

Initial Application Date: 12-10-13

Application # 1350032610

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: John Benson Mailing Address: 416 Sherman Pines Dr  
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-610-8004 Email: jbensonjr@gmail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: John Benson Phone # 919-610-8004

PROPERTY LOCATION: Subdivision: Sherman Pines Lot #: 20 Lot Size: 1.31 acre

State Road # 46 State Road Name: Sherman Pines Dr Map Book & Page: 2006/373

Parcel: 08 D655 D11856 PIN: D655-43-4868-000

Zoning: RA30 Flood Zone: X Watershed: IV Deed Book & Page: 2904/631 Power Company\*: \_\_\_\_\_

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

**PROPOSED USE:**

☐ SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ 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 36 x 24) Use: Office / Storage Closets in addition? ( ☒ ) yes ( ) no  
20 x 40 In ground Swimming Pool

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 ( ☒ ) no

Does the property contain any easements whether underground or overhead ( ) yes ( ) no

Structures (existing or proposed): Single family dwellings: (1) Manufactured Homes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

Front Minimum \_\_\_\_\_ Actual 35+

Rear \_\_\_\_\_ 198

Closest Side \_\_\_\_\_ 21

Sidestreet/corner lot \_\_\_\_\_

Nearest Building on same lot 6 8.5 to pool from SPD

Comments: Site Plan is for Pool & Storage Bldg.

Call before going out on John - 919-610-8004

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: \_\_\_\_\_

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.

  
\_\_\_\_\_  
Signature of Owner or Owner's Agent

12-10  
Date

\*\*\*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\*\***

# LEGEND

PO=PORCH  
P=PATIO  
SW=SIDEWALK  
DW=CONC DRIVEWAY  
EB=ELECTRIC BOX  
SCQ=CLEANOUT  
TP=TELEPHONE PEDESTAL  
WM=WATER METER  
AC=AIR CONDITIONING UNIT

○ IRON PIPE FOUND  
● IRON PIPE SET  
○ NAIL SET

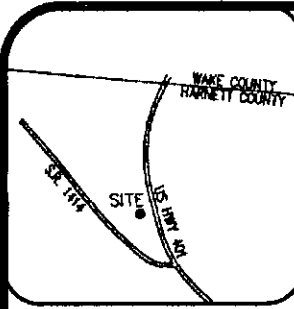


THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET, OR CHANGE AN EXISTING STREET.

*Shawn T. Rumberger*  
SHAWN T. RUMBERGER, PLS L-4909

DATE 2-27-12

THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.



VICINITY MAP

## SETBACKS

FRONT 35'  
SIDE 10'  
REAR 25'

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	100.40	325.00	S 85°13'30" W	100.00

