



LAND USE PERMIT

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

Fee 20-

Receipt _____

Permit 009920

Date 3.2.99

Call # 296
47-99

LANDOWNER INFORMATION:

Name Edward Spearman
Address P.O. Box 869
Lillington, NC, 27546
Phone 893-3783 H 893-2121 W

APPLICANT INFORMATION:

Name Edward Spearman
Address P.O. Box 869
Lillington, NC, 27546
Phone 893-3783 H 893-2121 W

PROPERTY LOCATION:

Street Address Assigned _____
SR # 2039 Rd. Name Walker Rd Township 12 Zoning District NIA
MAP 0545 BLOCK 95 PIN 7764 PARCEL 12-0545-0078-08
Subdivision David Block Lot # 1A Lot/Tract Size 1.955ac
Flood Plain X Panel 175 Deed Book F Page 351B
Watershed District NIA Plat Book _____ Page _____

Call
clump
about
out of
20' for
other
more
put
90 to
left
12 ft

Give Directions to the Property from Lillington: From Lillington down 210 South
until you run in to Temple Road on the left
go to the end of it, and take right, and the first
and till the end of it and cross to Walker Road

PROPOSED USE:

- Sg. Family Dwelling (Size _____ x _____) # of Bedrooms _____ Basement _____ Garage _____ Deck _____
- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Manufactured Home (Size 28 x 80) # of Bedrooms 4 Garage _____ Deck _____
- Number of persons per household _____
- 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 _____

Called
15 April 99
no
answer
8:05 AM

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

NOTE: A copy of the recorded survey or plat map and a copy of the recorded Deed for the property or Offer to Purchase are required to obtain Land Use Permit. 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, and accessory buildings.

SETBACK REQUIREMENTS

ACTUAL

MINIM REQUIRED

Front Property Line
Side Property Line
Corner Side Line
Rear Property Line
Nearest Building
Stream
Percent Coverage

50
10
—
80
—
—
—

35
10
—
25
—
—
—

Are there any other structures on this tract of land? No
No. of single family dwellings _____ 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.

Edward Spearman Jr
Landowner's Signature (Or Authorized Agent) Date 3-2-99

****This permit expires 6 months from the date issued if no work has begun before that date****

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

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 _____
Manufactured Home Park Ordinance _____

ISSUED ✓ DENIED _____

Comments:

