

EH

COUNTY OF HARNETT LAND USE APPLICATION

Planning Department

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525

Fax: (910) 893-2793

LANDOWNER: SAMTEE BUILDERS INC Address: PO Box 1405
City: Dunn State: NC Zip: 28335 Phone #: 919-721-0764

APPLICANT: SAME Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: 1139 SR Name: JUNYA Road
Parcel: 03-9587-01-0020-52 PIN: 9596-05-4941
Zoning: RAZOR Subdivision: SUNSET RIDGE Lot #: 52 Lot Size: _____
Flood Plain: Panel: 150 Watershed: N/A Deed Book/Page: 1214/0435 Plat Book/Page: F1418A

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 27 TO BUFFALO LAKE RD.

PROPOSED USE:

- Sg. Family Dwelling (Size 30 x 50) # of Bedrooms 3 Basement NO Garage 24x24 Deck 10x14
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
- Comments: included in total site
- Number of persons per household SPEC
- Business Sq. Ft. Retail Space _____ Type _____
- Industry Sq. Ft. _____ Type _____
- Home Occupation (Size _____ x _____) # Rooms _____ Use _____
- Accessory Building (Size _____ x _____) Use _____
- Addition to Existing Building (Size _____ x _____) Use _____
- Other _____

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

Structures on this tract of land: Single family dwellings 1 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	Actual
Front	<u>35'</u>	<u>40'</u>	Rear	<u>25'</u> <u>140'</u>
Side	<u>10'</u>	<u>20'</u>	Corner	_____
Nearest Building	<u>10'</u>	_____		

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.

Roger L. Edm...
Signature of Applicant

2/8/01
Date

PLATE PLAN APPROVAL

DISTRICT RAZOR USE SFD

#BEDROOMS 3

2-12-01 [Signature]

