

Initial Application Date: 8/15/02

10%  
Joe

old \* Permit issued 2/19/99  
#009855 Applica

03-50005370

Revision

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: Odum Investments Inc. Mailing Address: 4524 N. Plantation Drive  
City: Little River State: SC Zip: 29566 Phone #: 843-399-1849

APPLICANT: Wm. Kent Pierce Inc. Mailing Address: P.O. Box 42535  
City: Fayetteville State: NC Zip: 28309 Phone #: 910 424-1294

PROPERTY LOCATION: SR #: 1115 SR Name: Buffalo Lake Road  
Parcel: 03958707 0020 38 PIN: 9587-70-4899.000  
Zoning: EA 20R Subdivision: Christvian Estates Lot #: 37 Lot Size: .35 AC  
Flood Plain: X Panel: 0075 Watershed: X Deed Book/Page: 01419/0327 Plat Book/Page: 98-455

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 WEST - Buffalo Lake Rd.  
Christvian Estates Lot #37 Crystal Springs Road  
ON RIGHT

PROPOSED USE:

- Sg. Family Dwelling (Size 36 x 56) # of Bedrooms 3 # Baths 2 1/2 Basement (w/wo bath) N/A Garage 24x24 Deck 12x14
- Multi-Family Dwelling No. Units \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_
- Manufactured Home (Size \_\_\_\_\_ x \_\_\_\_\_) # of Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_

Comments: \_\_\_\_\_

- Number of persons per household 3 or 4
- 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 (No. 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 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	Minimum	Actual
Front	<u>35'</u>	<u>45'</u>	Rear	<u>25'</u> <u>71'</u>
Side	<u>10'</u>	<u>21'</u>	Corner	<u>25'</u> <u>N/A</u>
Nearest Building	<u>20'</u>	<u>40'</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.

Wm. Kent Pierce  
Signature of Applicant

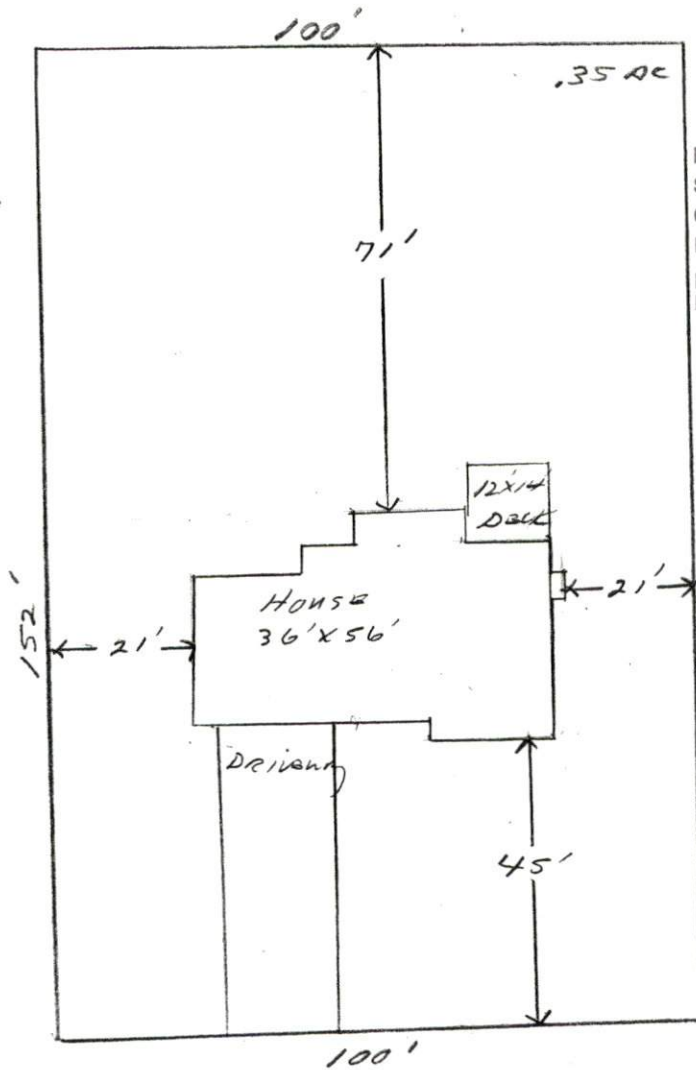
8/15/02  
Date

(714) 8-16 S

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

Odom Investments Inc.

1" = 30'



**Required Property Line Setbacks**

	Minimum	Actual
Front	36	45
Side	10	21
Corner	20	—
Rear	25	71
Nearest Building	10	—