[Signature]
Zoning/Watershed Administrator

3.2.99
Date

SITE PLAN APPROVAL

DISTRICT N/A USE DwMH

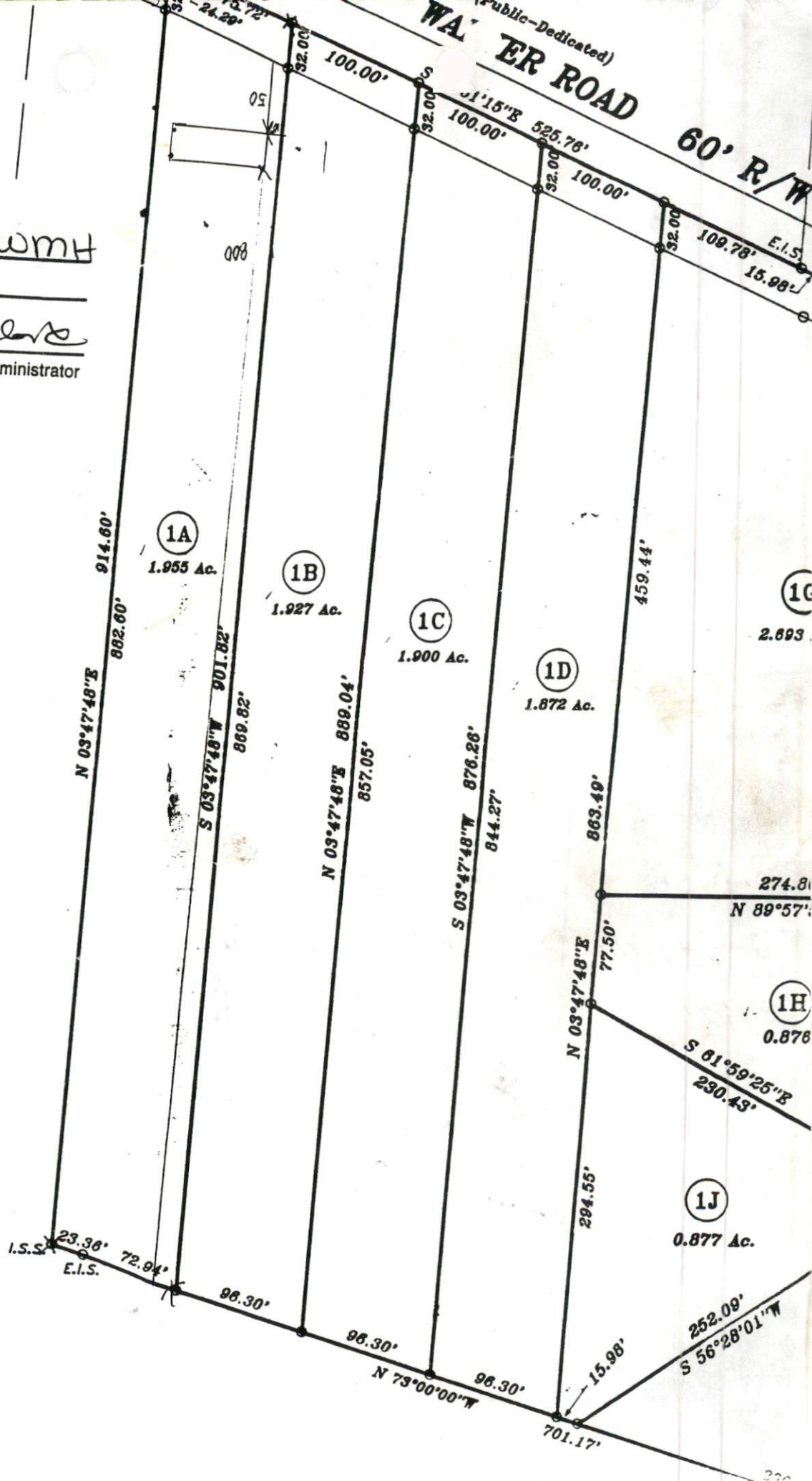
#BEDROOMS 4

3.2.99 M. Buckler

Date _____ Zoning Administrator

(8)

Plat Cab. F, Slide 75C



Plat complies with the County, N.C.; and that recording in the Register

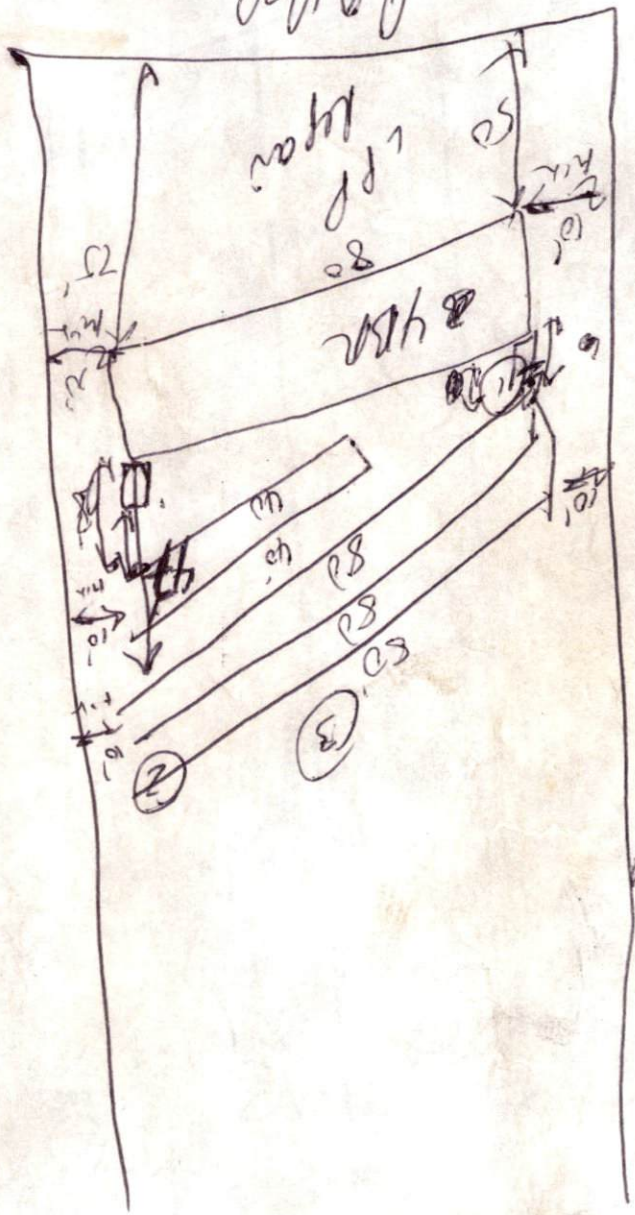
yes
Director

Front - 35'
Back - 25'
Sides - 10'

EVALUATED BY A PRIVATE... IT APPEARS THAT LOT(S) ON... NOTE THAT FINAL... OF THE APPROPRIATE... PERMITS FOR SPECIFIC USE... IN FORCE AT THE... DOES NOT REPRESENT... WORK

3.2.99

18/11/99



Metformin

5.5
F/L/18/12
5/15/12
29-36

② 29-36

5.5
F/L/18/12
5/15/12
27-36

② 27-36

28/11/99
can not
product

6-28/12

18/11/99