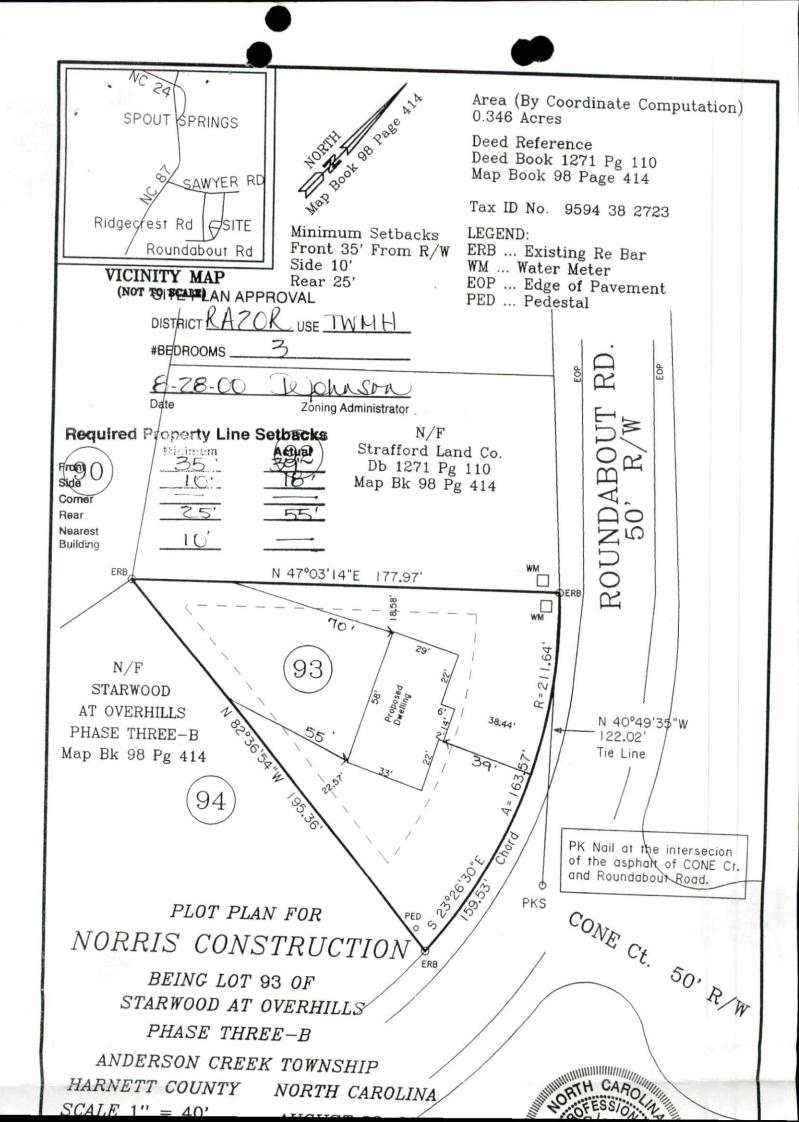
Initial Application Date: 6-28-00

Application #00- 5000048

UNTY OF HARNETT LAND USE APPLICATION

Planning Department 162 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 Stattord Land Co. A. NOPRIS Address: 33 YADKIN C.f. State: NC Zip: 28326 Phone #: 910 977 - 4848 SAME AS ABOVE APPLICANT: City: Zip: PROPERTY LOCATION: SR #: 2487 SR Name: NC 24 8 Parcel: 09-9566-02-0011-93 PIN: 9594-38-1946 Zoning: RAZOR Subdivision: SLAT WORD @ Onerhall Dlot #: Watershed: NA Deed Book/Page: CHET TO Plat Book/Page: 98-4 DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE HWY 27 IN TO FRE BUFFALO IKS TAKE TO HWY 87. GO SOUTH APPROX 3 MICES TO STARWOOD SUBDIVISION MAKE LEFT. GO TO LAST STREET & MAKE PICHT AT ROUNDABOUT ROL- GO TO LOTS ON RIGHT HAND STOE PROPOSED USE: (X) Sg. Family Dwelling (Size 35x58) # of Bedrooms 3 Basement Garage 24X24 Deck 6 X14) Multi-Family Dwelling No. Units No. Bedrooms/Unit () Manufactured Home (Size # of Bedrooms Garage Number of persons per household __SOUC . Business Sq. Ft. Retail Space Type) Industry Type 1. Manufactured home must have a pitched roof. (Size x) # Rooms () Home Occupation Use 2. Manufactured home must have underplinning. (Size x) Use 3. Moving apparatus must be removed, under) Accessory Building () Addition to Existing Building (Size x) Use pinned, or landscaped. 4. Steps 2&3 completed w/in 60 days of C.O. () Other issuance. Water Supply: (County () Well (No. dwellings) () Other Sewer: (V) Septic Tank/ Existing: YES (NO) () Other Erosion & Sedimentation Control Plan Required? YES Structures on this tract of land: Single family dwellings Manufactured homes ____ Other (specify) Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO Required Property Line Setbacks: Minimum Actual Minimum Front Rear Side Corner Nearest Building If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge, Signature of Applicant



HOENEKSTCPHONY ST P O BOX 65 LILLINGTON NC 27546

DAME: 9/30/00

APPLICATION NBR: 00-50000048

ITEM DESCRIPTION PAID
SEPTIC TANK APPL = NEW 100.00

TOTAL AMOUNT PAID: 100.00

PAYMENT TYPE: CHECK CHECK NBR: 000001114 RESHIER:#: 0000004198