COL. .. OF HARNETT LAND USE APPLICATION

Central Permitting

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

| LANDOWNER: D | ROUILLARD, CRAI | IG & PENNY | Mailing Address: | 1323 ABAT | TIOR | | | |
|---|--------------------------|---------------------------|---------------------|---------------|----------------|------------------|--------------------------|--|
| City: COATS | State: NC Zip: 275 | | 019-639-6751 | | | | | |
| , | | | 27 007 0101 | | | | | |
| APPLICANT: SA | ME AS ABOVE | Mailing Address: | | | | | | |
| City: | State: | | Phone #: | | | | | |
| | | 2.p | 1 none # | | | | | |
| PROPERTY LOCA | ATION: SR #: | SR Name: | NC 55 | | | | | |
| Parcel: 07-0690-020 | | 1-38-1154 | 110 05 | | | | | |
| Zoning: RA-30 | | WINDS Lot #: 11 | Lot Size: 66 A | | | | | |
| Flood Plain: X | Panel: 0050 | | Deed Book/Page: | ОТР | Dlat Daul-/Da | E/(01 B | | |
| _ | | | | | | | | |
| LEFT, 2 ND LOT ON | | M LILLINGTON: NC | Z/E, TURN LEFT | ONTOBIL | L AVERY, TO | 55, TURN LEF | T, SUBD IS APPROX 1 MI O | |
| LEF1, 2 LOT OF | LEFI | | | | | | | |
| PROPOSED USE: | | | | | | | | |
| | D | .0 " " " " " | . "5 . | | | | | |
| | | | | | (w/wo bath): N | Garage: INCL | UDED Deck: INCLUDED | |
| | | | | | | | | |
| | | x) # of Bedroom | is: Garage | : Dec | ck: | | | |
| Comment | | | | | | | | |
| | | | | | | | | |
| | | Туре: | _ | | | | | |
| | Sq. Ft.: | | | | | | | |
| | cupation: (Size | _x) # Rooms: | Use: | | | | | |
| ☐ Accessory | Building: (Size | _x) Use: | - | | | | | |
| | to Existing Building: | (Sizex) | Use: | | | | | |
| Other: | | | | | | | | |
| Water Supply: 🛛 Co | ounty | (# dwellings: | _) | er | | | | |
| Sewage Supply: 🛛 1 | New Septic Tank | ☐ Existing Septic Tan | k Cour | nty Sewer | Other | | | |
| Erosion & Sedimenta | tion Control Plan Requ | ired? YES | ⊠ NO | | | | | |
| Structures on this trac | et of land: Single fam | nily dwellings: 1 PROP | Manufa | ctured homes: | : Oth | er (specify): DE | T GAR PROP | |
| Property owner of thi | s tract of land own land | d that contains a manufa | | | | | | |
| Required Property I | | | | | | | | |
| | Minimum Actual | | | | | | | |
| | 35 E | - | | | | | | |
| | 10 12- | | | | | | | |
| | 25 90 | _ | | | | | | |
| Comer | 20 | | | | | | | |
| | | | | | | | | |
| 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. hereby swear that the foregoing statements are accurate and correct to the best of my knowledge. | | | | | | | | |
| nereby swear that the | foregoing statements a | re accurate and correct t | o the best of my kr | nowledge. | | | | |
| (| ()- | 3 | | 10/ | s/n | | | |
| Signature of Applica | | of a | | Data | 7 () | | | |
| Samuel of Applica | | | | Date | = | # 104 | D-17-01 | |
| | | | | | | | ~ | |

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

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

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

| LANDOWNER: <u>DROUILLARD</u> , <u>CRAIG & PENNY</u> Mailing Address: <u>1323 ABATTIOR</u> | | | | | | |
|--|--|--|--|--|--|--|
| City: <u>COATS</u> State: <u>NC</u> Zip: <u>27521</u> Phone #: <u>919-639-6751</u> | | | | | | |
| APPLICANT: SAME AS ABOVE Mailing Address: | | | | | | |
| City: State: Zip: Phone #: | | | | | | |
| PROPERTY LOCATION: SR #: SR Name: NC 55 | | | | | | |
| Parcel: <u>07-0690-0201-17</u> PIN: <u>0691-38-1154</u> | | | | | | |
| Zoning: <u>RA-30</u> Subdivision: <u>WILD WINDS</u> Lot #: <u>11</u> Lot Size: <u>.66 A</u> | | | | | | |
| Flood Plain: X Panel: 0050 Watershed: IV Deed Book/Page: OTP Plat Book/Page: F/601-B | | | | | | |
| DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27E, TURN LEFT ONTO BILL AVERY, TO 55, TURN LEFT, SUBD IS APPROX 1 MI ON | | | | | | |
| LEFT, 2 ND LOT ON LEFT | | | | | | |
| | | | | | | |
| PROPOSED USE: | | | | | | |
| Sg. Family Dwelling (Size8455.6) # of Bedrooms: 3 # Baths: 3 Basement (w/wo bath): N Garage: INCLUDED Deck: INCLUDED | | | | | | |
| Multi-Family Dwelling No. Units: No. Bedrooms/Unit: | | | | | | |
| Manufactured Home (Sizex) # of Bedrooms: Garage: Deck: | | | | | | |
| Manufactured Home (Sizex) # 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: (Sizex) #Rooms: Use: | | | | | | |
| Accessory Building: (Size 7/x 73) Use: Det Con. | | | | | | |
| Addition to Existing Building: (Sizex) Use: | | | | | | |
| Other: | | | | | | |
| Water Supply: ☐ County ☐ Well ☐ (# dwellings:) ☐ Other | | | | | | |
| Sewage Supply: New Septic Tank | | | | | | |
| Erosion & Sedimentation Control Plan Required? | | | | | | |
| Structures on this tract of land: Single family dwellings: 1 PROP Manufactured homes: Other (specify): DET GAR PROP | | | | | | |
| Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? | | | | | | |
| Required Property Line Setbacks: | | | | | | |
| Minimum Actual | | | | | | |
| Front 35 145 Side 10 15 | | | | | | |
| Nearest Building 10 12 | | | | | | |
| Rear 25 54 Corner 20 NA | | | | | | |
| Corner 20 NA | | | | | | |
| f 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 nereby swear that the foregoing statements are accurate and correct to the best of my knowledge. | | | | | | |
| 10/15/61 | | | | | | |
| Signature of Applicant Date | | | | | | |

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

Required Property Line Setbacks

| Front | Minimum | Actual | 1 |
|---------------------|---------|--------|--------|
| Side | 10 | 80 | Garago |
| Comer | 70 | 10 | 145 |
| Rear | 76 | A | 15 |
| Nearest Building | 10 | 90 | 54 |
| | | 12 | 17 |

SITE PLAN APPROVAL

DISTRICT RA-30 USE SFD Del Care #BEDROOMS 3 1500001