Date Zoning Administrator

1 MAR 95 Harold W. Martin
Date Chairman

15 MAR 95 [Signature]
Date Chairman

HOUSE NUMBERS

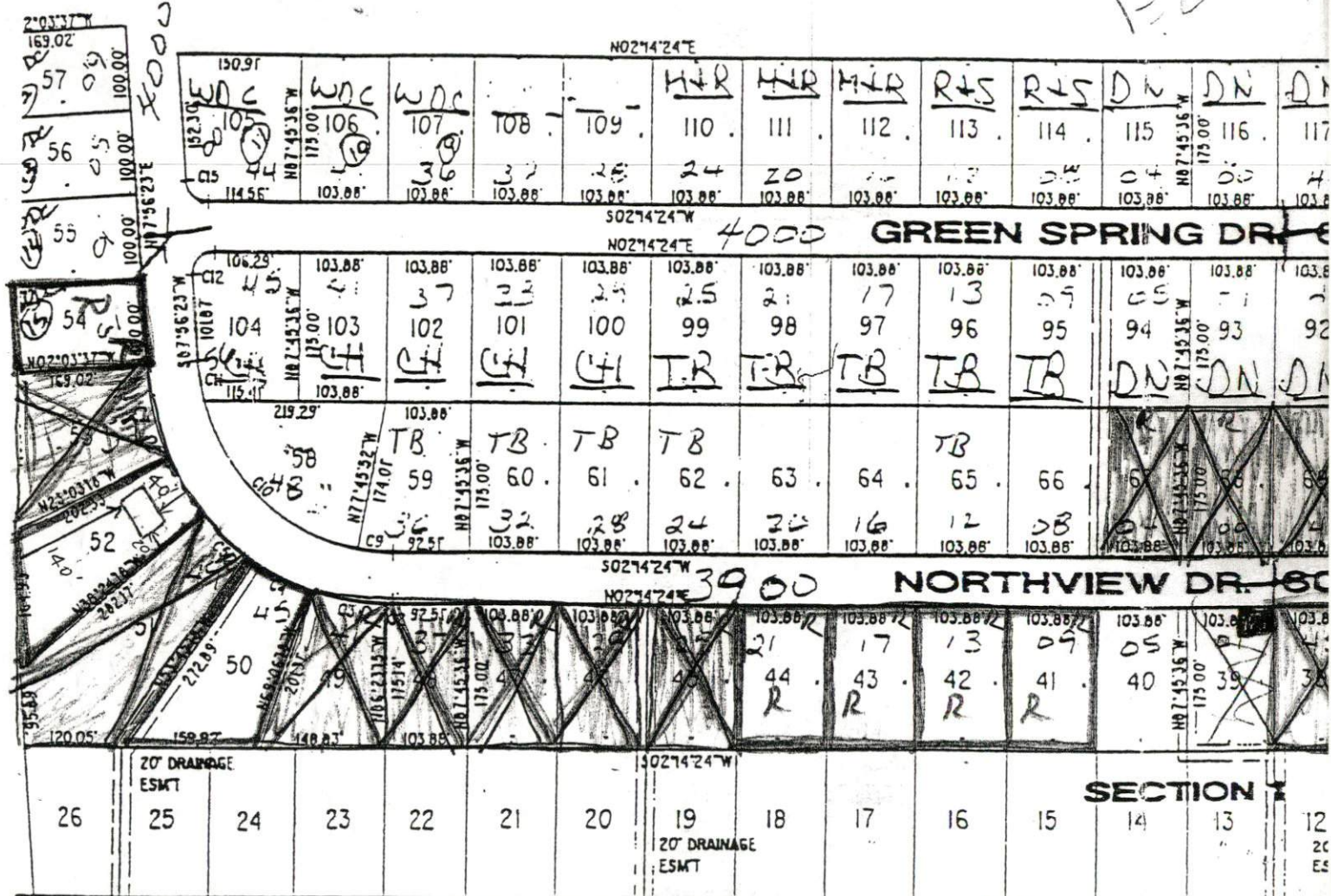
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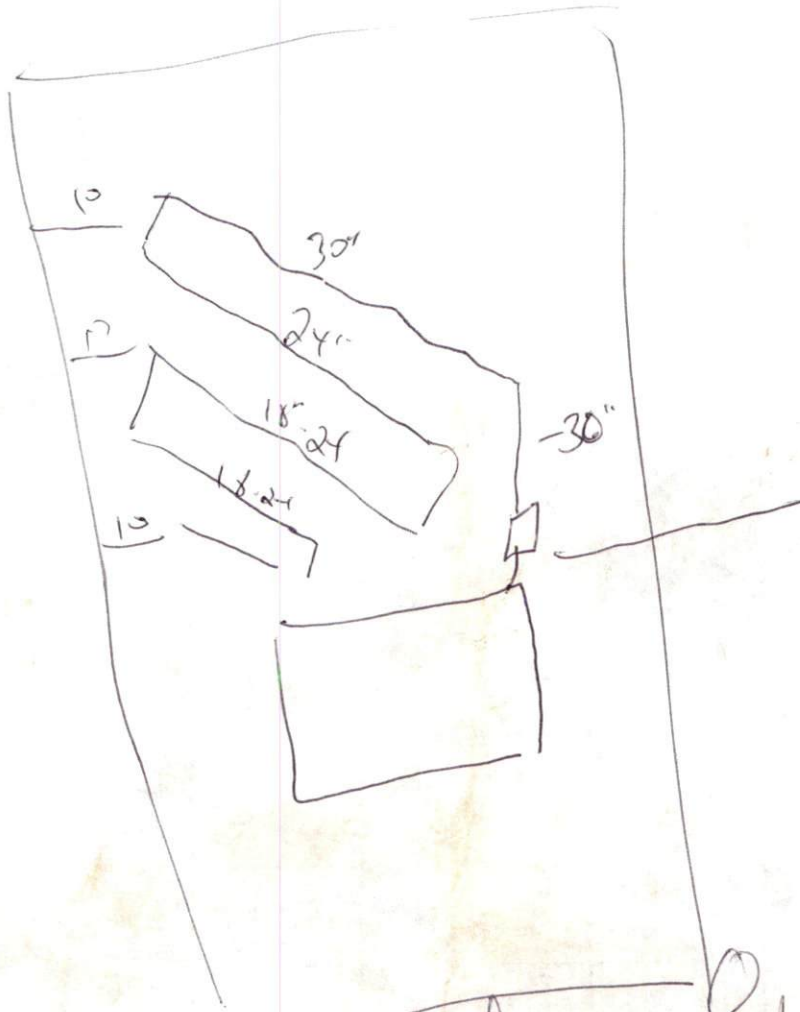
MAILING ADDRESS
SANFORD, N.C. 27331

1-200

Required Property Line Setbacks

Actual	40'
Front	35'
Side	10'
Corner	11'
Rear	25'
Nearest Building	10'





Z F Plumbing
 NOT STUB
 Out here
 & shallow
 Pump
 To Be
 Required
 elec Box

Phone
 Box

1 X 270
 18-30

meet
 on st

1 1/2 Lin
 To be 18-30"
 Deep Lin. After
 That to get
 shallower