Initial Application Date: 33

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

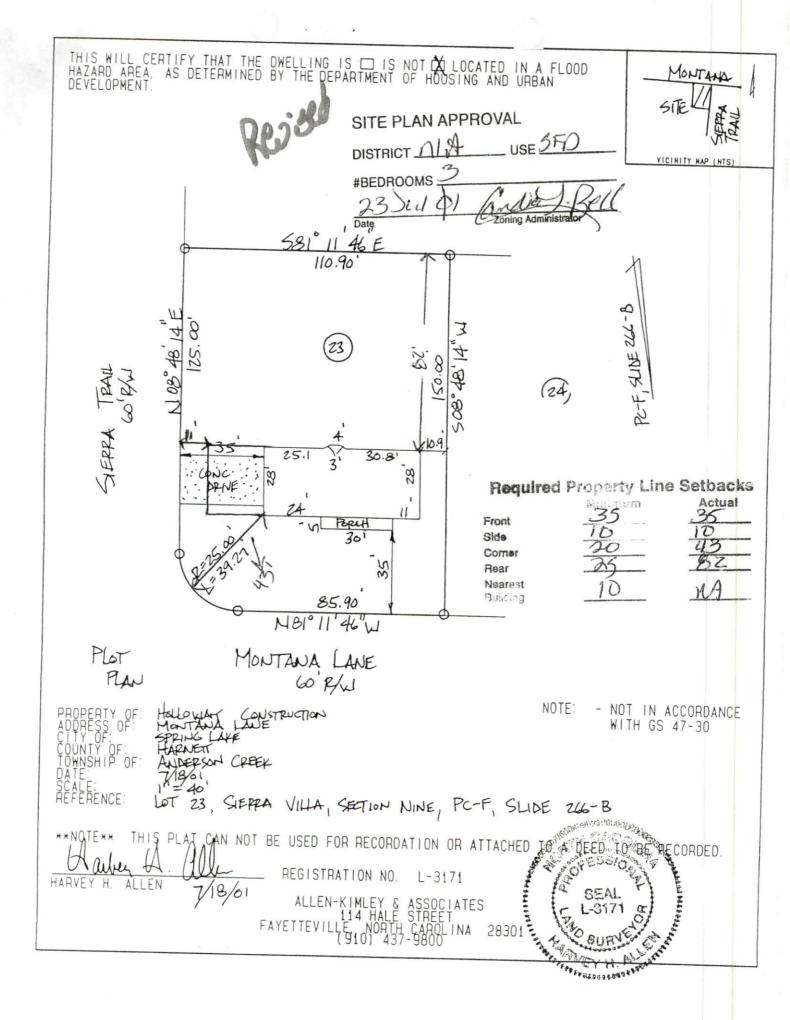
Fax: (910) 893-2793

LANDOWNER: Mailing Address:	
City: State: Zip: Phone #:	
APPLICANT: NO / OXDY. City: Fayether 18 State: M. Zip: 28300 Phone #: 964-2808	<u></u>
PROPERTY LOCATION: SR #: Parcel: 01-0536-0111-87 Zoning: 1A Subdivision: 20011149 Flood Plain: Panel: 0165 Watershed: 11 A Deed Book/Page: 07P Plat Book/Page: 162 DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 2101 Ray PD, Ouchills PD, Hurright, 5 ena Villas is on right	6 y
PROPOSED USE.	
PROPOSED USE: Sg. Family Dwelling (Size 28 x 38) # of Bedrooms 3 # Baths 2 Basement (w/wo bath) Garage 24 Deck 10	
☐ Multi-Family Dwelling No. Units No. Bedrooms/Unit	410
☐ Manufactured Home (Size x) # of Bedrooms Garage Deck	
Comments:	
□ Number of persons per household	-
C. D. in D.	
	-
-36	
☐ Home Occupation (Sizex) # Rooms Use	
Addition to Existing Building (Sizex) Use	
□ Other	
Water Supply: () County () Well (No. dwellings) () Other	
Sure Sure (V) New Sertie Tech (V) Frieding Sertie Tech	
Erosion & Sedimentation Control Plan Required? YES NO	
Structures on this tract of land: Single family dwellings Of Manufactured homes Other (specify)	
P. t. Stirt of Stirt of Start and Advantage of the Start and Advantage of t	
Required Property Line Setbacks: Minimum Actual Minimum Actual	
Front 35 Rear 35	
Side $\frac{10}{10}$ Corner $\frac{10}{10}$	
Nearest Building 1D NA	
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 submit	
hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.	itted. I

Signature of Applicant

Date

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

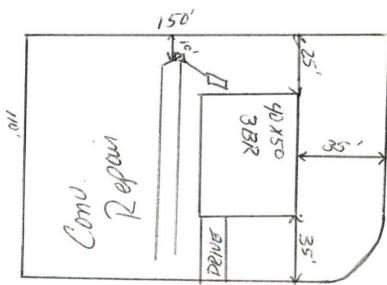


HARNETT COUNTY HEALTH DEPARTMENT

IM ROVEMENT PERMIT

Nº16661

tion of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written perm
Name: (owner) Hollowcy Construction New Installation Septic Tank
Property Location: SR# // 8/ Repairs Nitrification Line
Subdivision Scena Villa Lot # 23
Tax ID # Lot #
Number of Bedrooms Proposed: Quadrant # Basement with Plumbing Lot Size:
Basement with Plumbing: Garage:
Water Supply:
Distance From Well:ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to
Type of system: Conventional Other
Size of tank: Septic Tank: OOO gallons Pump Tank: gallons
Drainage Field No. of
French Drain Required: Linear feet In. ditches In.
This permit is subject to revocation if site lans or intended use change. Date: 5 Dec 1999 Signed: Signed: Environmental Health Specialist



THORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describy Harnett County Health Department Improvement Permit #
Owner or Authorized Agent
Name: Holloway Construction Telephone # 424-1683
Address: 6906 S. Staff Rd. Fay. NC
Property Location: SR# 118 Road Name SunaThail
New Installation Repair Septic Tank Nitrification Lines
Subdivision Scena Villa Lot # 23
Number of Bedrooms Proposed: The Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 50 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 80 feet
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.
Authorized Agent for Harnett County Health Department Name:
(Revised 2/96) CVSTPOT UPP



LAND USE PERMIT

Harnett County Planning Department 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793



APPLICANT INFORMATION: APPLICANT INFORMATION:
Name Kalland (Name Kalland)
Address 6906 31 State to
Phone H W Phone 12830
Phone 424-1683 H 464-2808W
PROPERTY LOCATION:
Street Address Assigned
SR # 1/8/ Rd. Name Storia Orail Township Dorgen, Zoning District N/A
MAP 0514 BLOCK 75 PIN 6032 PARCEL 01-0536-011)-80
Subdivision 518 = 00 /11/10 10/10 # G
Subdivision Sierca Villa Sut 9 Lot # 23 Lot Tract Size 5.90 X 150 X Flood Plain X Panel 165 Deed Book Hold Page 10 Deced Book
All A
Watershed District
Give Directions to the Property from Lillington: 2/0 40 Ray Road, Ray
FRO 18 Overhills to turn Right Species 12, 1/as
on the right
PROPOSED USE:
Sg. Family Dwelling (Size 50 x 40) # of Bedrooms 3 Basement NAGarage Doc. 6/2
(
Manufactured Home (Size x) # of Bedrooms Garage Deck
Business So Ft Retail Space
Industry Sq. Ft. Type
() Accessory Building Size Use
Addition to Existing Building Size
Sign Size Type Legation
Other
Water Supply: County Well (No. dwellings Other Sewer: Septic Tank (Existing? Other Erosion & Sedimentation Control Plan Required? Yes No
No No

NOTE: A copy of the recorded survey or plat map and a copy of the recorded Deed for the property or Offer to Purchase are required to obtain Land Use Permit. 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, and accessory buildings.