

Initial Application Date: 02/07/2020-07-

Application #: 02-50003957

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

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

LANDOWNER: DANNY NORRIS Mailing Address: PO BOX 727
City: DUNN State: NC Zip: 28335 Phone #: 9198924345

APPLICANT: CUMBERLAND HOMES Mailing Address: PO BOX 727
City: DUNN State: nc Zip: 28335 Phone #: 9198924345

PROPERTY LOCATION: SR #: 1115 SR Name: buffalo lakes rd
Parcel: 03-9587-06-0020-7503-9587 PIN: 0504-79-5024

Zoning: ra20r Subdivision: PEACHTREE Lot #: 46 Lot Size: .50
Flood Plain: X Panel: 150 Watershed: NA Deed Book/Page: 1323/906 Plat Book/Page: M98-413

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 W TO BUFFALO LAKES RD TURN LEFT GO APPROX 2 MILES SUBD ON RIGHT LOT 46

PROPOSED USE:

- Sg. Family Dwelling (Size 27x48) # of Bedrooms: 3 # Baths: 2 Basement (w/wo bath): _____ Garage: YES Deck: PATIO
- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Manufactured Home (Size _____x_____) # of Bedrooms: _____ Garage: _____ Deck: _____
Comments: _____
- Number of persons per household: 4 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 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? YES NO

Required Property Line Setbacks:

	Minimum	Actual
Front	35	40
Side	10	26
Nearest Building	10	NA
Rear	25	68
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.

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

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 17202

40000124

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) Cumberland Home Danny Boeris

New Installation

Septic Tank

Property Location: SR# 1115

Repairs

Nitrification Line

Subdivision Peach Tree

Tax ID # _____

Lot # ~~46~~ 46

Number of Bedrooms Proposed: 3 (33x48)

Quadrant # _____

Basement with Plumbing:

Garage:

MUST meet onsite

Water Supply: Well Public

Community

MUST use filter & marker

Distance From Well: _____ ft.

*NOTE change in house location

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

Type of system: Conventional

Other _____

Size of tank:

Septic Tank: 1000 gallons

Pump Tank: _____ gallons

Subsurface Drainage Field

No. of ditches 1

exact length of each ditch 270 ft.

width of ditches 3 ft.

depth of ditches 18 in.

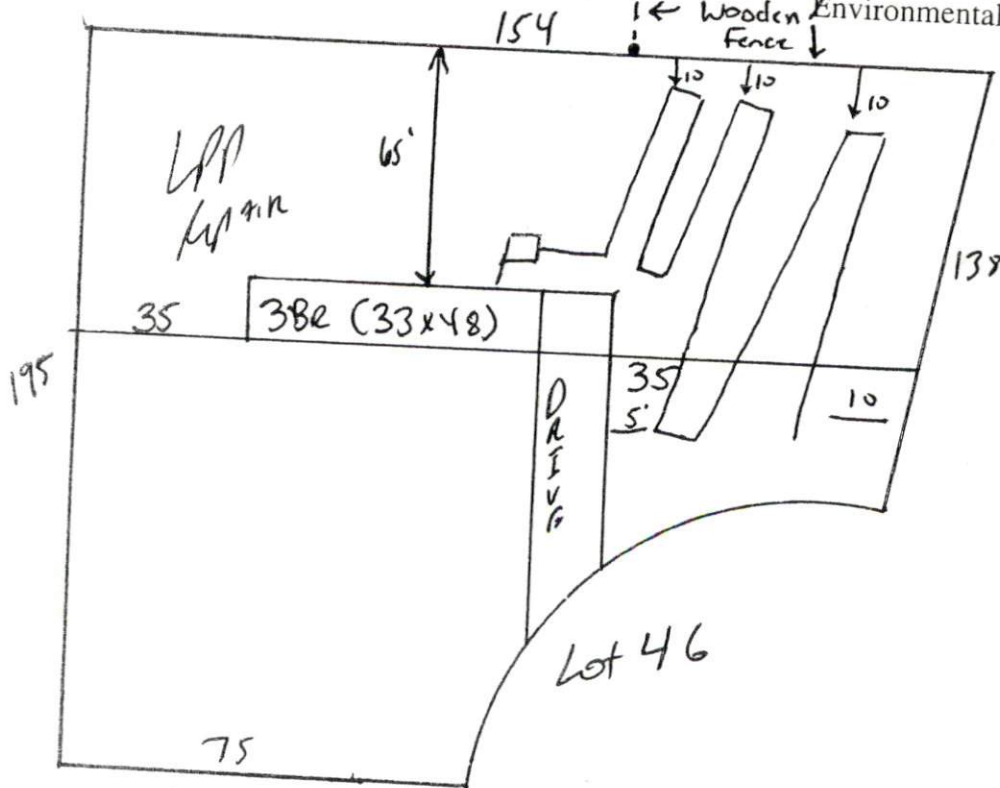
French Drain Required: _____ Linear feet

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

Date: 02-24-2000

Signed: [Signature]