**SITE PLAN APPROVAL**

DISTRICT RP-zor USE SFD

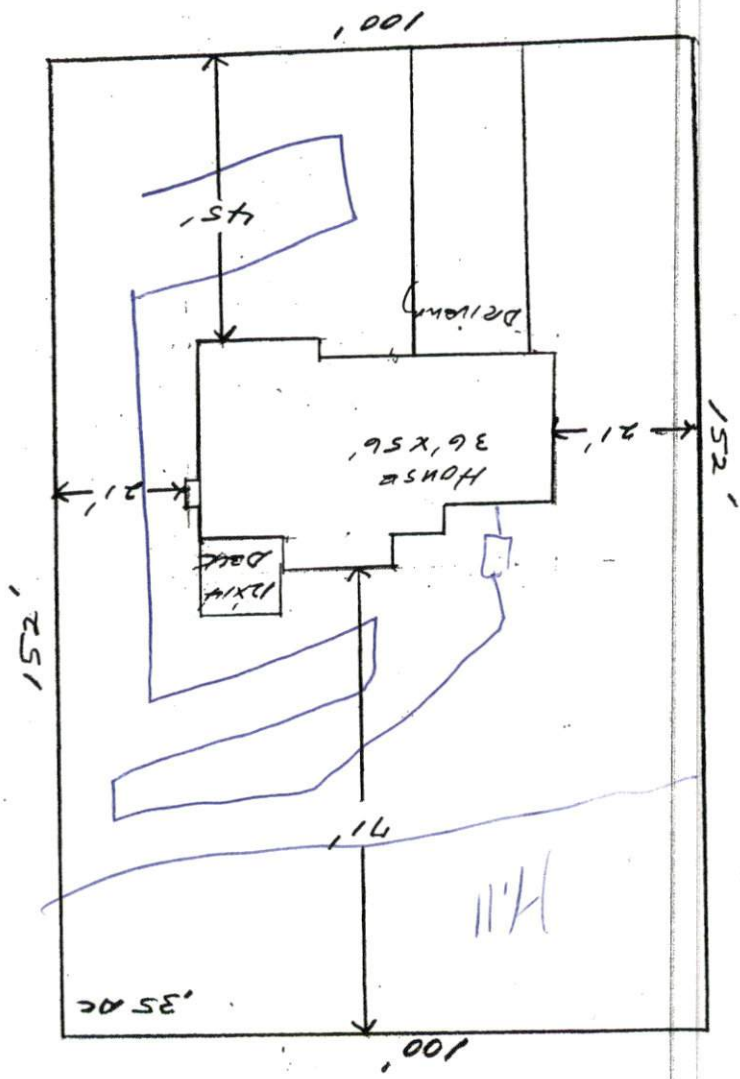
#BEDROOMS 3

Date 15 Aug 02

CBell  
Zoning Administrator

Lot # 37 CRESTVIEW  
Estates

Estates  
Lot # 27 (Eastview)



1" = 30'

Odo Investments - LLC

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 15894

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) Ted Brown

Property Location: SR# 1115

New Installation

Septic Tank

Repairs

Nitrification Line

Subdivision Crestview Lot # 37

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: 1/2 AC

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance From Well: 50 min ft.

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 240 ft. width of ditches 3 ft. depth of ditches 18-24 in.

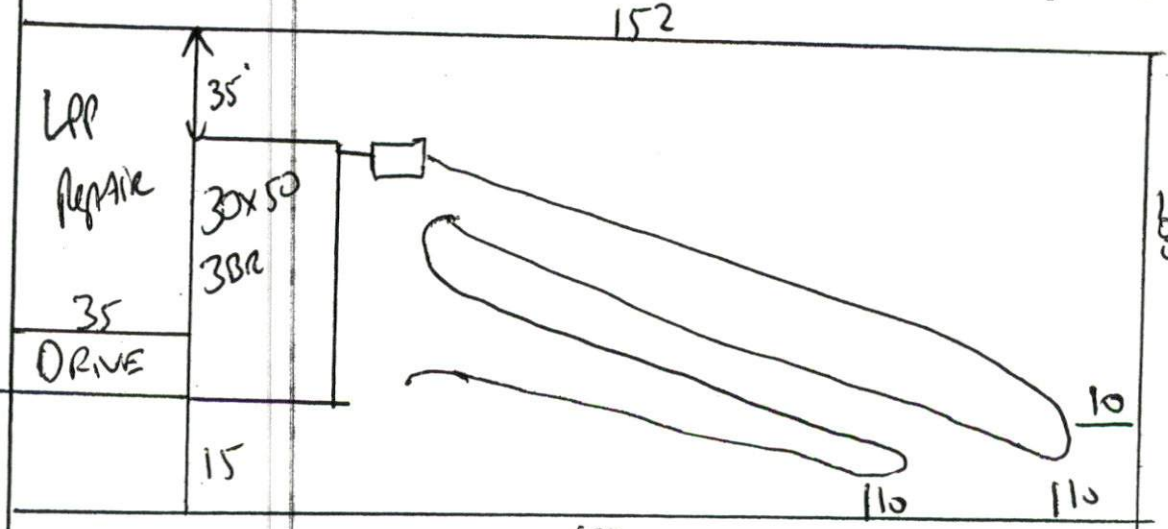
French Drain Required: \_\_\_\_\_ Linear feet

Date: 4-7-99

Signed: Joe Loran Environmental Health Specialist

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

Vertical Drives Drive



STUB out Plumbing shallow 18-24 Ditch Depth  
Follow contours MAINTAIN All setBacks  
DO NOT DRIVE OR PARK ON septic system

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HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15894. 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 Ted Brown

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Property Location: SR # 1115 Road Name \_\_\_\_\_

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision CRISTINA Lot # 37

Number of Bedrooms Proposed: 3 Lot size: 1/2 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 240

Width of ditches 3 ft. Depth of ditches 18-24 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: 4-7-99