



Cond # 567
9-20-98

LAND USE PERMIT

Harnett County Planning Department
102 E. Front Street, Lillington, NC 27546
Phone: (910) 893-7525 Fax: (910) 893-2793

Receipt
Permit # 09238
Date 9-23-0

LANDOWNER INFORMATION:

Name MAK Development LLC
Address 1231 JACKSON KING Rd.
W. 1100 SPRINGS
Phone 639-8880 H 919-639-211W

APPLICANT INFORMATION:

Name same
Address _____
Phone _____ H _____ W _____

PROPERTY LOCATION:

Street Address Assigned Arbor Crest Lane
SR # NC27 Rd. Name NC 27 Township Grove Zoning District RA-30
PIN 0680-53-4582 PARCEL 07-0680-0021
Subdivision Arbor Crest Lot # 16 Lot/Tract Size .58
Flood Plain X Panel 105 Deed Book 1257 Page 612
Watershed District IV Plat Book Wak 98 Page map 415

ORIGINAL

Give Directions to the Property from Lillington: 421 EAST - TAKE LEFT ON
LESLIE CAMPBELL Rd. Go approx 2 miles - Turn Right
on Old Stage - Sub 1/2 mile on left.

PROPOSED USE:

- Sg. Family Dwelling (Size 50 x 50) # of Bedrooms 3 Basement — Garage —
Deck 10x10
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
- Number of persons per household Spec.
- Business Sq. Ft. Retail Space _____ Type _____
- Industry Sq. Ft. _____ Type _____
- Home Occupation No. Rooms/Size _____ Use _____
- Accessory Building Size _____ Use _____
- Addition to Existing Building Size _____ Use _____
- Sign Size _____ Type _____ Location _____
- Other _____

Water Supply: County Well (No. dwellings _____) Other _____
Sewer: Septic Tank (Existing? No) County Other _____
Erosion & Sedimentation Control Plan Required? Yes _____ No X

NOTE: A site plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, accessory buildings, wells, and any wells within 40 feet of your property line.

LAND USE PERMIT IS REQUIRED WHEN PICKING UP SEPTIC, BUILDING AND SET-UP PERMITS

SETBACK REQUIREMENTS

ACTUAL

MAXIMUM/MINIMUM REQUIRED

Front Property Line	45	35
Side Property Line	60	10
Corner Side Line	—	20
Rear Property Line	45	25
Nearest Building	_____	_____
Stream	_____	_____
Percent Coverage	_____	_____

Are there any other structures on this tract of land? No
 No. of single family dwellings 1/1 No. of manufactured homes _____ Other (specify) _____

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet (500') of the tract listed above? Yes _____ No X

I hereby CERTIFY that the information contained herein is true to the best of my knowledge: and by accepting this permit shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES THIS PERMIT. I further understand this structure is not to be occupied until a Certificate of Occupancy is issued.

Craig Byrd
 Landowner's Signature
 (Or Authorized Agent)

9-23-98
 Date

THIS PERMIT EXPIRES 6 MONTHS FROM THE DATE ISSUED IF NO WORK HAS BEGUN BEFORE THAT DATE.

.....
FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? yes

Is the lot/tract specified above in compliance with the Harnett County
 Subdivision Ordinance _____
 Watershed Ordinance 2
 Manufactured Home Park Ordinance _____

ISSUED ✓ _____

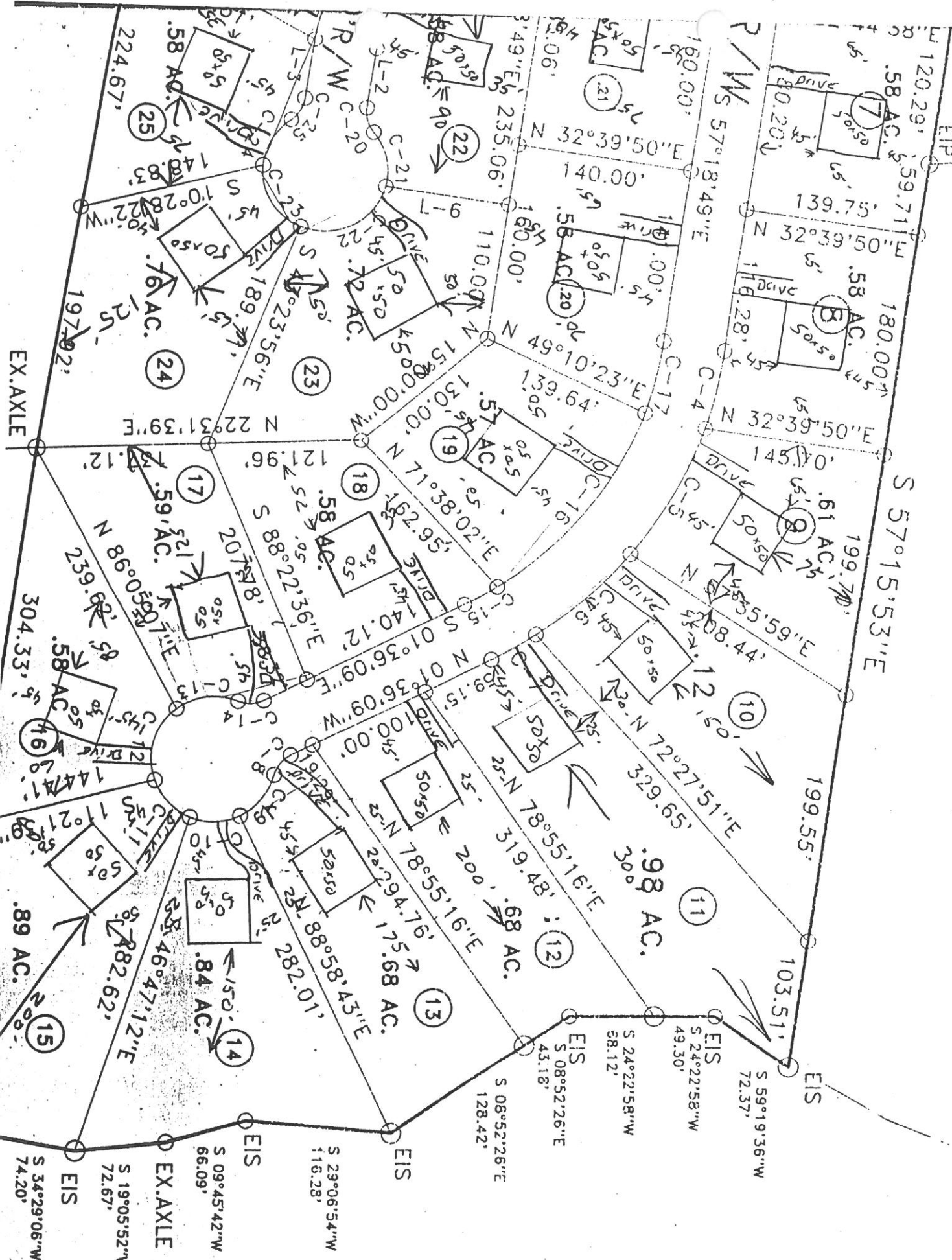
DENIED _____

Comments:

W. Buckland
 Zoning/Watershed Administrator

9-23-98
 Date

DB 510, PG 190
GENE STEWART



SITE PL
DISTRICT
#BEDROOM
Date 9-23-