

SP Apr 01

Revision

Application # 1-50001898

009861

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: Wearing Development Co., Inc Mailing Address: PO. 53786
City: Fayetteville State: NC Zip: 28305 Phone #: 630-2100

APPLICANT: SAME AS ABOVE Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: 1141 SR Name: Micro-Tower RD
Parcel: 03-9587-01-0020-65 PIN: 9596-07-3184
Zoning: A-70R Subdivision: Sunset Ridge Lot #: 65 Lot Size: .33 AC
Flood Plain: P Panel: 0150 Watershed: N/A Deed Book/Page: 1275/660 Plat Book/Page: F/418-A

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: TO Tingleny Rd. @ govt Green Spring DR
right on Aligned left on Northview Dr. house
on right of street.

PROPOSED USE:

Sg. Family Dwelling (Size 48 x 61) # of Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage 28x29 Deck included
 Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____

Comments: _____
 Number of persons per household _____
 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 _____

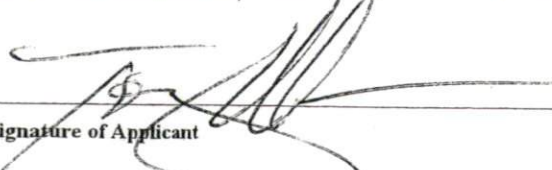
Water Supply: County Well (No. dwellings _____) Other _____
Sewage Supply: New Septic Tank Existing Septic Tank County Sewer Other _____

Erosion & Sedimentation Control Plan Required? YES NO
Structures on this tract of land: Single family dwellings 1 prop Manufactured homes _____ Other (specify) _____

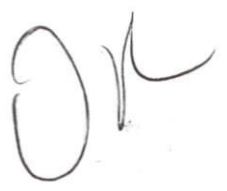
Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>35</u>	<u>33 40</u>	Rear	<u>25</u>
Side	<u>10</u>		Corner	<u>20</u>
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.

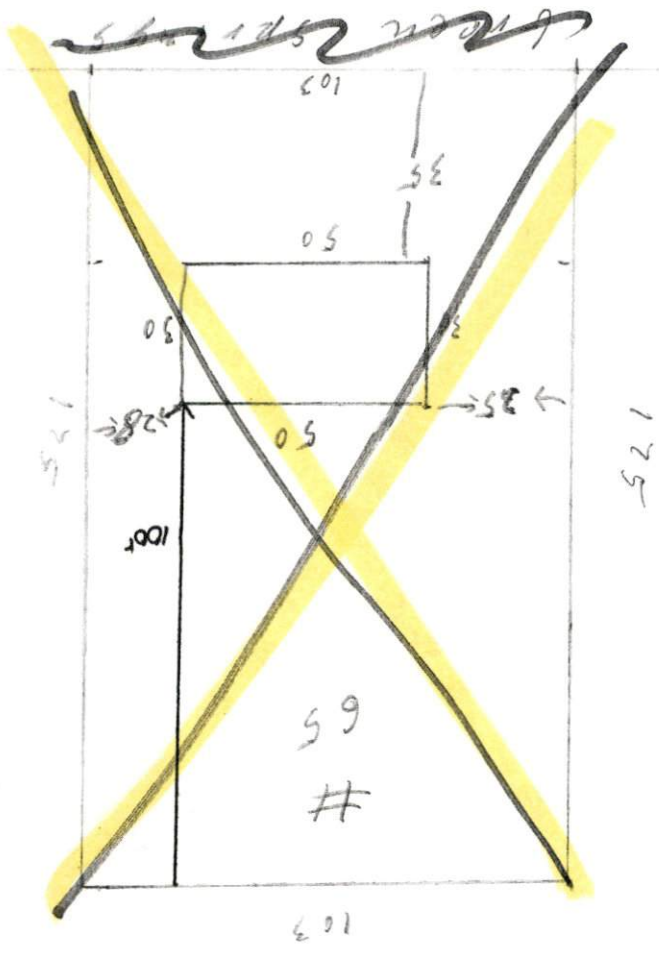
Signature of Applicant 

Date 4/30/01



This application expires 6 months from the date issued if no permits have been issued

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT



~~SITE PLAN APPROVAL
 DISTRICT USE MDA SFD
 #BEDROOMS 3
 Date 2.19.99
 Zoning Administrator M. Buehler~~

Sunset Ridge lot 65
 Owner Ted Brown

Permit 9 F.I.C. Lost
This is a replacement

II... ROVEMENT PERM..

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Ted Brown / Developer New Installation Septic Tank

Property Location: SR# 1129 Repairs Nitrification Line

306 Northview Dr
Subdivision Sunset Ridge Lot # 65

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (30x50) Lot Size: 103x175x103x175

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

OLD

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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18.30 in.

