Initial Application Date: 4-04-01 (CUMP) Applic 3-1841
COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793
LANDOWNER: Jeff W. Huber Mailing Address: P.O. Bx 2105
City: Lillington State: N.C. Zip: 27546 Phone #: 910 890-3941
APPLICANT: Jeff W. Huber Mailing Address:
City: State: Zip: Phone #:
PROPERTY LOCATION: SR #: 1513 SR Name: M, 115 Creek Rd
Parcel: PIN:
Parcel: Zoning: RA-30 Subdivision: Springfield - Willowfond Ch. Lot#: 5 Lot Size: 1.5 Flood Plain: Panel: 50 Watershed: Deed Book/Page: Plat Book/Page: 0661-59
Third and the Bland (will a Don't all) Bight on weils creak 2d.
Third 12d to Thight (willow Fond ed.) Lot 5 at end of road behind
PROPOSED USE: 70 X76
PROPOSED USE: Sg. Family Dwelling (Size Structure) # of Bedrooms # Baths 3 Basement (w/wo bath) Garage Deck HYXIY Multi-Family Dwelling No. Units No. Bedrooms/Unit
The Boardonis onit
Oarage Deck
Comments: Number of persons per household
Business Sa Et Detail Second
Industry So Et
Home Occupation (6)
Use
D. AHEC . Did Date
Addition to Existing Building (Size x) Use
Water Supply: (_) County (_) Well (No. dwellings) (_) Other
Sewage Supply: (_) New Septic Tank () Existing Septic Tank () County Sewer () Other
Erosion & Sedimentation Control Plan Required? YES NO
Structures on this tract of land: Single family dwellings 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 35 (00) Rear 25 (00)
Side 10 80 Corner 20
Nearest Building 10
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.
Jewise Dy-O
Signature of applicant Date
4.008
**This application expires 6 months from the date issued if no permits have been issued **





SUNTY OF HARNET 37

Receipt:

Date: 2-3-58

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:	APPLICANT INFORMATION:
NAMEThe Quest Development Co. Inc. ADDRESS RO- 2121 DONN WC	NAME
	PHONE W H
PROPERTY LOCATION: Street Address Assigned _207 5	springfield - Willow And C.
SR # 1513 RD. NAME Neills (sect Rd. TOWN	
TAX MAP NO 1661-59 PARCEL NO 5868	FLUOD FLAIM / FANEL 50
SUBDIVISION Springfield	LOT #_5_ LOT/TRACT SIZE /.5
ZONING DISTRICT RA-30	DEED BOOKPAGE
WATSHED DIST WATER DIST	PLAT BOOK F PAGE 646-C
Give Directions to the Property fro 210 Two Angier T.R on Harr Neills (sech Church Rd. go in.	le Subdivision on right.
PROPOSED Sq Family Dwelling (Size 50 x 60) Garage Deck (A) Multi-Family Dwelling No. Units (B) Manufactured Home(Size X 1) Deck (Size X 1) Deck Sqft Retail Space (D) Number of persons per Household (E) Business Sqft Retail Space (E) Industry Sqft. (E) Home Occupation No. Rooms/size (E) Addition to Existing Bldg. Size (E) Addition to Existing Bldg. Size (E) Sign Size Type (E) Other Water Supply: (County (D) Well Bewer: (C) Septic Tank (Existing Plank are there any wells not on this	# of Bedrooms 3 Basement 20
*NOTE: A Site Plan must be attached to scale on an 8.5 by 11 she proposed buildings, garages, buildings, well, and any well property line.	to this Application, drawn et, showing: existing and driveways, decks, accessory

A recorded deed and recorded plat are also required.

SETBACK REQUIREMENTS Front property line Side property line Corner side line Rear Property Line Nearest building Stream Percent Coverage	90 80	Minimum/Maximum35/0/525/0	Required
Are there any other stru No. of single family dwe Other (specify & number)_	llings N	o. of manufactured	vo homes
Does the property owner contains a manufactured listed above? Yes	home within f	t of land own any ive hundred feet of	land that the tract
I hereby <u>CERTIFY</u> that the best of my knowledge every respect conform to provisions of the Statut in Harnett County. Any immediately <u>REVOKES</u> the structure is not to be do is issued. <u>This permit experience</u>	e; and by accompany the terms of the terms o	cepting this perming this application cances regulating do not the terms about I further unders of a CERTIFICATE OF	t shall in and to the evelopment ove stated tand this
Landown s Signature	-	Date	
(Or Authorized Agent)			
*******	******	*******	******
FOR OFFICE USE ONLY			
Copy of recorded final p	lat of subdiv		YES
Is the lot/tract specific County Subdivision Ordina Watershed Ordinan Mobile Home Park	ied above in ance? ce?	compliance with the	ne Harnett
ISSUED	DE	NIED	
Comments:			
Ioning Watershed Adminis	trator	2-3-98 Date	е
C:\WP2\FORMS\PDLUPERM			

