

Initial Application Date: 6-11-03

Application # 13-5000267

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2792

LANDOWNER: J.L. Brown Builders, Inc. Mailing Address: Rt 8 Box 126
City: Dunn State: NC Zip: 28334 Phone #: 919-829-4423

APPLICANT: Bruce Bryant Mailing Address: 6845 Surrey Road
City: Fayetteville, N.C. State: NC Zip: 28309 Phone #: 910-424-8950

PROPERTY LOCATION: SR #: _____ SR Name: off Elliott Bridge Road
Parcel: 01 0534 0014 07 PIN: 0534-64-5752.000
Zoning: B120R Subdivision: Turnwood Lot #: 7 Lot Size: 0.46 AC
Flood Plain: X Panel: 155 Watershed: NA Deed Book/Page: 603/108 Plat Book/Page: 1997/05/12

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Michaelyn Drive off Elliott Bridge Road - lot 7

PROPOSED USE:

- Sg. Family Dwelling (Size 67 x 34) # of Bedrooms 3 # Baths 2 Basement (w/wo bath) 0 Garage 22x26 Deck 0
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home (Size x) # of Bedrooms _____ Garage _____ Deck _____
- Comments: _____
- Number of persons per household 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 0 Manufactured homes 0 Other (specify) 0

Property owner of this tract of land own land that contains a proposed manufactured home w/in five hundred feet (500') of tract listed above? YES NO

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual	YES	NO
Front	<u>35</u>	<u>36</u>	Rear	<u>25</u>		
Side	<u>10</u>	<u>53/22.1</u>	Corner	<u>N/A</u>		
Nearest Building				<u>N/A</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.

Bruce Bryant
Signature of Applicant

6-11-03
Date

DB

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

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W
S
SITE PLAN APPROVAL

DISTRICT RR20R USE SFD

#BEDROOMS 3

Date 6-11-03
Zoning Administrator [Signature]

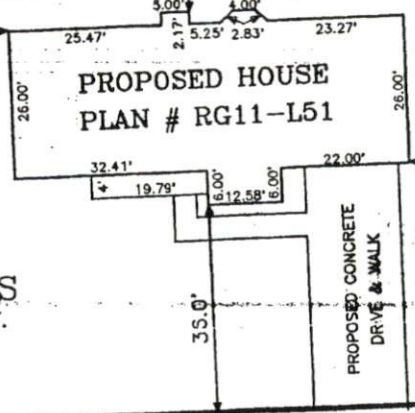
WILLIAM MCCORMICK
DB. 659, PG. 961

S 37°44'17"E 192.08'

6
TURNWOOD

N 52°13'22"E 104.19'

7
0.48 ACRES
20000.20 SQ. FT.



S 52°13'22"W 104.06'

N 37°46'38"W 192.08'

MICHAELYN DRIVE
50' PUBLIC RIGHT OF WAY

NOTE : FRONT, REAR & SIDE SETBACKS TO BE VERIFIED BY HARNETT COUNTY INSPECTIONS DEPARTMENT AND/OR CONTRACTOR.

**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 # 12427. 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 JL Brown Builders

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 2045 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision TURNWOOD Lot # 7

Number of Bedrooms Proposed: 3 Lot size: .46 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 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 3 Length of lines 70

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: 5-5-97