Initial Application Date:	3/13/01	
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Application #01-	×	

Contract of the Contract of th	011	I I OI HARRINET	I DAI ID OU	E ALL LIC.	n n	11711
· Planning Department	102 E. Front Stre	et, Lillington, NC	27546	Phone	e: (910) 893-7525	Fax: (910) 893-2
LANDOWNER: CEPS City: Lillington	p Feer Bu	ilders A State: NC	Address: Zip:	1116	Tysinger Phone #: _ 81	Rd 4-2330
APPLICANT:	Cape Fa	er Build	Address: _	SAM	2	
City:		State:	Zip: _		Phone #:	
PROPERTY LOCATION: SR Parcel: OB ~ O G 3 ~ C Zoning: RA ~ Subdi Flood Plain: Panel: C	x#: <u>[U43</u> SR 206-49 vision: <u>Vi C+2r</u> 060 Watershed	Name: Lata PI ic Hills : ID Deed I	Yethe N: 065?	RP 3 - 84 - 1 Lot#: 2	ZES6 Zowka Lot Siz Plat Book/Page:	1 30pox 20: 78/11 59.0
DIRECTIONS TO THE PROPER Type Right on TO Victoria						
PROPOSED USE:	7	.50				
Sg. Family Dwelling (Size 4) Multi-Family Dwelling No.	D x (60) # of Be	drooms 3 I	Basement	Garage	Deck 10	XID DO
						a Day
() Manufactured Home (Size Comments:			arage	Deck		
Number of persons per house						
() Business Sq. Ft. Retail S	pace	Type _	~~~			
() Industry Sq. Ft		Туре			#) (*)	
Home Occupation (Size	x) # Roo	ms	Use			
Accessory Building (Size	x) Use					
() Addition to Existing Building	(Sizex)	Use				
() Other						
Water Supply: (X) County (_)			(_) Ot	her		
Sewer: Septic Tank/ Existing:		County	(_) Ot	her		
Erosion & Sedimentation Control P		(NO)		-		
Structures on this tract of land: Sin						
Property owner of this tract of land of					00') of tract listed ab	ove? YES
Required Property Line Setbacks:	Minimum	Actual	1	Minimum	Actual	
Front	35	40	Rear	25	56'	

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.

Corner

Joien Motoday

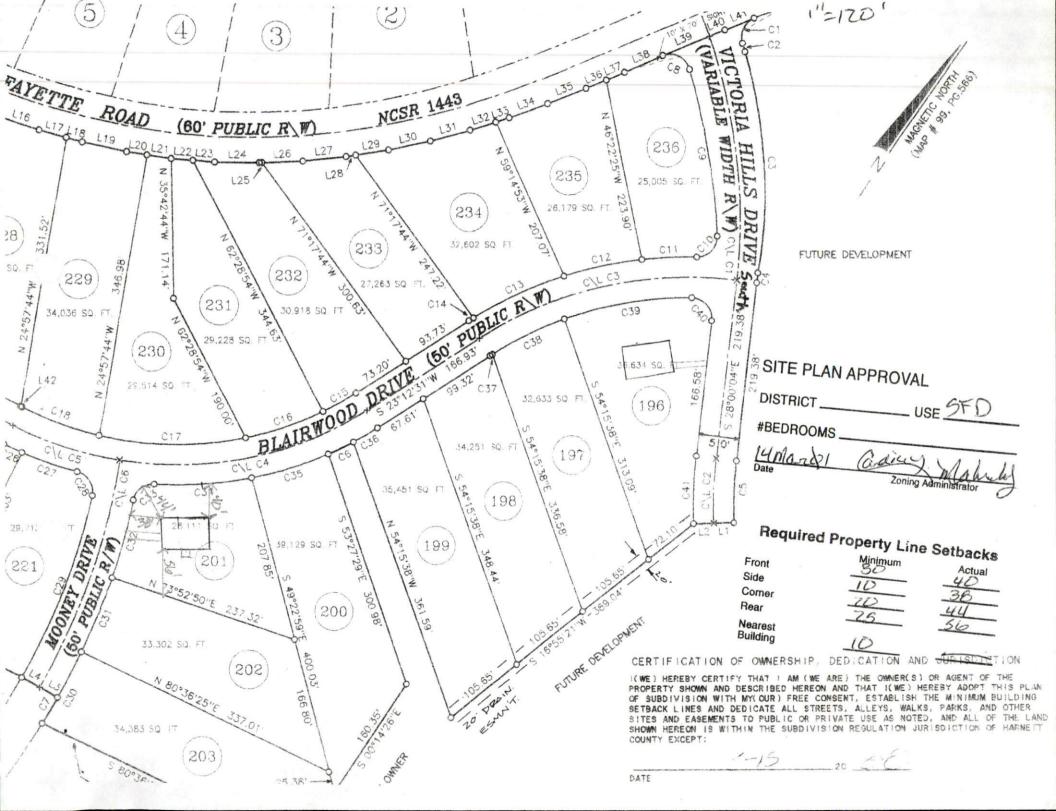
Side

Nearest Building

10

Signature of Applicant

3/3/0/ Date



Harnett County
102 EAST FRONT ST
P O BOX 65
LILLINGTON NC 27546

DATE: 3/14/01 TIME: 10:16:44 RECEIPT #: 0000006689 CASHIER: CMAHRENH

MISCELLANEOUS RECEIPT

REFERENCE: TEMP APP# 011711

HANDWRITTEN ENV HLTH FEES 100.00

TOTAL AMOUNT PAID: PAYMENT TYPE: CHECK CHECK NBR: 000002488

100.00