Initial Application Date: 4.22.)

| Application # | 65003854 |
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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 **APPLICANT*:** Mailing Address: City: State Contact No: _ Email: *Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Phone # Lot Size **PROPERTY LOCATION: Subdivision:** State Road # State Road Name Deed Book & Page: *New structures with Progress Energy as service provider need to supply premise number from Progress Energy. **PROPOSED USE:** Monolithic _x____) # Bedrooms:___ # Baths:___ Basement(w/wo bath):____ Garage:____ Deck:____ Crawl Space:____ SFD: (Size ___ (Is the bonus room finished? (__) yes (__) no w/ a closet? (__) yes (__) no (if yes add in with # bedrooms)) # 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: Existing Well _ New Well (# of dwellings using well) *Must have operable water before final Water Supply: County 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 (\frac{1}{2}) no Does the property contain any easements whether underground or overhead (___) yes (___) no Structures (existing or proposed): Single family dwellings: Manufactured Homes: Required Residential Property Line Setbacks: Comments: Front Rear **Closest Side** Sidestreet/corner lot **Nearest Building**

Residential Land Use Application

on same lot

age 1 of 2و APPLICATION CONTINUES ON BACK

| SUTSIN | Subd | let 3 | |
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| | | | |
| its are granted I agree to conform to all ordinance y state that foregoing statements are accurate ar | es and laws of the State of North Code correct to the best of my knowled to the best of my knowl | Carolina regulating such work and the specifications of planedge. Permit subject to revocation if false information is pro | s sı vide |

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

150 PRELIMINARY PLAT— NOT FOR RECORDATION, CONNEYANCES, OR SALES. NOTE: THIS PROPERTY IS SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD. DEED NORTH 1841 PG 532 DOV & BGV 09-21-201 BLACK RIVER TOWNSHIP PLAN "SHANNON" OVERALL 84.0 X 57.0 28 1' = 50'COUNTY CAROLINA COMFORT HOMES PLOT PLAN FOR STETSON CA CHECKED BY: DRAWN BY: S SCALE PATÉ - 7557 őë HARNETT HE PI 50 0 GRAPHIC SCALE ITE PLAN APPROVAL #BEDROOMS 2 2 dministrator OF MAP 2008-193 Co. Cars Zoni LOT 4 NUMBER 05°14'00" E 215.28 Veronica Clark Lot 97 fairview Bow 1997 PC 676 S 88*21'29" W 112.00 MOONLICHT DRIVE BARKETT COUNTY (PER 50' R/W S 84"19'33" E 139.00 LOT 3 0.630 ACRE 105.00 CHESTONE 2 SOILS 228.86 THOMAS BOSWELL LOT 102 FAIRVIEN BOW 1897 PC 161 11.43'52 LOT 2 OF MAP NUMBER 2008-193 5 NE NCGS CONTROL MONUMENT VITHEN 2000, LOTS TO BE SERVED BY HARNETT COUNTY AND INDIVIDUAL SEPTIC SYSTEMS. **PROFESSIONAL LAND SURVEYORS, P.A.** ₩ 1000 N. ARENDELL AVE. P.O. BOX 892, ZEBULON, N.C. 27597 PHONE: 919–289–9605 U.C. **‡** C-0243 AREA COMPUTED BY COORDINATE METHOD. NOTE: BEING LOT 3 OF STETSON SUBDIVISION, RECIRIDED IN MAP NUMBER 2008 PGS, 193–200. TOTAL SOFT. – PROPOSED COVERAGE SOFT. – ALLOVABLE COVERAGE SOFT. – AVAILABLE COVERAGE DIPERVIDUS SUIFACE COVERACE
1798 SOFT. - HOUSE & GARACE
188 SOFT. - WALK & STEPS
1655 SOFT. - DRIVENAY
3641 TOTAL SOFT. - PROPINSED CI
9004 SOFT. - ALLINABLE COVERA
5363 SOFT. - AVAILABLE COVERA NOTE: NOT AN ACTUAL FIELD SURVEY. NUMBER 2008 PGS 1953-298. VICINITY MAP so Annul This Bend day of JANUA NOTE: VATER / Ē

