



Conf # 567
9-23-98

LAND USE PERMIT

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

Receipt
Permit # 009233
Date 9-23-98

LANDOWNER INFORMATION:

Name MAK Development LLC
Address 1281 JACKSON KING Rd.
W. HOLLOW SPRINGS
Phone 639-8880 H 919-639-2111 W

APPLICANT INFORMATION:

Name Same
Address _____
Phone _____ H _____ W _____

ORIGINAL

PROPERTY LOCATION:

Street Address Assigned Arbor Crest Lane
SR # NC 27 Rd. Name NC 27 Township Grove Zoning District RA-30
PIN 0680-53-4582 PARCEL 07-0680-0021
Subdivision Arbor Crest Lot # 11 Lot/Tract Size .98
Flood Plain X Panel 105 Deed Book 1257 Page 612
Watershed District IV Plat Book Trk 98 Page around 415

Give Directions to the Property from Lillington: 421 EAST - TAKE LEFT ON
Leslie Campbell Rd. Go approx 2 miles - Turn Right
on Old Stage - Sub 1/2 mile on left.

PROPOSED USE:

- Sg. Family Dwelling (Size 50 x 50) # of Bedrooms 3 Basement - Garage -
Deck 10x10
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home (Size x) # of Bedrooms _____ Garage _____ Deck _____
- Number of persons per household Spec.
- Business Sq. Ft. Retail Space _____ Type _____
- Industry Sq. Ft. _____ Type _____
- Home Occupation No. Rooms/Size _____ Use _____
- Accessory Building Size _____ Use _____
- Addition to Existing Building Size _____ Use _____
- Sign Size _____ Type _____ Use _____
- Other _____ Location _____

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

NOTE: 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, accessory buildings, wells, and any wells within 40 feet of your property line.

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

SETBACK REQUIREMENTS

ACTUAL

MAXIMUM/MINIMUM REQUIRED

Front Property Line	45	35
Side Property Line	25	10
Corner Side Line	—	20
Rear Property Line	300	25
Nearest Building	—	—
Stream	—	—
Percent Coverage	—	—

Are there any other structures on this tract of land? No
 No. of single family dwellings 1/1 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 X

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.

Craig Byrd
 Landowner's Signature
 (Or Authorized Agent)

9-23-98
 Date

THIS PERMIT EXPIRES 6 MONTHS FROM THE DATE ISSUED IF NO WORK HAS BEGUN BEFORE THAT DATE.

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FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? ✓

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

ISSUED ✓

DENIED _____

Comments:

M. Buckland
 Zoning/Watershed Administrator

9-23-98
 Date

HEALTH DEPARTMENT
PERMIT TO CONSTRUCT

This permit authorizes the installation of a wastewater system to the specifications described in the attached drawings. This permit is issued under Department Permit # 16101. This authorization is valid for a period of 30 years from the date of issuance. This authorization shall be void if there is a change in the use of the property.

Name of Authorized Agency: _____
Address: 12345 Oak Street Telephone # 639-8880

City: Spring
Map Section: SR # 27 Road Name Arbor Crest Ln

Installation: Septic Tank Nitrification Lines
Lot # 11

Lot size: _____

Without Plumbing _____

Minimum Well Setback: 50 ft.

Polystyrene Aggregate Trench System I WWS-95-3R

Pump Chamber _____ gallons

Specifications

Length of lines 3 80 ft

18 inches MAX

Depth of gravel _____

This permit is not to be used by any person until an inspection by the Health Department and the system has been installed according to the attached drawings and a valid operations permit has been issued.

Date: 1/19/99