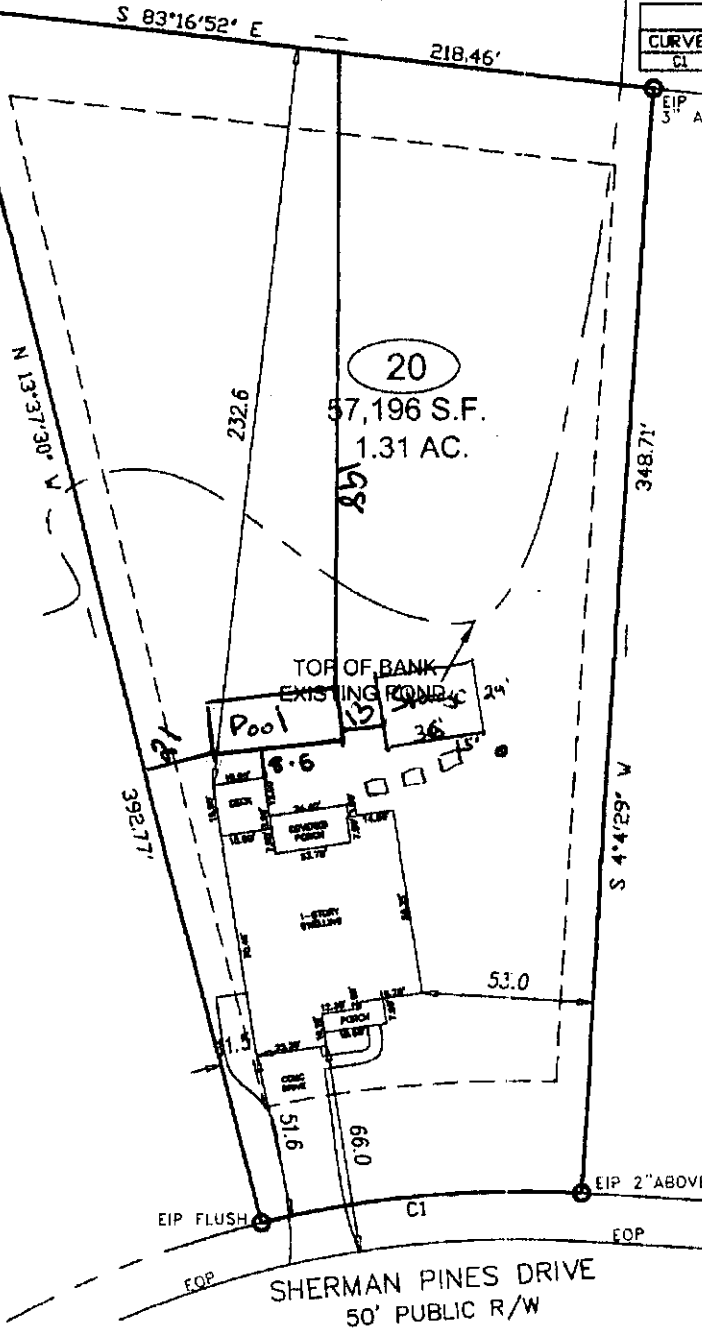
PLAN NORTH  
BOOK 2006 PG 373

SITE PLAN APPROVAL  
DISTRICT RA 30 USE  
Storage  
Beds./Pool

19 BEDROOMS

12-10-13  
Date

Zoning Administrator



GRAPHIC SCALE



1 inch = 60' FL

ASBUILT SURVEY

PROJECT:  
11-077 SHERMAN PINES

DRAWN BY:  
APS

SCALE:  
1"=60'

DATE:  
02-27-12

FOR  
JOHN BENSON

48 SHERMAN PINES DRIVE  
LOT 20 SHERMAN PINES  
HECTORS CREEK TOWNSHIP, HARNETT COUNTY, NC  
PB 2006 PG 373

**ECLS**

SURVEYING THE EAST COAST  
610 W. CUMBERLAND ST  
DUNN, NC 28334

910.897.3257 EASTCOAST@ECLS.COM 910.897.3328 (FAX)

HTE# 01-5-17897022

## Harnett County Department of Public Health

PERMIT # 26721

## Operation Permit

22213

☒ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: SHERMAN PINES DR

Name: (owner) JOHN P. BENSON

SUBDIVISION SHERMAN PINES

LOT # 20

System Installer: RICKY HOLLAND

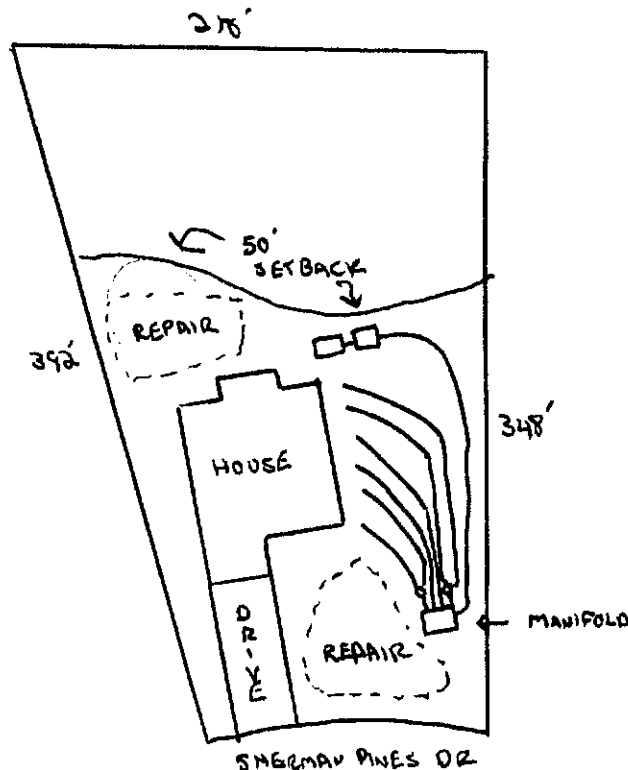
Registration #

Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 100 feetSystem Type: VI B Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



## PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: As required by Rule .1961. Other:

Subsurface system operator required? Yes ☐ No ☒

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: REPLACE BATTERY IN PANEL ONCE A YEAR

V. Other: DISTRIBUTION THROUGH MANIFOLD. ALL SYSTEM SPECIFICATIONS ON FILE AT

☐ D-Box ☐ Pump ☐ Alarm ☐ H2O Line ☐ HEALTH DEPARTMENT PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☒ Other PUMP TO CHAMBER (QW) Septic Tank: 1000 gallons Pump Tank: 1000 gallonsSubsurface No. of exact length width of depth of  
Drainage Field ditches 6 of each ditch VARIOUS feet ditches 3 feet ditches 12 inches

French Drain Required: Linear feet 240' TOTAL

Authorized State Agent

LEHS

Date 2/14/12