



CO NTY OF HARNETT

EH

Receipt: Permi 008088

Date: 1-8-98

copy #200
1-8-98

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME Weaver Development Co, Inc.
ADDRESS P.O. 53746
Fayetteville, NC 28305
PHONE 630-2100 W _____ H _____

APPLICANT INFORMATION:

NAME Weaver Development Co, Inc.
ADDRESS P.O. 53746
Fayetteville, NC 28305
PHONE 630-2100 W _____ H _____

PROPERTY LOCATION:

Street Address Assigned 155 Green Springs Pr.

SR # 1141 RD. NAME Microtower TOWNSHIP Barlowe FIRE _____ RESCUE _____

TAX MAP NO. 9586 98 PARCEL NO. 9251 FLOOD PLAIN X PANEL 150

SUBDIVISION Sunset Ridge LOT # 84 LOT/TRACT SIZE 1/3 Acre.

ZONING DISTRICT N/A DEED BOOK on file PAGE _____

WATCHED DIST. N/A WATER DIST. _____ PLAT BOOK on file PAGE _____

Give Directions to the Property from Lillington: Hwy 27 to
Buffaloe Lake Rd. 2 1/2 miles on left.

PROPOSED USE

- Sq Family Dwelling (Size 30 x 62) # of Bedrooms 3 Basement N/A
Garage Double Deck Wood (size 10 x 12)
- Multi-Family Dwelling No. Units _____ No. Bedrooms/unit _____
- Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____
Deck _____ (size _____ x _____)
- Number of persons per Household 3
- Business SqFt Retail Space _____ Type _____
- Industry SqFt. _____ Type _____
- Home Occupation No. Rooms/size _____ Use _____
- Accessory Bldg. Size _____ Use _____
- Addition to Existing Bldg. Size _____ Use _____
- Sign Size _____ Type _____ Location _____
- Other _____

Water Supply: County Well (No. dwellings _____) Other _____
Sewer: Septic Tank (Existing? _____) County Other _____
Erosion & Sedimentation Control Plan Required? Yes No _____
Are there any wells not on this lot but within 40 ft of the property line NO (show on Site Plan).

*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, well, and any wells within 40 feet of your property line.

A recorded deed and recorded plat are also required.

SETBACK REQUIREMENTS

Front property line
Side property line
Corner side line
Rear Property Line
Nearest building
Stream
Percent Coverage

Actual
40
21
100

Minimum/Maximum Required
35
10
40
45
N/A

Approx 10%

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

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet 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. This permit expires six months from date issued.

[Signature]
Landowner's Signature
(Or Authorized Agent)

1/8/98
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? _____
Mobile Home Park Ord? _____

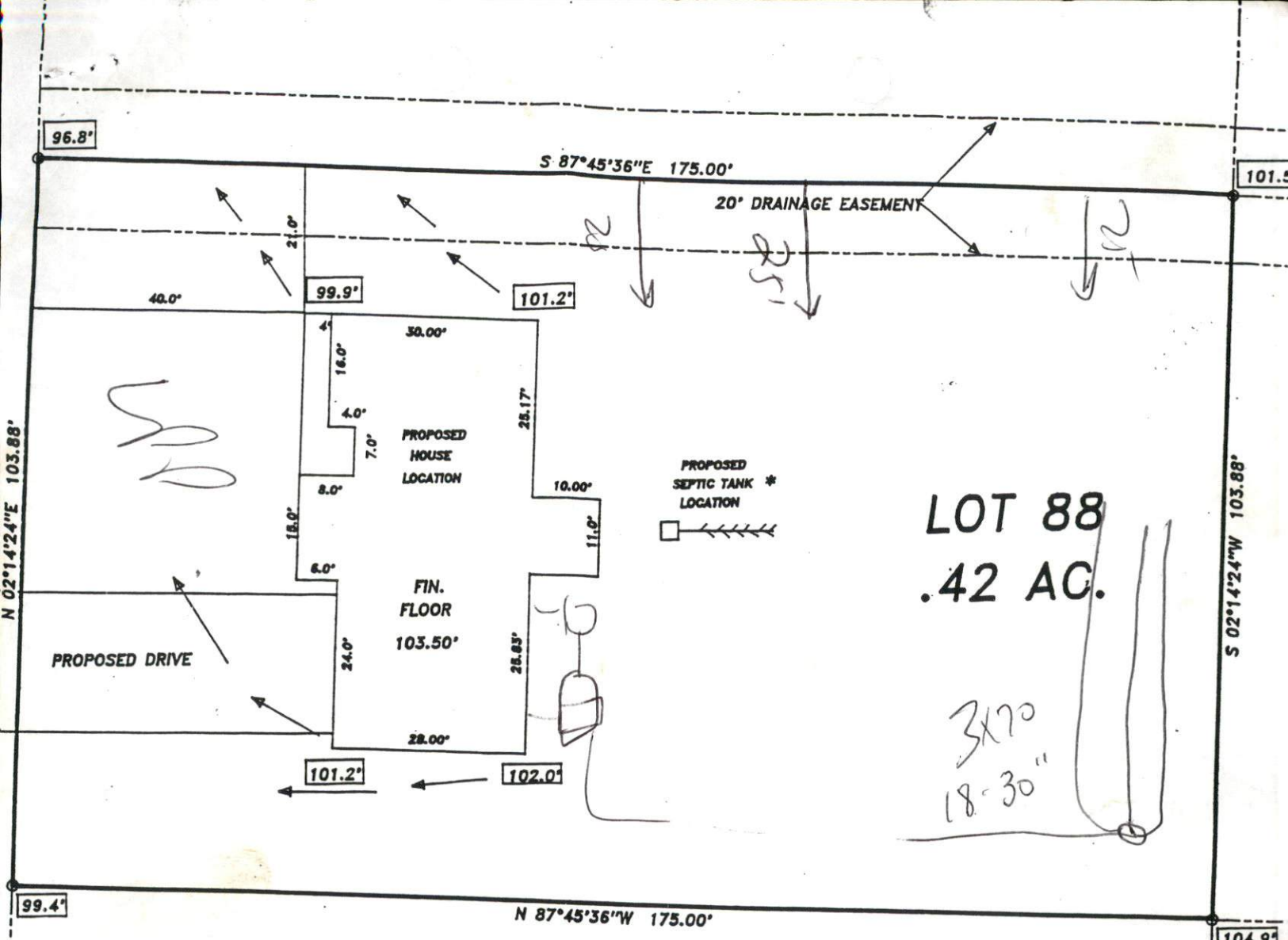
ISSUED [check]

DENIED _____

Comments: _____

[Signature]
Zoning/Watershed Administrator

1-8-98
Date



LOT 88
.42 AC.

3x70
18-30"

SITE PLAN APPROVAL

DISTRICT WA USE SFD
#BEDROOMS 3

LOT 89

Date _____ Zoning Administrator _____

Handwritten notes:
048
WS

* = FINAL LOCATION OF SEPTIC TANK AND DRAIN FIELD SUBJECT TO HARNETT COUNTY HEALTH DEPARTMENT APPROVAL

THIS PROPERTY DOES NOT LIE HAZARD AREA AS DETERMINED EMERGENCY MANAGEMENT AGE. 1708500150 2