

Initial Application Date: 18 JAN 02

Revision 18 Jan 02
CU

Application #: 02-50003808

COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting
102 E. Front Street, Lillington, NC 27546
Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: SHAW A PARTNERSHIP Mailing Address: BILL SHAW RD
City: SPRING LAKE State: NC Zip: 28390 Phone #: 9108938488

APPLICANT: SAME ASA BOVE Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: NC 210 SR Name: _____

Parcel: 01-0524-0081-18 PIN: 0524-05-6196

Zoning: NA Subdivision: ELIZABETH GARDENS Lot #: 19 Lot Size: .55

Flood Plain: X Panel: _____ Watershed: NA Deed Book/Page: 1138/975 Plat Book/Page: 98-215

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 210S, APPROX 11 MI 1ST ROAD ON RIGHT PAST BETHEL CHURCH RD

PROPOSED USE:

- Sg. Family Dwelling (Size ³⁶~~66x30~~) # of Bedrooms: 3 # Baths: 2 Basement (w/wo bath): NA Garage: INCLUDED Deck: ----
- 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): ----

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	40
Side	10	20
Nearest Building	10	NA
Rear	25	75
Corner	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. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

R. A. Shaw
Signature of Applicant

Jan 18 02
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



66 x 30

ROBERT A. BRAHALL

D.B. 745 PG. 173

SITE PLAN APPROVAL

DISTRICT M/A USE SEPD

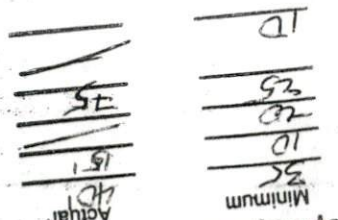
#BEDROOMS 3

Date 4-5-99 Barry Bell

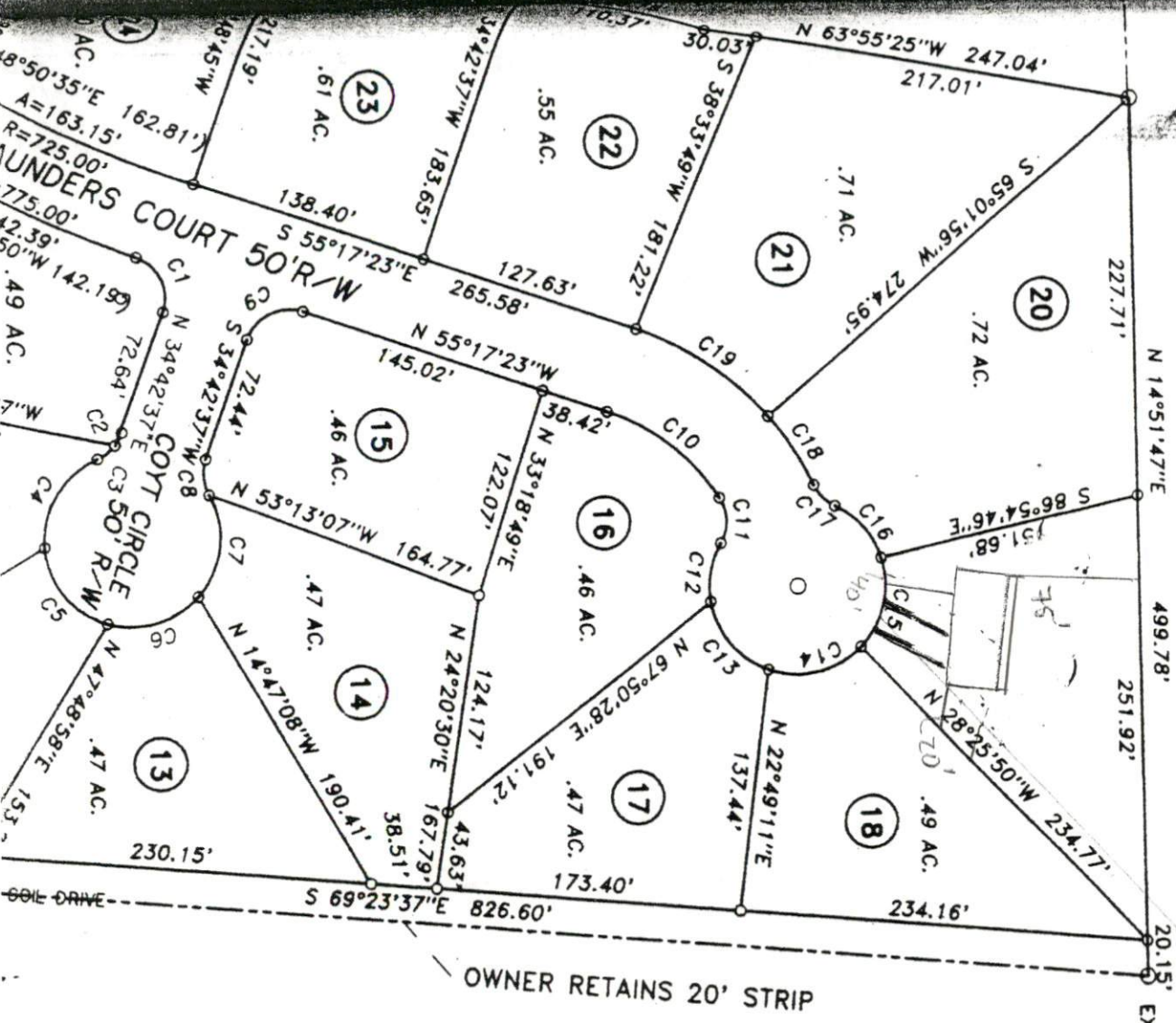
Zoning Administrator

Front
Side
Corner
Rear
Nearest Building

Hand drawn



Required Property Line Setbacks



CURVE	RADIUS	TANGENT
C1	25.00'	24
C2	25.00'	4
C3	25.00'	6
C4	50.00'	36
C5	50.00'	34
