NC 2105	Map Book&Page: 2009/667
Parcel: 010547 0034 03	PIN: 0636-03-616-1,000
Zoning: Flood Zone: Watershed: Deed	d Book&Page: 0787 / 0637 Power Company*: Progress Energy
*New structures with Progress Energy as service provider need to su	apply premise number from Progress Energy.
Hum 210 5 approx 14 mile	es on left
77009	
(Is the bonus room finished? () yes Mod: (Sizex) # Bedrooms # Baths Basen (Is the second floor finished? () yes	nent(w/wo bath): Garage:_X Deck: Crawl Space:_K Slab: Slab: s ()no w/ a closet? () yes ()no (if yes add in with # bedrooms) nent (w/wo bath) Garage: Site Built Deck: On Frame Off Frame s ()no Any other site built additions? () yes ()no) # Bedrooms: Garage: (site built?) Deck: (site built?)
	No Padrooms Par Unit:
Ilse:	Hours of Operation: #Employees:
Addition/Accessory/Other: (Sizex) Use	
Sewage Supply: X New Septic Tank (Complete Checklist)	lell (# of dwellings using well) *MUST have operable water before final Existing Septic Tank (Complete Checklist) County Sewer ured home within five hundred feet (500') of tract listed above? () yes ()no
Structures (existing or proposed): Single family dwellings:	Manufactured Homes: Other (specify).
Required Residential Property Line Setbacks: Comm	nents:
Front Minimum Actual	
Rear	
Closest Side	
Sidestreet/corner lot	
\mathcal{M}	
Nearest Building on same lot	vs of the State of North Carolina regulating such work and the specifications of plans submit to the best of my knowledge. Permit subject to revocation if false information is provided.
I hereby state that foregoing statements are accurate and contest	7/18/12
Signature of Owner or Owner's	the en inqued**
This application expires 6 mg	onths from the initial date if permits have not been issued TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION 07/10
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER	Page 1 of 1 07/10



NAME:	APPLICATION #:
	This application to be filled out when applying for a septic system inspection.
IF THE INFORMATION PERMIT OR AUTHORIZ depending upon document	Department Application for Improvement Permit and/or Authorization to Construct IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT ATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration ation submitted. (complete site plan = 60 months; complete plat = without expiration)
910-893-7525 Environmental He Place "pink pevery 50 feet Place "orange out buildings, Place orange If property is evaluation to Call No Cuts After prepariation Use Click2G Environmental He Follow above Prepare for inspection is After preparmultiple per	
SEPTIC If applying for authori Accepted	zation to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. [] Innovative [] Conventional [] Any
	() Other
1 11 -	otify the local health department upon submittal of this application if any of the following apply to the property in yer is "yes", applicant must attach supporting documentation.
(_)YES (✓) NO	Does the site contain any Jurisdictional Wetlands?
YES YES	
LIYES LIN	. I ' 9 Diseas avalain
	the then demestic sewage?
	al - Public Agency?
(Pick of Ways on this property?
_}YES \(\text{N}\)	set a shape or underground electric lines?
(_)YES (_N	If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
	The State of the Provided Herein Is True, Complete And Correct. Authorized County And
	TO Compare Magazzary Inspections to Determine Compare
State Officials Are G	Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
I Understand That I	Am Solely Responsible For The Frogen
4/	So That A Complete Site Evaluation Can Be Performed. 7 18 12
PROPERTY OW	NERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE