

Initial Application Date: 23 JUL 02

Application #: 01-50002861

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546
Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: STEVE & KATHY LOZINSKY Mailing Address: 209 ELMCREST DR

City: HOLLY SPRINGS State: NC Zip: 27540 Phone #: 919-427-8286

APPLICANT: SAME AS ABOVE

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: 1407 SR Name: WADE STEPHENSON RD

Parcel: 05-0635-0069-03 PIN: 0635-04-6817

Zoning: RA-30 Subdivision: NA Lot #: NA Lot Size: 15.39 A

Flood Plain: X Panel: 0010 Watershed: NA Deed Book/Page: OTP Plat Book/Page: TAX MAP

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: US 401N, TURN LEFT ONTO NC 42, APPROX 7-8 MI, TURN LEFT ONTO WADE STEPHENSON RD, PROPERTY IS ON RIGHT APPROX 5-6 MILES

PROPOSED USE:

☒ Sg. Family Dwelling (Size 58x68) # of Bedrooms: 4 # Baths: 3 Basement (w/wo bath): N Garage: INCLUDED Deck: 12X40 NOT INCLUDED

☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

☐ Manufactured Home (Size _____x_____) # of Bedrooms: _____ Garage: _____ Deck: _____

Comments: _____

☐ Number of persons per household: _____ Number of Employees at business: _____

☐ 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 ☐ (# 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): 1 DET GAR PROP TO HAVE

PLUMBING

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
Front	35	215
Side	10	85
Nearest Building	10	60
Rear	25	100+
Corner	20	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 submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Signature of Applicant

Date

****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 RD-30 USE SFD & Dex. Garage

#BEDROOMS 4

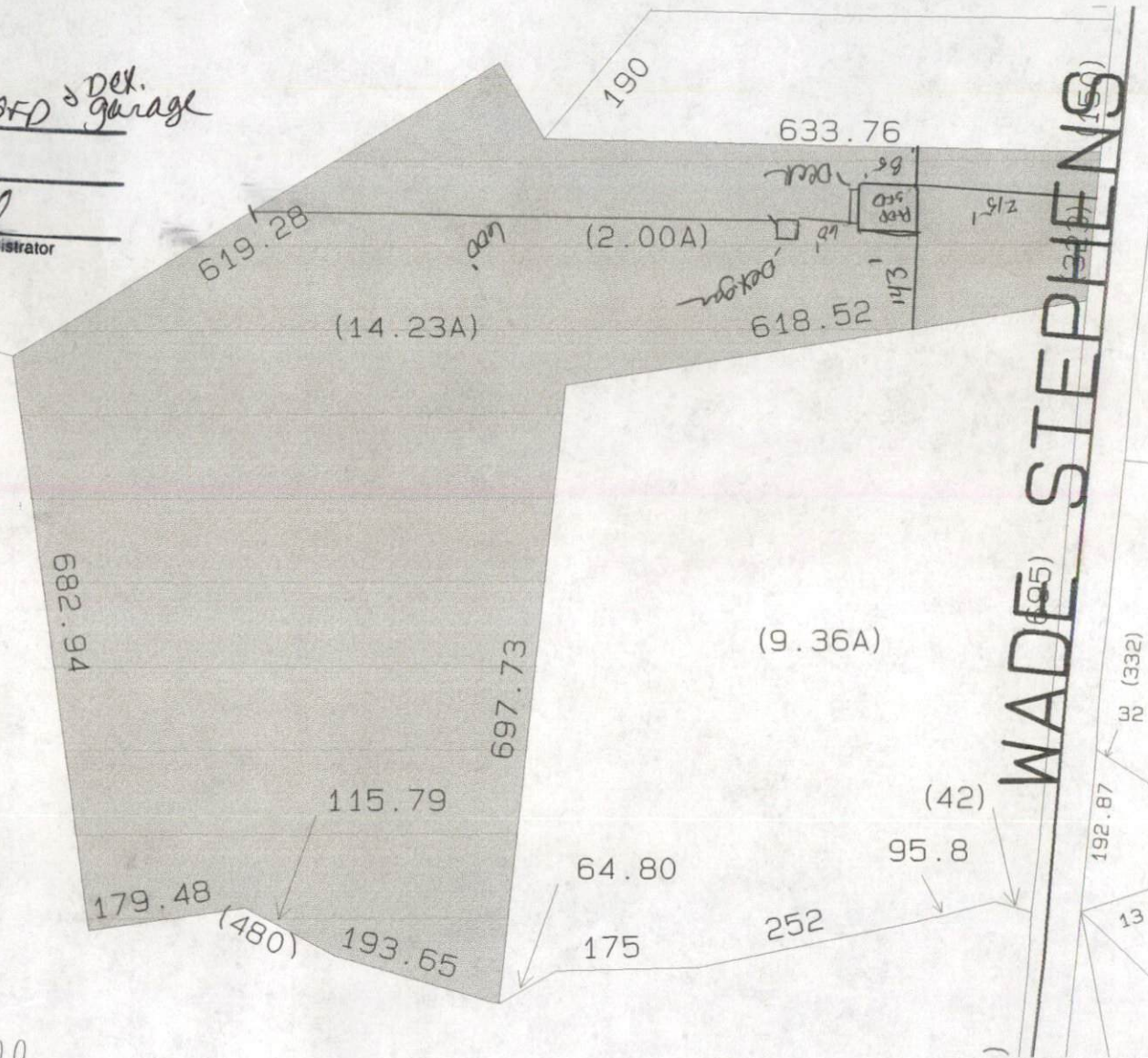
Date 23 July 02

C. Beal
Zoning Administrator

* map is not to
scale at front
property line *

Required Property Line Setbacks

	Actual
Front	245
Side	65
Corner	600
Rear	60
	Minimum
Front	35
Side	10
Corner	20
Rear	25
Nearest Building	10



[Handwritten signature]

0635-04-6817.000

Scale: 1" = 200 ft

July 23, 2002