C6	50.00'	31
C7	50.00'	35
C8	25.00'	11
C9	25.00'	25
C10	125.00'	43
C11	25.00'	15
C12	50.00'	17
C13	50.00'	29
C14	50.00'	32
C15	50.00'	30
C16	50.00'	21
C17	25.00'	8
C18	175.00'	23
C19	175.00'	47

IMPROVEMENT PERMIT

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) Shaw Partnership New Installation Septic Tank
Property Location: SR# NC 210 Repairs Nitrification Line

Subdivision Elizabeth Garden Lot # 19

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

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

Type of system: Conventional Other Polystyrene Aggregate Trench
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length 230 ft. width of 3 ft. depth of 18'-20" in.

French Drain required: _____ Linear feet

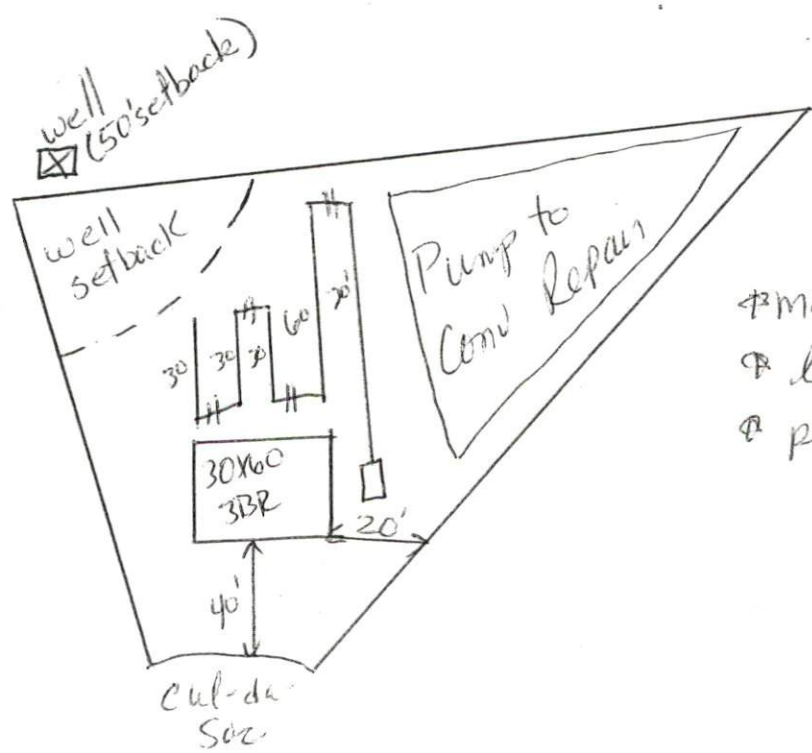
This permit is subject to revocation if site plans or intended use change.

Date: 13 May 1999

Signed: Vernett R. Boese

Environmental Health Specialist

VOID AFTER 5 YEARS



maintain setbacks
lines on corners
permanent markers required.

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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 # 10927. 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 _____ 893-4322

Name: Shaw Partnership Telephone # 893-8488

Address: 1248 Bill Shaw Rd. Spring Lake

Property Location: SR # NC 210 Road Name NC 210

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Elizabeth Garden Lot # 19

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other Polystyrene Aggregate Trench

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 230 feet

Width of ditches 3 ft. Depth of ditches 18-20 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: Vernon R. Duff Date: 14 May 1999