Initial Application Date: 4+4-400 Application #00-	0550057
Carl.	DEN
COUNTI OF HARNETT LAND USE APPLICATION	61132P KEN
Planning Department 102 E. Front Street, Lillington, NC 27546 Phone: (910	9) 893-7525 Fax: (910) 893-2793
211111111	,
LANDOWNER: Fichard Leith Bullant Address: 72 Overlost	ct.
City: Argier State: NC Zip: 220/ Phon	e#: 639-742d
Same?	
APPLICANT: SAME Address:	
City: State: Zip: Phone	:#:
30 1120 11 21	
PROPERTY LOCATION: SR #: 143/1 SR Name: Wed Denning Rd.	
Parcel:) 04-06/12-0102-06 PIN: 0003-60-	8473 4290
Soning: PH-30 Subdivision: COUSCUSTANT Lot#: 5	Lot Size: 88 AC
Flood Plain: V Panel: O() Watershed: TT Deed Book/Page: 404-402 Plat	t Book/Page: 2000 - 1001
,	
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Hwy 200 toward Angier	tion left
on James Norris Edo turn lott on wed Denning	Sel. mare to an
left.	The state of the s
	·
PROPOSED USE: (Sg. Family Dwelling (Size 60 x 50) # of Bedrooms 3 Basement Garage 74 V26	
(Sg. Family Dwelling (Size 60 x 50) # of Bedrooms 3 Basement — Garage 74 V26	1-Deck 14 V 14
() Multi-Family Dwelling No. Units No. Bedrooms/Unit UCLUID	
() Manufactured Home (Size x) # of Bedrooms Garage Deck	4
Comments:	
Number of persons per household SDC.	
() Business Sq. Ft. Retail Space Type	
(_) Industry Sq. Ft Type	
(_) Home Occupation (Sizex) # RoomsUse	
	-
Addition to Existing Building (Sizex) Use	
Other	
Water Supply: (County () Well (No. dwellings) () Other	
Sewer: (Septic Tank/ Existing: YES (NO) () County () 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 manufactured home w/in five hundred feet (500') of	
Required Property Line Setbacks: Minimum Actual Minimum Act	
27	uai
Front State Rear State Rear State St	55
Side 10 25 Corner	
Nearest Building //	
realest building	
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	
- 11- 3 M	
Juli 2511 4-3-00	
Signature of Applicant Date	

