COUNTY OF HARNETT LAND USE APPLICATION

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Cambral	Permitting
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102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-:

LANDOWNER: Odom Zwastners In Mailing Address: But Box 42535
City: Tay 13/1/13 State: 12 Zip: 28309 Phone #: 910 474-12
APPLICANT: Jun- Hart Pieres Zon Mailing Address: BO, Box 42535
City:
1 110110 H. 1111 - 7 117 12
PROPERTY LOCATION: SR #: 1115 SR Name: Buthala lala
Parcel: 03958708 0020 40 PIN: 9587-50-1529,000
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Flood Plain: Panel: OO15 D Watershed: Deed Book/Page 01442 Plat Book/Page 000
7/3/
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Buffelo Lolo Mel.
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ong the and of Bay Tonso De LA on on the
PROPOSED USE:
Sg. Family Dwelling (Sizgra x 50) # of Bedrooms 3 # Baths 2 2 Basement (w/wo bath) Garage 2417 4 Deck 2
Multi-Family Dwelling No. Units No. Bedrooms/Unit
Manufactured Home (Sizex) # of Bedrooms Garage Deck
Comments:
Number of persons per household
Business Sq. Ft. Retail Space Type
☐ Industry Sq. Ft Type
Home Occupation (Size x) #Rooms Use
Accessory Building (Size x) Use HOUSE AS STOLYING
Addition to Existing Building (Size_x_) Use \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Water Supply: (Squarty () Well (No. dwellings) Other 170 Teo Dec
Sewage Supply: (New Septic Tank () Existing Septic Tank () County Sewer () Other
Broston & Sedimentation Control Flat Required? 125
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 tract listed above? YES NO
Required Property Line Setbacks: Minimum Actual Minimum Actual
Front 35 45 Rear 25 100
Side 16 24 Corner 25 MA
Nearest Building 20 alp
f permits are granted Lagres to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications

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 submithereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Signature of Applicant

Date 2 3/03

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

200,00 15.95 House 321 250 Kumaniad 12/XIV 08000 D. NO 135 AR 50.88-01 Zoning Administrator *BEDHOOMS Frenisied Septic Easement