Environmental Health Specialist



meet onsite
18" D. x 20' x 18"
stub out
plumbing
shallow

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 # 17202. 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 Cumberland Homes - Danny Nicks

Name: _____ Telephone # 892-4345

Address: _____

Property Location: SR # 1115 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Peach Tree Lot # 46

Number of Bedrooms Proposed: 3 Lot size: .461 AC

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 _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 270

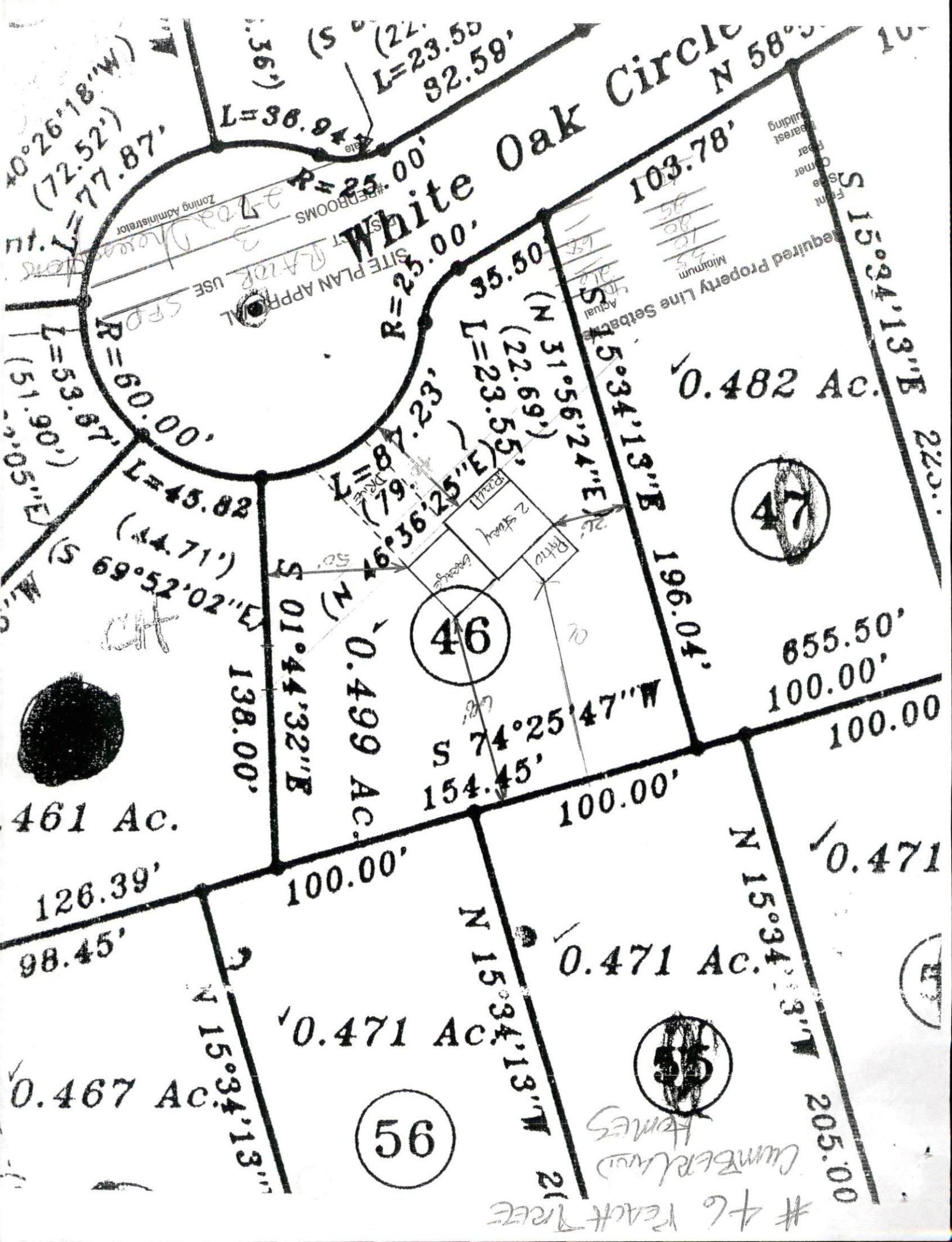
Width of ditches 3 ft. Depth of ditches 18 inches

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: 2-24-2000



Zoning Administrator
#46 Peach Tree
S 15°34'13"W
L=77.87'
(72.52')
40°26'18"W
L=51.90'
(51.90')
L=53.87'
(44.71')S 69°52'02"E
L=45.82
88.94=71

White Oak Circle
N 58°34'13"E
L=98.84'
(92.58')
L=23.55'
(22.69')R=25.00'
P=25.00'
R=25.00'

Minimum Required Property Line Setbacks

Actual	15.034'13"E
Front	10
Side	10
Rear	10
Building	5

0.482 Ac.

47

46

461 Ac.

0.499 Ac.

100.00'

655.50'
100.00'
100.00'

0.471

0.471 Ac.

0.467 Ac.

56

55

#46 Peach Tree
Cumberland Homes

205.00'