

Initial Application Date: 10-31-01

Joe

Application # 41-5-3336 R

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: Anthony + Rita Darcangelo Mailing Address: PO Box 1013
City: Broadway State: NC Zip: 27505 Phone #: 919-258-3577

PROPERTY LOCATION: SR #: 1270 SR Name: Hollies Pines
Parcel: 13-9692-0014-45 PIN: 9692-94-5002
Zoning: RA30 Subdivision: Turkey Trot
Flood Plain: X Panel: 015 Watershed: NA Deed Book/Page: OTP Lot #: 8 Lot Size: 10.01 AC
Plat Book/Page: 2001-263

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 421 N to Rt on Cool Springs Rd to stop at Holly Springs
Ch Rd. Left to Rt on Hollis Pines. to Turkey Trot.

Call Cecil Cameron 919-258-9111 if problems or assistance

PROPOSED USE: 451.4 x 53'
 Sg. Family Dwelling (Size 30 x 70) # of Bedrooms 3 # Baths 2 Basement (w/w bath) --- Garage YES Deck YES
 Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home (Size x) # of Bedrooms _____ Garage _____ Deck _____
Comments: _____
 Number of persons per household 2 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 _____

INCLUDED
in total
size

Water Supply: County Well (No. dwellings 1) 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 proposed 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>135</u>	Rear	<u>25</u> <u>700</u> <u>100'</u>
Side	<u>10</u>	<u>130</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.

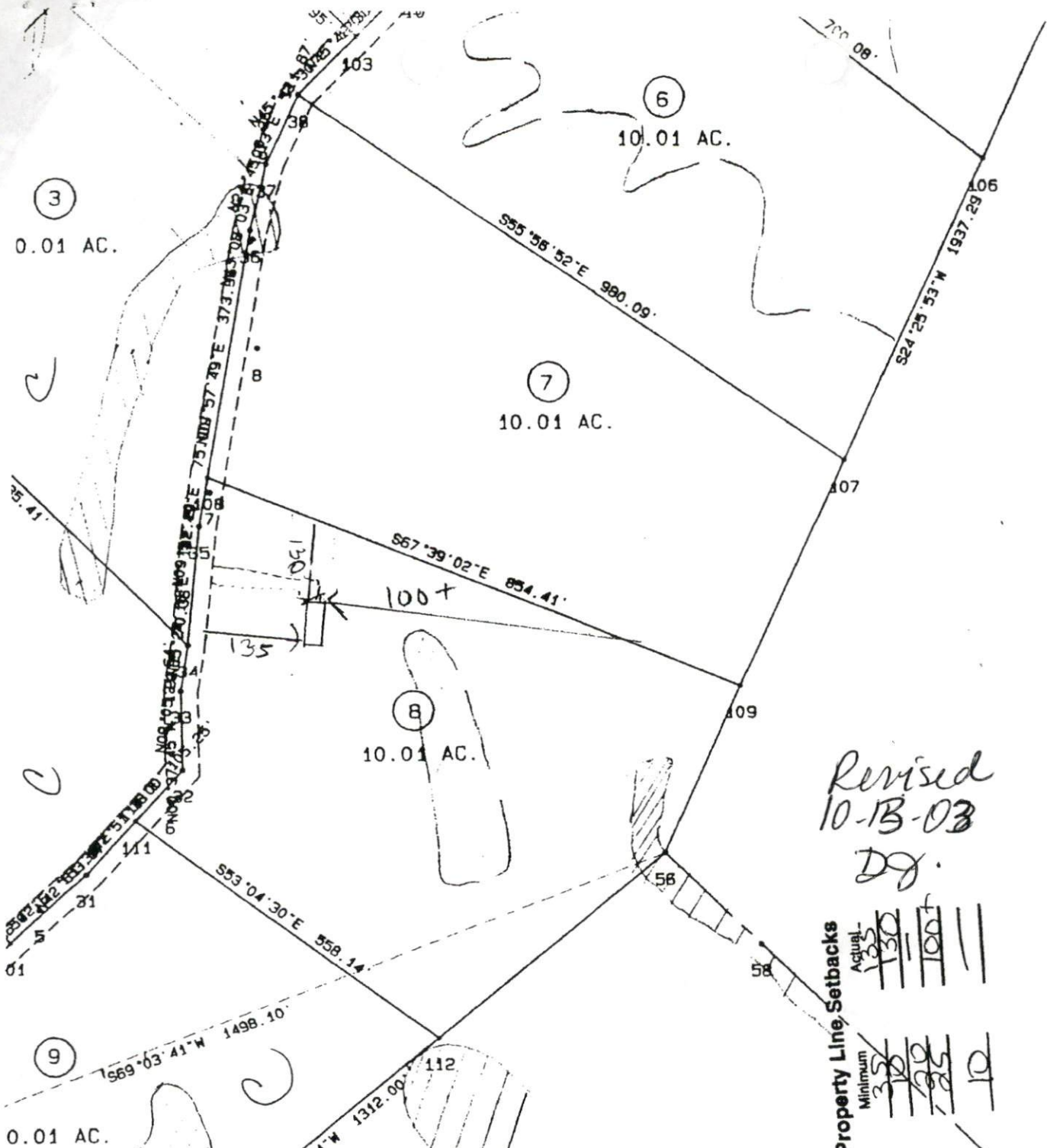
Anthony Darcangelo
Signature of Applicant

10-31-2001
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

607 10/14 S



Revised
10-13-03
DJ.

2001.263

Required Property Line Setbacks

	Actual	Minimum
Front	130	35
Side	100	30
Corner	100	25
Rear	100	25
Nearest Building	10	10

SITE PLAN APPROVAL
 DISTRICT RA30 USE SFD
 #BEDROOMS +/- AC 3
10-31-03 J. Neuss
 Date Zoning Administrator

HARNETT COUNTY HEALTH DEPARTMENT

No 18934

IMPROVEMENT PERMIT

01-5-3336

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) Anthony D'Arcangelo
Property Location: SR# 127

New Installation Septic Tank
 Repairs Nitrification Line

Subdivision TURKEY TRST Lot # 8

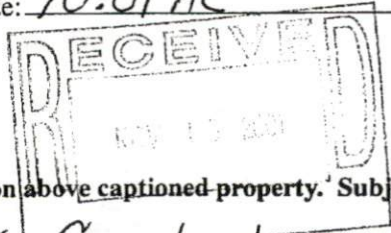
Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (30x70) Lot Size: 10.01 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.



Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Conventional

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 6 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

French Drain Required: _____ Linear feet

Date: 11-13-01

This permit is subject to revocation if site plans or intended use change. TO SR127

Signed: [Signature]
Environmental Health Specialist

P.k
6-01
SRPA 45



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18934. 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 Anthony D'Arcangelo

Name: _____ Telephone # 252-3577

Address: _____

Property Location: SR # 1270 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Turkey Test Area Lot # 8

Number of Bedrooms Proposed: 3 Lot size: 10.0/Ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 100 ft.

Type of System: Conventional _____ Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 6 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 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: 11-13-01

(Revised 2/96) CNSTRCT.WPD