13/cg. Meybe turned long would be here to the depending on the way it looks on property.

| HTE# 14-5-32850 727 Harnett County Department of Public Health 23347 |
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| PERMIT # 279.22 Operation Permit |
| New Installation Septic Tank Nitrification Line Repair Expansion |
| PROPERTY LOCATION: 00-1415 12A-S/S CH RD |
| Name: (owner) Confort Homes SUBDIVISION STRATION LOT # 3 |
| System Installer: Kussell (1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| Type of Water Supply: Community Public Well Distance from well feet |
| System Type: ATEMANS 25275D Type III 8 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. |
| Chamber Out-K-4 |
| 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. |
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| 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. IY. Operation: |
| 17. Operation. |
| V. Other: |
| D-Box D-Box Pump D-Alarm H20Line D-PWR Line |
| Following are the specifications for the sewage disposal system on the above eaptioned property. Type of system: Conventional Other Criphost Cult Septic Tank: Jood gallons Pump Tank: gallons |
| Subsurface No. of exact length width of depth of |
| Drainage Field ditches 4 of each ditch 75 feet ditches 5 feet ditches 12 inches French Drain Required: Linear feet |
| |
| Authorized State Agent Date 11 10 14 |

| NAME: TAMPS | of Regina Luther | APPLICATION #:_ | |
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| IF THE INFORMATION I. PERMIT OR AUTHORIZA depending upon documenta 910-893-7525 Environmental He All property is lines must be of the consumental of the property is the evaluation to be all lots to be for failure to use the confirmation in the property is the evaluation of the confirmation in the property is the evaluation to be all lots to be for failure to use the confirmation in the property is the evaluation to be all lots to be for failure to use the confirmation in the property is property in the property is multiple periodic at end of the Use Click2Gov SEPTIC | Department Application IN THIS APPLICATION IS FAL ATION TO CONSTRUCT SHAL Ition submitted. (Complete site p option 1 Department Departs System(Irons must be made visit Clearly flagged approximate Indication permit if p Department Departs | ple. Place "pink property flags" on each combined by every 50 feet between corners. The corner of the proposed structure. Also flags per site plan developed at/for Central in location that is easily viewed from road to attal Health requires that you clean out the united by the able to walk freely around site. Downess days after confirmation. \$25.00 returns and property lines, etc. one is permitting system at 910-893-7525 option and card on property. The corner is for a septic tank in a new temporal system at 910-893-7525 option (Unless inspection is for a septic tank in a new temporal system at 910-893-7525 option for Environmental Health inspection. Pleas | representation to Construct THEN THE IMPROVEMENT or 60 months or without expiration orner iron of lot. All property orner iro |
| | | } Conventional {} Any | |
| {}} Alternative | {}} Other | | |
| The applicant shall notify | the local health department u | upon submittal of this application if any of the foraCH SUPPORTING DOCUMENTATION: | |
| {}}YES | Does the site contain any Ju | risdictional Wetlands? | |
| {}}YES | Do you plan to have an irrig | ation system now or in the future? | |
| {_}}YES {} NO | Does or will the building co | ntain any <u>drains</u> ? Please explain | |
| ()YES () NO | Are there any existing wells | , springs, waterlines or Wastewater Systems on t | this property? |
| {}}YES | Is any wastewater going to b | be generated on the site other than domestic sewa | age? |
| {}}YES | Is the site subject to approva | al by any other Public Agency? | |
| {}}YES | | Right of Ways on this property? | |
| {_}}YES {} NO | • | isting water, cable, phone or underground electri | ic lines? |
| ,, | • | t 800-632-4949 to locate the lines. This is a free | |
| I Have Read This Applicat | • | rmation Provided Herein Is True, Complete And C | |
| | | Secessary Inspections To Determine Compliance W | • |
| | | per Identification And Labeling Of All Property Li | |
| | it A Complete Site Evaluation (| | |
| Chamits R. Ju | 6 Klaina | PRESENTATIVE SIGNATURE (REQUIRE | D) DATE |