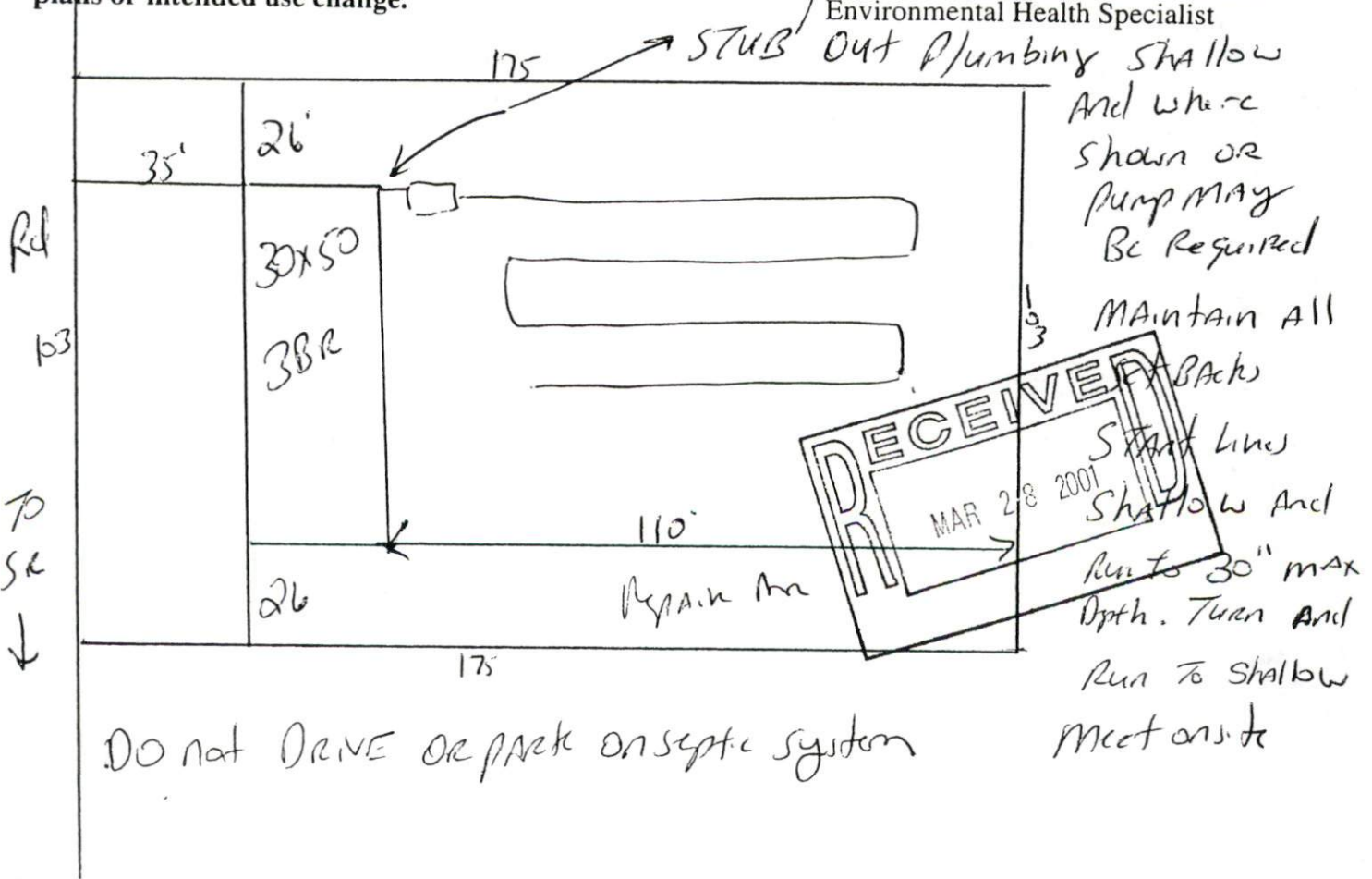
French Drain Required: _____ Linear feet

Date: 3-28-01

This permit is subject to revocation if site plans or intended use change.

Signed: Jo Waters

Environmental Health Specialist



DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

OLD

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # _____ This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent Ted Brown

Name: _____ Telephone # 499-5985

Address: _____

Property Location: SR # 1139 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Sunset Ridge Lot # 65

Number of Bedrooms Proposed: 3 (30x50) Lot size: 103x175x133x175

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 240

Width of ditches 3 ft. Depth of ditches 18-30 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 3-28-01

