



Copy # 778
11/15/99

LAND USE PERMIT

ORIGINAL

Harnett County Planning Department
102 E. Front Street, Lillington, NC 27546
Phone: (910) 893-7525 Fax: (910) 893-2793

Fee 20.00

Receipt 011024

Permit 11-10-99

Date 11-10-99

LANDOWNER INFORMATION:

Name Michael W. Parrish
Address 801 Parrish Rd.
Fusquay Virginia NC
Phone 552-8765 H W

APPLICANT INFORMATION:

Name Michael W. Parrish
Address 801 Parrish Rd.
Fusquay Virginia NC
Phone 552-8765 H W

PROPERTY LOCATION:

Street Address Assigned _____
SR # 1442 Rd. Name Parrish Rd. Township 08 Zoning District RA-30
MAP 0663 BLOCK 38 PIN 8023 PARCEL 080663 0006
Subdivision Michael Parrish Tract Lot # 2 Lot/Tract Size 1 acre
Flood Plain 4 Panel 0050 Deed Book 0007 Page 0764
Watershed District IV Plat Book 09 Page 79

Give Directions to the Property from Lillington: 401 North Turn Rt. At
Chalybeate on Ansier Chalybeate Rd. go approx.
2 1/2 miles to Parrish Rd. turn Rt. go 8 1/2 mi
First mail box on left. R/W to lot.

PROPOSED USE:

- ☒ Sg. Family Dwelling (Size 4250 # of Bedrooms 4 Basement 12x56 Garage included at site
Deck 10x12 back
☐ Multi-Family Dwelling No. Units _____ No Bedrooms/Unit _____
☐ Manufactured Home (Size _____ # of Bedrooms _____ Garage _____ Deck _____
☒ Number of persons per household 5
☐ Business Sq. Ft. Retail Space _____ Type _____
☐ Industry Sq. Ft. _____ Type _____
☐ Home Occupation No. Rooms/Size _____ Type _____
☐ Accessory Building Size _____ Use _____
☐ Addition to Existing Building Size _____ Use _____
☐ Sign Size _____ Type _____ Use _____
☐ Other _____ Location _____

Water Supply: ☐ County ☒ Well (No. dwellings _____)
Sewer: ☒ Septic Tank (Existing? NO) ☐ County ☐ Other
Erosion & Sedimentation Control Plan Required? Yes _____ No ✓ ☐ Other

NOTE: A copy of the recorded survey or plat map and a copy of the recorded Deed for the property or Offer to Purchase are required to obtain Land Use Permit. A site plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, and accessory buildings.

SETBACK REQUIREMENTS**ACTUAL****MINIMUM REQUIRED**

Front Property Line
Side Property Line
Corner Side Line
Rear Property Line
Nearest Building
Stream
Percent Coverage

80
40
—
168
—
—
—

35
10
—
25
10
—
—

Are there any other structures on this tract of land? NO
No. of single family dwellings _____ No. of manufactured homes _____ Other (specify) _____

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet (500') of the tract listed above? Yes _____ No ✓

I hereby CERTIFY that the information contained herein is true to the best of my knowledge; and by accepting this permit shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. **Any VIOLATION of the terms above stated immediately REVOKES THIS PERMIT.** I further understand this structure is not to be occupied until a Certificate of Occupancy is issued.

Donald W. Pearson
Landowner's Signature
(Or Authorized Agent)

11-10-99
Date

****This permit expires 6 months from the date issued if no work has begun before that date****

LAND USE PERMIT IS REQUIRED WHEN PICKING UP SEPTIC, BUILDING AND SET-UP PERMITS

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FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? *h/s*

Is the lot/tract specified above in compliance with the Harnett County
Subdivision Ordinance ✓
Watershed Ordinance ✓
Manufactured Home Park Ordinance ✓

ISSUED ✓

DENIED _____

Comments:

Donna Johnson
Zoning/Watershed Administrator

11-10-99
Date

CERTIFICATION OF OW

DATE 2/15/99

TAX PARCEL ID NUMBER_____

OWNER 7

OWNER _____

2-16-
DATE

SITE PLAN APPROVAL

DISTRICT KA-30 USE SED

#BEDROOMS 4

11-10-99 D. Johnson
Date Zoning Administrator

Zoning Administrator

 $l = 100$