



COUNTY OF HARNETT

FEE 20⁰⁰

Receipts:

Permit **008059**

Date: 12-31-97

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME CARTER C. POPE JR
ADDRESS 8110 OLD US 421
LILLINGTON NC. 27546
PHONE 893-3505W 893-5370 H

APPLICANT INFORMATION:

NAME _____
ADDRESS _____
PHONE _____ W _____ H _____

PROPERTY LOCATION:

Street Address Assigned _____

SR # 1235 RD. NAME Adcock Rd. TOWNSHIP 13 FIRE _____ RESCUE _____

TAX MAP NO. 0610-24 PARCEL NO. 0893 FLOOD PLAIN X PANEL 80

SUBDIVISION Carter + Molly Pope
Michael + Michelle Boss LOT # 1 LOT/TRACT SIZE 5.99 Acres

ZONING DISTRICT NA

DEED BOOK 1168 PAGE 744

WATERED DIST. IV WATER DIST. _____ PLAT BOOK F PAGE 614-4

Give Directions to the Property from Lillington: Take Old US 421
West. Turn left on Adcock Rd. Property is on left
before you reach the intersection of Adcock + Griffin Rd.

PROPOSED USE

- () Sq Family Dwelling (Size _____ x _____) # of Bedrooms _____ Basement _____
Garage _____ Deck _____ (Size _____ x _____)
() Multi-Family Dwelling No. Units _____ No. Bedrooms/unit _____
(X) Manufactured Home (Size 14 x 70) # of Bedrooms 3 Garage _____
Deck _____ (Size 8 x 10)
() Number of persons per Household _____
() Business SqFt Retail Space _____ Type _____
() Industry SqFt. _____ Type _____
() Home Occupation No. Rooms/size _____ Type _____
() Accessory Bldg. Size _____ Use _____
() Addition to Existing Bldg. Size _____ Use _____
() Sign Size _____ Type _____ Use _____
() Other _____ Type _____ Location _____

Water Supply: (X) County () Well (No. dwellings _____) () Other
Sewer: (X) Septic Tank (Existing? NO) () County () Other
Erosion & Sedimentation Control Plan Required? Yes _____ No X
Are there any wells not on this lot but within 40 ft of the
property line no (show on Site Plan).

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, well, and any wells within 40 feet of your
property line.

SETBACK REQUIREMENTS

	Actual	Minimum/Maximum Required
Front property line	+300	35
Side property line	+60	10
Corner side line		
Rear Property Line		25
Nearest building		10
Stream		
Percent Coverage		

Are there any other structures on this tract of land? no
No. of single family dwellings _____ No. of manufactured homes _____
Other (specify & number) _____

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet 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. This permit expires six months from date issued.

[Signature]
Landowner's Signature
(Or Authorized Agent)

12-31-97
Date

FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? no

Is the lot/tract specified above in compliance with the Harnett County Subdivision Ordinance?

Watershed Ordinance? 2

Mobile Home Park Ord? 2

ISSUED ✓

DENIED _____

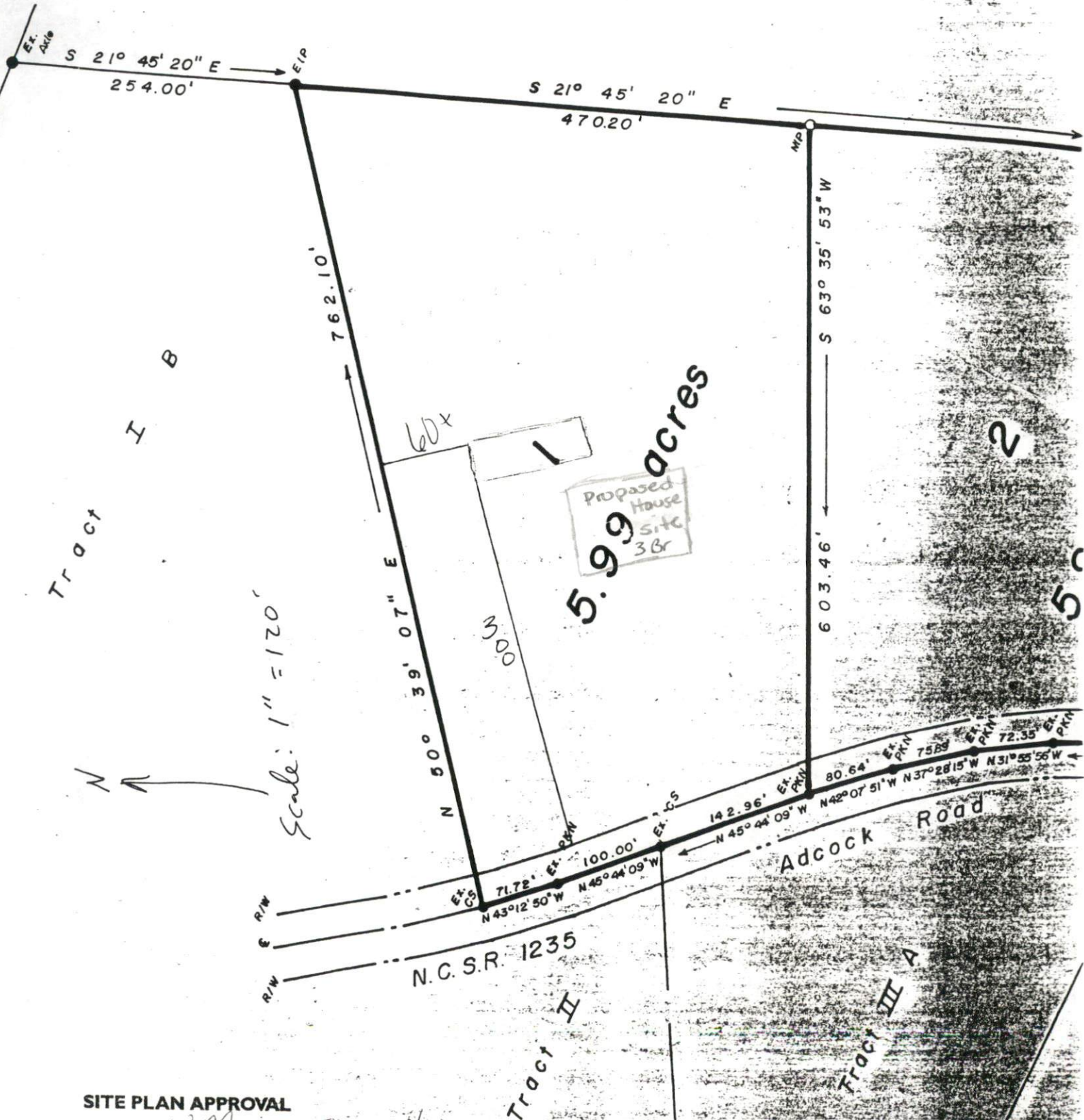
Comments: _____

[Signature]
Zoning/Watershed Administrator

12-31-97
Date

Pa
Mc

L
Pg. 952



SITE PLAN APPROVAL

DISTRICT WPA USE swornit

#BEDROOMS 3

12-31-97

Date

Lisa Hart
Zoning Administrator