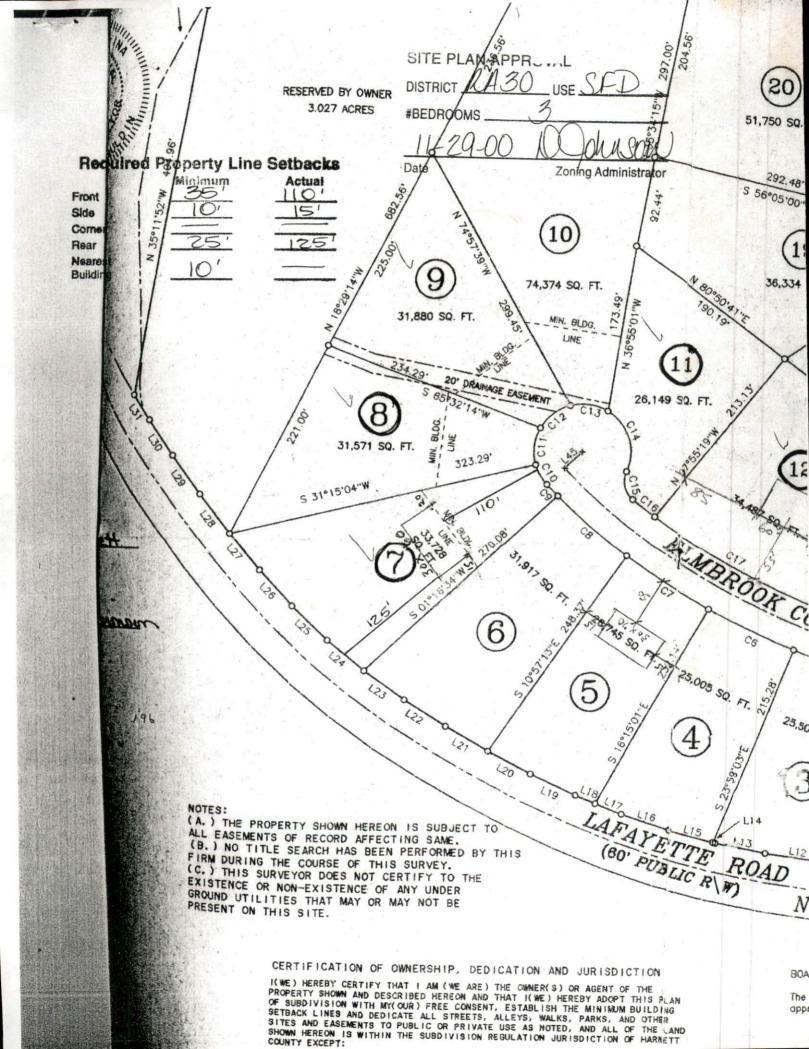
Initial Application Date: 11-29-00

Application	- 50000110 Conf # 463
DDI ICATION	12/51

COUNTY OF HARNETT LAND USE APPLICATION	10/		
Planning Department 102 E. Front Street, Lillington, NC 27546 Phone: (9	910) 893-7525 Fax: (910) 893-2793		
LANDOWNER: MAIN ST. CABINET (PATE) Address: City: ERUIN State: NC Zip: PH			
City: ERUIN State: NC 7in: PH	hone #:		
APPLICANT: (+12 BYILDERS Address: 10 BOX	1405		
APPLICANT: C+R BUILDERS Address: Po Box City: Duna State: NC zip: 28335 Ph	ione #: 919-721-0764		
PROPERTY LOCATION: SR #: 1443 SR Name: Capatitle Ka			
Parcel: 08-0053-0105-08 PIN: 0653-91-			
Zoning: 1430 Subdivision: V/CHOUA (UUS) Lot#:	7 Lot Size: 33,128		
Flood Plain: Panel: 50 Watershed: Deed Book/Page: Of 150	Plat Book/Page: 40-48/		
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 40 FROM L	ILINGTON NC		
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TAKE 401 FROM 2.	RYFAHE ROAD		
GO I MILE - TAICE LEFT @ VICE	TORIA HILLS		
PROPOSED USE:	24		
Sg. Family Dwelling (Size 30 x 60) # of Bedrooms 3 Basement Garage 24 V	24 Deck 10412 Rlaw		
() Multi-Family Dwelling No. Units No. Bedrooms/Unit			
(_) Manufactured Home (Sizex) # of Bedrooms Garage Deck			
Number of persons per household SOLL	Crecio Car Si		
	1400		
() Home Occupation (Sizex) # Rooms Use	2 50000		
() Addition to Existing Building (Sizex) Use			
(_) Other			
Water Supply: (1) County () Well (No. dwellings () Other			
Sewer: (1) Septic Tank/ Existing: YES (NO) (1) County (1) Other Erosion & Sedimentation Control Plan Required? YES (NO) (2) County (1) Other			
· profe			
Structures on this tract of land: Single family dwellings Manufactured homes Other (specific property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500).	2) 6		
Required Property Line Setbacks: Minimum Actual Minimum			
35' 110' 251	Actual		
10/	120		
Side 10 Corner			
Nearest Building [O'			
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulat	ting such work and the analification		
plans submitted I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.			
1 051			
1/25/00 11/25/00			
Signature of Applicant Date			



100 mg 111 mg of d"

100 mg 111 mg of d"

100 mg 110 mg 110 mg of d"

100 mg 110 mg 11