* * owner

owner

SITE PLAN APPROVAL

DISTRICT RA-30 USE SFD

#BEDROOMS 3

Zoning Administrator

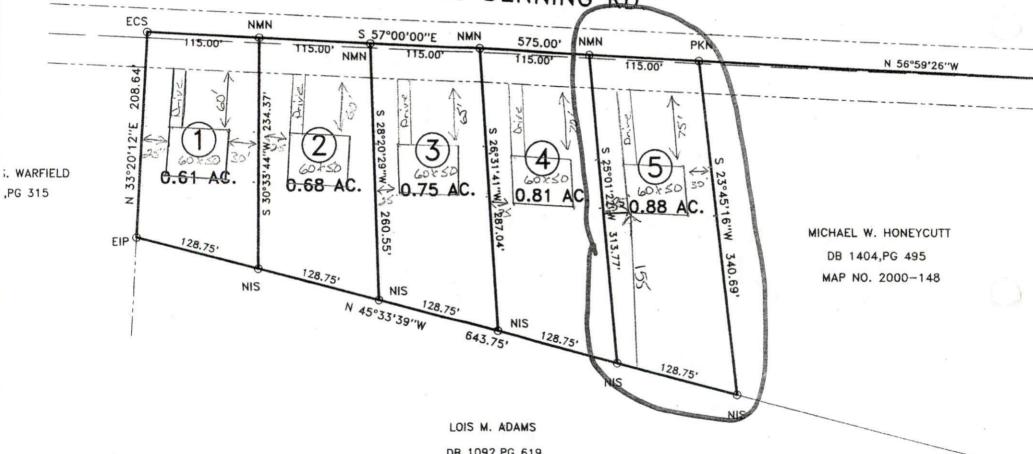
Required Property Line Setbacks

Front Side Corner Rear

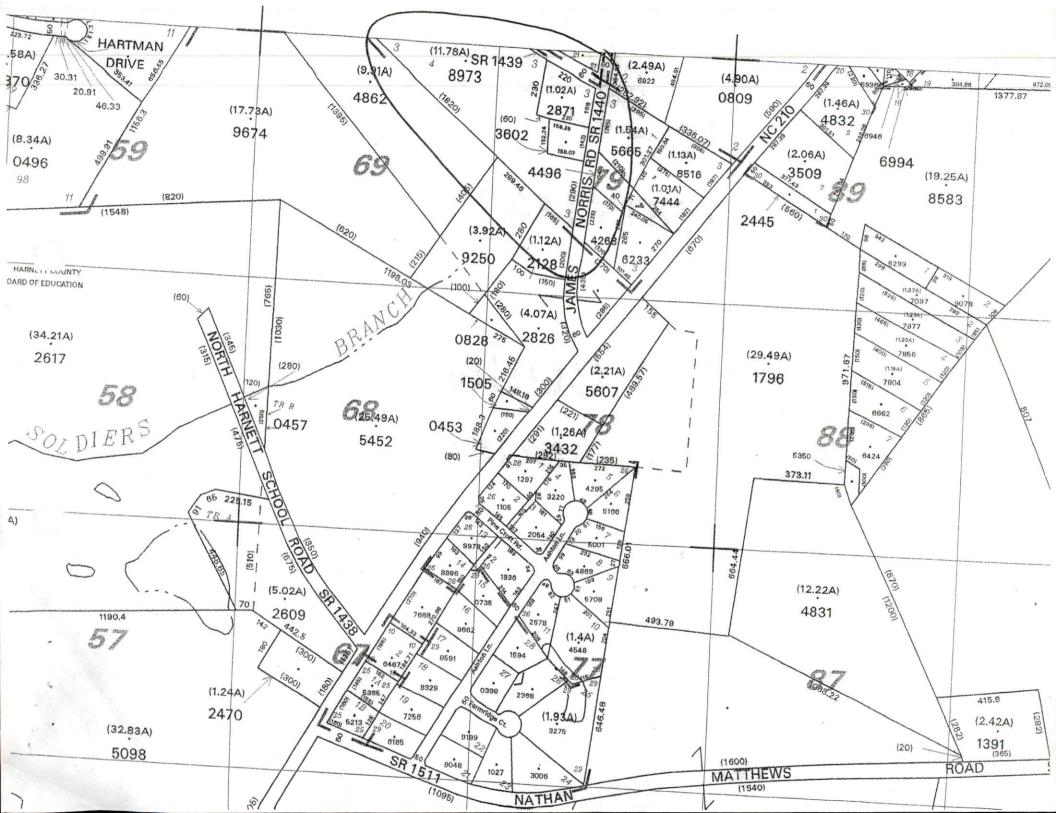
Minimum 35

Nearest Building

NCSR # 1439 "WED DENNING RD"



DB 1092,PG 619



Be 017326

HARNET

OUNTY HEALTH DEPARTMEN Nº 17757

IMPROVEMENT PERMIT

tion of any building at which a septic tank system is to be used for dis from the Harnett County Health Department."	s: Section III, Item B. "No Pe sposal of sewage without first of	rson shall begin construc- obtaining a written permit
Name: (owner) Keit Bullock	New Installation	Septic Tank
Property Location: SR# 1439 Wed Daning	Repairs	Nitrification Line
	_ Repairs	Nitrification Line
Subdivision Johnson Farms I	Lot	# 5
Tax ID #	—— Quadrant #	
Tax ID #	Lot Size: , 88 Ac	
Basement with Plumbing: Garage: E		
Water Supply:		
Distance From Well: 50 min ft.		
Size of tank: Septic Tank: 100 gallons	Pump Tank: gall	ons
Subsurface No. of exact length of each ditch 80	width of de	pth of
French Drain Paguired.	ft. ditches ft. dit	ches 18-24 in.
French Drain Required: Linear feet	1/12/200	
This permit is subject to revocation if site plans or intended use change. Date: Signed:	Buye My Environmental Healt	h Specialist
S _≥	6 -	
Cake of Road 115'	Le Ceronio	1381
* Markin sether	DECEIN APR 12 20 APR 12 20 APR 12/12/	

HA ETT COUNTY HEALTH DEPAI IENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17757 . 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 _____ Name: Keith Bollak Telephone # 639.7424 Address: 72 Overlook Ct. Ange, N.C. 27501 Property Location: SR # 1439 Road Name Wed Denning New Installation ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Johnson Forms I Lot # 5 Number of Bedrooms Proposed: 3 Lot size: _.88Ac_____ Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public _____ Minimum Well Setback: _ SO___ft_ Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank __/___ gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _____ Length of lines 80A. 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: Buya Modern R. F. EGET Date: 4/12/2000 (Revised 2/96) CNSTRCT. WPD APR 12 2000