Signature of Applicant

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## NTY OF HARNETT LAND USE APPL

**Central Permitting** 

102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793 Revision 3-4-02 Mohnson

LANDOWNER: REGENCY HOMES INC Mailing Address: 6506 DENTAL LANE STE 201	
LANDOWNER: REGENCY HOMES INC         Mailing Address: 6506 DENTAL LANE STE 201           City: FAYETTEVILLE         State: NC Zip: 28314         Phone #: 910-424-0455           APPLICANT: SAME AS ABOVE         Mailing Address:           City:         State:         Zip:         Phone #:	
APPLICANT: SAME AS ABOVE Mailing Address:	
PROPERTY LOCATION: SR #: 1115 SR Name: <u>BUFFALO LAKE RD</u> Parcel: 03-9587-04-0020-35 PIN: 9587-70-7994	
Flad Diany Date of State of St	
Directions to the property from Lillington: Buffalo Lake RD on Left  Plat Book/Page: 2001/301	
BECCHONS TO THE PROPERTY PROMIEDELINGTON. BUFFALU LAKE RD ON LEFT	
PROPOSED USE:	
Sg. Family Dwelling (Size 54 x 40) # of Bedrooms: 3 # Baths: 2 Basement (w/wo bath): N Garage: INCLUDED Deck: INCLUDED	
Multi-Family Dwelling  No. Units: No. Bedrooms/Unit:	
Manufactured Home (Sizex) # of Bedrooms: Garage: Deck:	
Comments:	
Number of persons per household: SPEC Number of Employees at business:	
Business: Sq. Ft. Retail Space: Type:	
Industry: Sq. Ft.: Type:	
Home Occupation: (Sizex) #Rooms: Use:	
Accessory Building: (Sizex) Use:	
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 PROPOSED 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?	
Required Property Line Setbacks:	
Front 35 45) BO	
Side 10 23 17	
Nearest Building 10 Rear 25 69 33	
Rear 25 69 35 Corner 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 by swear that the foregoing statements are accurate and correct to the best of my knowledge.	ed.
() (Death of the Destroy in the dest	

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

Date

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE PERMIT

HARNET COUNTY HEALTH DEPARTN

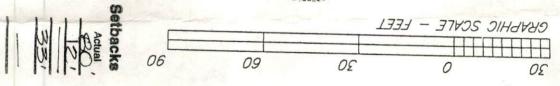
№ 18712 Da-5-3885

IN. ROVEMENT PERM. DO-5

Be it ordained by the Harnett County Board of Health as follows: tion of any building at which a septic tank system is to be used for disport the Harnett County Health Department."	sal of sewage without first obtaining a written permi
Name: (owner) Regence Homes	New Installation Septic Took
Name: (owner) Regency Homes Property Location: SR# ///5	Repairs Nitrification Line
Subdivision CRESTUREW	Lot # 70
14X 1D #	01 "
Number of Bedrooms Proposed: 3(40 x 54) Lot	Size: 102 x 152 X 100 X 153
Basement with Plumbing: Garage:	, -
Water Supply: Well Public Community	
Distance From Well: 50 ft.	
Following is the minimum specifications for sewage disposal system final approval.  Type of system: Conventional	
Size of tank: Septic Tank: Opp gallons Pum	T-1-1002
Subsurface No. of exact length	p lank: (03.5 gallons
Subsurface  No. of exact length of each ditch ft.	ditches 3 ft ditches 1824:
French Drain Required: Linear feet	in.
Date: $\mathcal{O}\mathcal{Q}$	-14.02
This permit is subject to revocation if site Signed:	Ja hatel
mans of intended use change. 103	Environmental Health Specialist
413	STUB Phabing and shallow
0	Where showing - man
	STUB Physing and shallow Where showing - may Not Need Pump - meet
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## HARNETT COUNTY HEALT DEPARTMENT THORIZATION TO INSTRUCT

by Harnett County Health Department Improvement Permit # 27/2. This authorshall be valid for a period not to exceed five (5) years from the date of issuance. This authorize will be invalid if ownership, site plans, or intended use change.
Owner or Authorized Agent Regency Home)
Name: Telephone # 424-045
Address:
Property Location: SR # Road Name
New Installation Repair Septic Tank Nitrification Lines ×
Subdivision Restary Lot # 73
Number of Bedrooms Proposed: 3(40x54)  Lot size: 100 x 152 x 100 x 153
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines
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: ()52 (14-02)  Date: 2-14-02
(Revised 2/96)CNSTRCT.WPD



Regence Favetentle, N.C. 28301 (910) 488-8659

Crestview Estates Phase – 2

Marnett County North Carolina

Scale 1" = 30" January 25, 2002

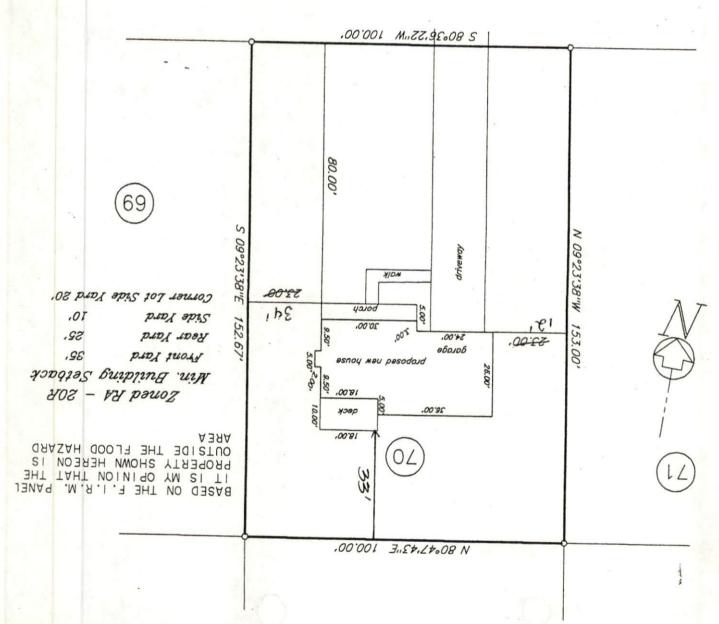
May 2001–329

Marnett County North Carolina

Scale 1" = 30" January 25, 2002

Jee George L. Lott, P.C. 28301 (910) 488-8659

Crystal Spring Drive 50ºR/W



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