HARNI COUNTY HEALTH DEPARTME

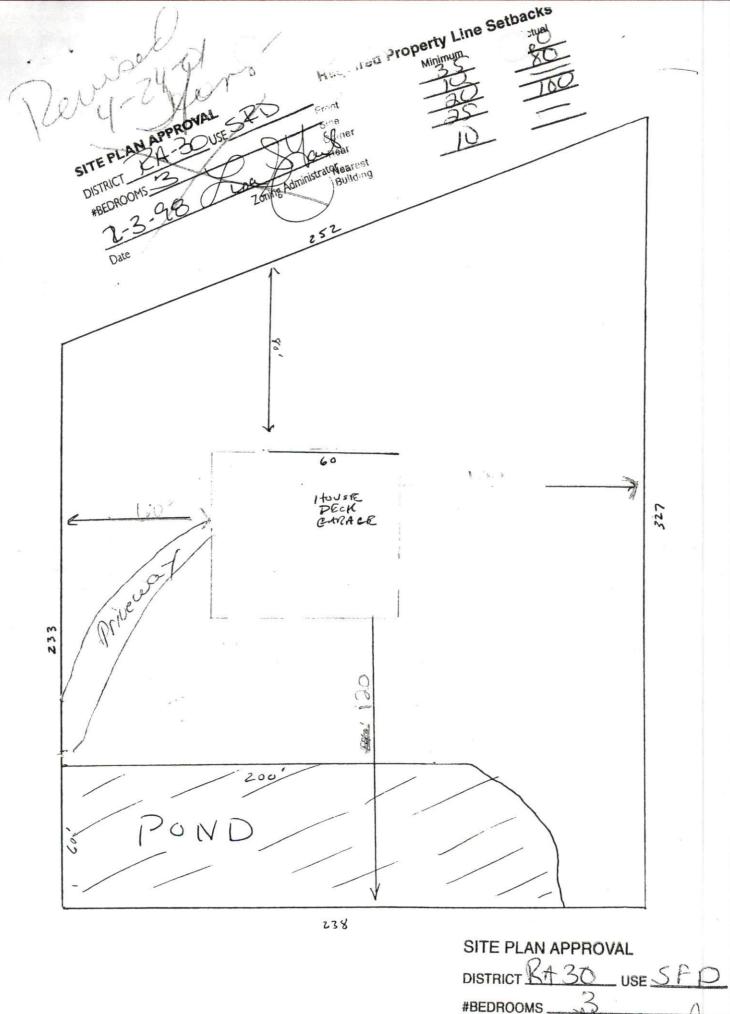
№ 15121

IMPROVEMENT PERMIT

Name: (owner) The Quest Development & Tuc New Installation Septic Tank Property Location: SR# 1513 Next Rand	tion of any building at which a se from the Harnett County Health	ptic tank system is to be us	as follows: S sed for dispos	Section III, Item B. "No Pe al of sewage without first o	rson shall begin construc obtaining a written permi
Property Location: SR# 1573 Nextls Cook Road Repairs Repairs Nitrification Line			D INC	New Installation	Septic Tank
Tax ID #	Property Location: SR#/	513 NeIls Crack	Road	☐ Repairs	Nitrification Line
Tax ID #	Subdivision Springfre	eld		Lot	#_5
Number of Bedrooms Proposed: Basement with Plumbing: Water Supply: Well Public Community Distance From Well: So ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: Septic Tank: Septic Tank: Septic Tank: Septic Tank: Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch French Drain Required: Linear feet Date: This permit is subject to revocation if site plans or intended use change. Date: This permit is subject to revocation if site plans or intended use change. Signed:	Tax ID #			Quadrant #	
Water Supply: Well Public Community Distance From Well: 50 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other gallons Size of tank: Septic Tank: OOO gallons Pump Tank: gallons Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch SO ft. ditches ft. ditch	Number of Bedrooms Propos	sed:3	Lot	t Size: 1.5	
Distance From Well:	Basement with Plumbing:	Gar	rage: 🔲		
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other	Water Supply:	Public Co	mmunity		
Type of system: Conventional Other Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length of each ditches ft. dit	Distance From Well:	ひ ' ft.			
Subsurface Drainage Field No. of ditches of each ditch of ditches of each ditch of ditches of each ditch of ditches of each ditches of ft. ditches of f	Type of system: Conven	tional	ner		
This permit is subject to revocation if site Plans or intended use change. Date: 11-5-98 Signed: Permit is Signed: Manha La KS. Environmental Health Specialist Maintai Repair STAN 50 OF POWD 6 Signed: Signed: Manha La KS. Environmental Health Specialist **Coutnation to Meet on Site pairs To Manha La KS. Environmental Health Specialist **Coutnation to Meet on Site pairs To Manha La KS. **Coutnation to Meet on Site pairs To Manha La KS. **Coutnation to Meet on Site pairs To Manha La KS. **Coutnation to Meet on Site pairs To Manha La KS. **Coutnation to Meet on Site pairs To Meet on Site pairs					
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Signed: Signed: Manhauf CS. Environmental Health Specialist Maintain all althory of POND of system. Signed: Signed: Manhauf CS. Environmental Health Specialist **Construction to Maintain althory system. **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Construction to Machauf CS. **Environmental Health Specialist **Construction to Machauf CS. **Construction to Machauf C					
- 150 FOND	STAV 50' Of POWD 6 WITH System.	Thank to Month	Signed:	Environmental Hea	* Maintai all ootbacks o * Contractor to meet on
		PA	UD	\	

H JETT COUNTY HEALTH DEPA JENT AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent
Name: The Quest Development Co Inc. Telephone # 635-2837
Address: PO Box 2/21 DUNN N.(. 28374
Property Location: SR# 1513 Road Name Well's Creek
New Installation Repair Septic Tank Nitrification Lines
SubdivisionLot #Lot #
Number of Bedrooms Proposed:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines/50
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued. Authorized Agent for Harnett County Health Department
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